Turkish Association of Pediatric Surgeons

8th WORLD CONGRESS of PEDIATRIC SURGERY

WOFAPS

12-15 November 2025
Titanic Mardan Palace Hotel
ANTALYA, TÜRKİYE

TOPKON

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12-15 November 2025
Titanic Mardan Palace Hotel
ANTALYA, TÜRKİYE

INVITATION

Dear Colleagues and Friends,

As Congress Chairman and on behalf of The Turkish Association of Pediatric Surgeons (TAPS), it is my pleasure to welcome you to the 8th World Congress of Pediatric Surgery which will be held at Titanic Mardan Palace Hotel in Antalya, Türkiye between 12-15th November 2025.

It is an honor and a privilege to have guests, mutual friends and distinguished faculty from all over the world joining us. We all work, share information and knowledge to ensure that every infant and child who suffers from a surgical disease receives the best care by a pediatric surgeon. This event will bring together key speakers from top-tier centers for this purpose. Undoubtedly, pre-congress courses moderated by distinguished trainers and faculty will be as attractive as always been, followed by the Congress sessions with inspiring keynote lectures, panel discussions and presentations.

In this Congress, we will be sharing the luxury, convenience, and contentment of the exceptional venue with all-inclusive system, and benefit from being under the same roof at post-meeting hours to establish communication among colleagues as well as catching-up with each other. In the meantime, enjoying the amenities of the facility with friends and family members who wish to join us will be possible for those who chose to accommodate at the resort during the Congress dates.

I would like to give special thanks to all the speakers and moderators, who have generously donated their time, resource and expertise to enrich the program. Of course, a Congress of this immensity and importance would not be possible without your participation and the support and generosity of our hard-working organization team.

I personally hope this meeting provides a unique opportunity for both, updating our medical knowledge as well as setting a ground for future collaborations.

Prof. Dr. Orkan Ergun
Congress Chairman

Dear Colleagues and Friends,

It is a great pleasure and honour for me to extend you a warm welcome to the 8th World Congress of the World Federation of Associations of Paediatric Surgeons (WOFAPS), Antalya, TURKIYE.

World Federation of Associations of Paediatric Surgeons, with over 100 National Paediatric Surgery Associations as its members, meet every 3 years at the world congress. We are delighted to have our next meeting in Antalya, Türkiye between 12-16 November 2025.

WORLD congress brings together paediatric surgeons from every continent, and it is an opportunity to discuss new developments in our field, from state-of-the-art research studies to high impact solutions to problems faced in resource limited settings.

WOFAPS World congress is one of the main highlights of Paediatric Surgery meetings, and we thank our host, Turkish Association of Paediatric Surgeons, organising it in 2025.

Congress will be held in Antalya, which is a world-renowned destination for international congresses. History, culture and the beautiful nature awaiting us at this magnificent Mediterranean city.

We look forward to seeing you there what is promising to be an outstanding scientific congress.

Prof. Dr. Alp Numanoglu
WOFAPS President

BOARDS

WOFAPS EXECUTIVE BOARD

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TURKISH ASSOCIATION OF PEDIATRIC SURGEONS (TAPS)

Tutku Soyer
Çiğdem Ulukaya Durakbaşa
Müjdem Nur Azılı
Mehmet Hanifi Okur
Arzu Şencan
Kıvılcım Karadeniz Cerit
Hakan Taşkınlar

SCIENTIFIC PROGRAM

12 November 2025, Wednesday	
08:30 - 13:00	**Registration**
13:30 - 15:30	**Laparoscopy Course Hall A**
	Moderator(s): *Steven Rothenberg, Sameh Shehata, Darius Patkowski, Ülgen Çeltik* 13:30 – 13:45 Welcome and Warming up with Participants 13:45 – 13:55 Equipment and Instruments 13:55 – 14:05 Energy Devices 14:05 – 14:15 Ergonomics 14:15 – 14:25 Suturing and Knot Tying 14:25 – 14:30 Questions, Answers and Moving to Skills Lab 14:30 – 15:30 Basic Skills
13:30 - 15:30	**Colorectal Course Hall B**
	Moderator(s): *Lucie Pos, Gonca Topuzlu Tekant, Ernesto Leva, Anna Morandi, Stuart Hosie, Shilpa Sharma* 13:30 – 13:35 Welcome and Warm up with Trainees 13:35 – 14:00 Tips and Tricks for PSARP *Ernesto Leva* 14:00 – 14:30 MIS for ARM: How to Select Patients *Anna Morandi* – ARM-Net President 14:30 – 15:00 Post-operative Management in ARM *Lucie Pos* 15:00 – 15:30 The Importance of Families Associations *Gonca Topuzlu Tekant – Lucie Pos*
13:30 - 15:30	**Neonatal Surgery Course Hall C**
	Moderator(s): *Amadeo Zanotti, Miguel Guelfand, Michal Rygl, Shilpa Sharma, Udo Rolle, Kenneth Wong, Joel Cazares Rangel* **Session 1:** 13:30 – 13:35 Welcome and Warm up with Trainees 13:35 – 14:00 Management of CPAM: Current Evidence *Kenneth Wong* 14:00 – 14:30 CDH: State of the Art. *Michal Rygl* 14:30 – 15:00 Management of ARM in Neonatal Period *Shilpa Sharma* 15:00 – 15:30 M.S in Micro-NB and new Surgical Approach in Malrotation *Miguel Guelfand*
13:30 - 15:30	**Oncology Course Hall D**
	Moderator(s): Sharon Cox, Sajid Qureshi, Paul Losty, Andrew Davidoff, Shilpa Sharma, Aydın Ünal **Session 1:** 13:30 – 13:35 Welcome *Sharon Cox* 13:35 – 14:05 Surgery for Sarcoma *Sajid Qureshi* 14:05 – 14:35 Surgery for Neuroblastoma *Andrew Davidoff* 14:35 – 15:05 Surgery for Germ Cell Tumors *Shilpa Sharma* 15:05 – 15:30 Surgery for Lymphoma *Sharon Cox*

SCIENTIFIC PROGRAM

12 November 2025, Wednesday

13:30 - 15:30	**Microsurgery Course Hall E**
	Moderator(s): *Orkan Ergün, Meltem Bingöl Koloğlu* 13:30 – 13:35 Welcome and Warming up with Participants Orkan Ergün, *Meltem Bingöl Koloğlu* 13:35 – 13:45 Review of Vascular Anatomy and Histology *Orkan Ergün* 13:45 – 13:55 Suture Materials and Microsurgical Instruments *Meltem Bingöl Koloğlu* 13:55 – 14:05 Basic Suturing Principles and Techniques *Orkan Ergün* 14:15 – 15:30 Hands-on Training (Model and Microscope) *Orkan Ergün, Meltem Bingöl Koloğlu*
13:30 - 15:30	**Ultrasound and US Guided Interventions Course Hall F**
	Moderator(s): *Udo Rolle, Horacio Questa, Judith Lindert, Özlem Boybeyi* **Session 1** 13.30 – 13.35 Welcome *Udo Rolle* 13.35 – 14.00 Principles of Ultrasound (Physics, Devices, Approaches) *Horacio Alberto Questa* 14.00 – 14.15 Principles of FAST/E-FAST *Udo Rolle* 14.15 – 14.30 Principles of Organ Investigation: Liver, Spleen *Horacio Alberto Questa* 14:30 – 14:45 Principles of Organ Investigation: Abdomen, Intestine *Judith Lindert* 14.45 – 15.00 Principles of Urogenital Pathology *Judith Lindert* 15.00 – 15:15 Principles of Ultrasound Guided Interventions *Özlem Boybeyi* 15.15 – 15.45 Group Exercises (4 groups, 1 instructor, 5 participants) Getting Used to Machine, How to Hold the Probe
13:30 - 15:30	**Endourology Course Hall G**
	Moderator(s): *Sajid Sultan, Sibel Tiryaki, Ali Sezer* 13.30-13.35 Welcome 13:35-13:45 Theoretical 1: Cystoscopy 13:45-14:00 Theoretical 2: Rigid Ureterorenoscopy 14:00-14:15 Theoretical 3: Flexible Ureterorenoscopy (RIRS) 14:15-14:30 Discovering the Instruments 14:30-15:30 Team-1 Case-based Video Discussion Team-2 Hands-on
13:30 - 15:30	**Endoscopy & Bronchoscopy Course Hall H**
	Moderator(s): *Çiğdem Ulukaya Durakbaşa, Tutku Soyer* 13:30 – 15:30 Group A (Endoscopy and Colonoscopy) *Çiğdem Ulukaya Durakbaşa* Equipment and System Set Up Hands-on Course-I (Tips and Tricks for Diagnostic Approach) Hands-on Course-II (Foreign Body Removal, Biopsy, PEG Insertion) Group B (Rigid Bronchoscopy) *Tutku Soyer* Equipment and System Set up Hands-on Course –I (Tips and Tricks for Tracheomalacia, TEF) Hands-on Course-II (Foreign Body Removal, Biopsy)
15:30 - 16:00	**Coffee Break**

SCIENTIFIC PROGRAM

12 November 2025, Wednesday	
16:00 - 17:30	**Laparoscopy Course Hall A**
	Moderator(s): *Steven Rothenberg, Sameh Shehata, Darius Patkowski, Ülgen Çeltik* 16:00 – 17:25 Suturing and Knot Tying 17:25 – 17:30 Closing Remarks
16:00 - 17:30	**Colorectal Course Hall B**
	Moderator(s): *Lucie Pos, Gonca Topuzlu Tekant, Ernesto Leva, Anna Morandi, Stuart Hosie, Shilpa Sharma* 16:00 – 16:30 Tips and Tricks in HD *Gonca Topuzlu Tekant* 16:30 – 17:00 Histopathology in HD: How to Believe in It? *Stuart Hosie* 17:00 – 17:25 How to Manage HD in Developing Countries *Shilpa Sharma* 17:25 – 17:30 Closing Remarks and Thanks
16:00 - 17:30	**Neonatal Surgery Course Hall C**
	Moderator(s): *Amadeo Zanotti, Miguel Guelfand, Michal Rygl, Shilpa Sharma, Udo Rolle, Kenneth Wong, Joel Cazares Rangel* **Session 2:** 16:00 – 16:30 Up to Date on Diagnosis and Treatment of Abdominal Wall Defects *Udo Rolle* 16:30 – 17:00 Evidence Based Medicine for Physiopathology and Diagnosis of NEC *Amadeo Zanotti* 17:00 – 17:25 ICG and on-target use in Newborns and Children *Miguel Guelfand* 17:25 – 17:30 Closing Remarks and Thanks *Amadeo Zanotti, Miguel Guelfand*
16:00 - 17:30	**Oncology Course Hall D**
	Moderator(s): *Sharon Cox, Sajid Qureshi, Paul Losty, Andrew Davidoff, Shilpa Sharma, Aydın Ünal* **Session 2:** 16:00 – 16:30 Surgery for Pulmonary Metastases *Aydin Unal* 16:30 – 17:00 Organ Sparing Oncology Surgery *Paul Losty* 17:00 – 17:25 Enhancements and Advances in Surgical Techniques for Pediatric Solid Tumors *Sajid Qureshi* 17:25 – 17:30 Closure and Thanks *Sharon Cox*
16:00 - 17:30	**Microsurgery Course Hall E**
	Moderator(s): *Orkan Ergün, Meltem Bingöl Koloğlu* **Session 2:** 16:30 – 17:25 Hand-on Training (Model and Microscope) *Orkan Ergün, Meltem Bingöl Koloğlu* 17:25 – 17:30 Closing Remarks *Orkan Ergün, Meltem Bingöl Koloğlu*

SCIENTIFIC PROGRAM

12 November 2025, Wednesday	
16:00 - 17:30	**Ultrasound and US Guided Interventions Course** Hall F
	Moderator(s): *Udo Rolle, Horacio Questa, Judith Lindert, Özlem Boybeyi* **Session 2:** 16:30 – 17:30 Group Exercises Puncture of Cysts; Identification and Puncture of Vessels Examination of Organs (Candidates as Volunteers) Closing Remarks and Thanks
16:00 - 17:30	**Endourology Course** Hall G
	Moderator(s): *Sajid Sultan, Sibel Tiryaki, Ali Sezer* 16:00 – 17.00 Team 1 Hands-on Team 2 Case-based Video Discussion 17:00 – 17:20 FlexRace: Discovering the Talents 17:20 – 17:30 Wrap-up, Reflections & Certificate
16:00 - 17:30	**Endoscopy & Bronchoscopy Course** Hall H
	Moderator(s): *Çiğdem Ulukaya Durakbaşa, Tutku Soyer* 16:00 – 17:30 Group B (Endoscopy and Colonoscopy) *Çiğdem Ulukaya Durakbaşa* Equipment and System Set Up Hands-on Course-I (Tips and Tricks for Diagnostic Approach) Hands-on Course-II (Foreign Body Removal, Biopsy, PEG Insertion) Group A (Rigid Bronchoscopy) *Tutku Soyer* Equipment and System Set up Hands-on Course-I (Tips and Tricks for Tracheomalacia, TEF) Hands-on Course-II (Foreign Body Removal, Biopsy)
17:30 - 19:30	**Exco Meeting**

SCIENTIFIC PROGRAM

13 November 2025, Thursday	
08:30 - 09:00	**Opening of the Congress** Main Hall
	Speaker(s): *Orkan Ergün, Tutku Soyer, Alp Numanoğlu*
09:00 - 09:30	**Keynote Lecture** Main Hall
	Advantages and Limitations of Modern Medicine in Pediatric Surgery **Moderator(s):** *Alp Numanoğlu* **Speaker(s):** *Udo Rolle*
09:00 - 09:30	**Keynote Lecture** Main Hall
	The role of the surgeon in a multidisciplinary team **Moderator(s):** *Shilpa Sharma* **Speaker(s):** *Sajid Qureshi*
09:30 - 10:00	**Keynote Lecture** Hall B
	Controversies in the Management of Ureteropelvic Junction Obstruction **Moderator(s):** *Cenk Büyükünal* **Speaker(s):** *Sajid Sultan*
10:00 - 10:30	**Coffee Break**
10:30 - 12:00	**Oral Presentations I** Main Hall
	Upper GI **Chairmen:** *Çiğdem Ulukaya Durakbaşa, Milena Senica Verbic* **Presentations**
OP - 1	Does tapering enteroplasty accelerate recovery in intestinal atresia management?(5+2 min) *Sarper Müftüoğulları [1], İzzet Şevketoğlu [2], Can İhsan Öztorun [3], Elif Emel Erten [2], Vildan Selin Çayhan [2], Ahmet Ertürk [3], Süleyman Arif Bostancı [3], Yağmur Cansu Yıldırım [2], Aslı Nur Abay [2], Sabri Demir [2], Müjdem Nur Azılı [3], Emrah Şenel [3]* [1] Kastamonu State Hospital, Department of Pediatric Surgery, Kastamonu [2] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara [3] Ankara Yıldırım Beyazıt Unıversıty Medical Faculty Department of Pediatric Surgery
OP - 2	Reconstruction of the phrenoesophageal ligament: An alternative to avoid post-fundoplication paraesophageal hernia in children.(5+2 min) *Carlos Garcia-Hernandez, Lourdes Carvajal-Figueroa, Ariadna Alvelais-Arzamendi, Carlos Aguilar-Gutierrez* Universidad Nacional Autónoma de México
OP - 3	Revisiting VACTERL association in patients with esophageal atresia with an emphasis on skeletal anomalies(5+2 min) *Gonca Gerçel [1], Ahmet Pirim [1], Sabriye Gülçin Bozbeyoğlu [2], Sibel Sevük Özumut [3], Sinem Aydöner [1], Meltem Çağlar [1], Çiğdem Ulukaya Durakbaşa [1]* [1] Department of Pediatric Surgery, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, Istanbul, Türkiye [2] Department of Radiology, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof. Dr. Suleyman Yalcin City Hospital, Istanbul, Türkiye [3] Department of Neonatology, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, Istanbul, Türkiye
OP - 4	What happens with Collis-Nissen surgery in children in the long term?(5+2 min) *Carlos Garcia-Hernandez, Lourdes Carvajal-Figueroa, Ariadna Alvelais-Arzamendi, Carlos Aguilar-Gutierrez* Universidad Nacional Autónoma de México
OP - 5	Risk factors for gastroesophageal reflux in patients treated for type C esophageal atresia: a single-center retrospective study(5+2 min) *Alberto Colesanti [1], Martina Ichino [1], Anna Morandi 1, Pietro Betalli [1], Giorgio Fava [1], Ernesto Leva [2]* [1] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy [2] Pediatric Surgery Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy; Department of Clinical and Community Sciences, University of Milan, Milan, Italy

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OP - 6	Machine learning-based prediction of surgical timing and discharge in infantile hypertrophic pyloric stenosis(3+2 min) *İncinur Genişol [1], Asya Eylem Boztaş [1], İlker Özgür Koska [2], Arzu Şencan [3]* [1] University of Health Sciences, Dr. Behçet Uz Pediatric Diseases and Surgery Training and Research Hospital, Department of Pediatric Surgery, Izmir [2] University of Health Sciences, Izmir Faculty of Medicine, Dr. Behçet Uz Pediatric Diseases and Surgery Training and Researc Hospital, Department of Radiology, Izmir [3] University of Health Sciences, Izmir Faculty of Medicine, Dr. Behçet Uz Pediatric Diseases and Surgery Training and Research Hospital, Department of Pediatric Surgery, Izmir
OP - 7	Thoracoscopic staged repair for long-gap esophageal atresia: outcomes from a tertiary care center(3+2 min) *Natalia Newland [1], Jiri Snajdauf [1], Alena Kokesova [1], Jitka Styblova [1], Stepan Coufal [2], Michal Rygl [1]* [1] Department of Pediatric Surgery, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic [2] Laboratory of Cellular and Molecular Immunology, Institute of Microbiology of the Czech Academy of Sciences
OP - 8	Nutritional and Positional Therapy for SMA Syndrome in Adolescents: A Case Series from a Single Center(3+2 min) *Kübra Öztürk Yüzdemir [1], İdil Rana User [1], Burak Ardıçlı [1], Hatice Nursun Özcan [2], Saniye Ekinci [1]* [1] Department of Pediatric Surgery, Faculty of Medicine, Hacettepe University, Ankara, Turkiye [2] Hacettepe University, Faculty of Medicine, Department Pediatric Radiology
OP - 9	Distraction enterogenesis for intestinal growth: is early intervention optimal after bowel resection?(3+2 min) *Dionisiy Petrov [1], Aleksey Butuzov [2], Ekaterina Frolova [1], Aleksander Razumovsky [1]* [1] Pirogov Russian National Research Medical University, Moscow, Russia [2] Russian Children's Clinical Hospital, Moscow, Russia
OP - 10	Predictive power of a combined model of cellular indices and food allergies in the screening of pediatric eosinophilic esophagitis(3+2 min) *Julio César Moreno Alfonso [1], Esther Comajuncosas Pérez [2], Rocío del Campo-Pedroza [3], Ada Molina Caballero [2], Alberto Pérez Martínez [2], María Concepción Yárnoz Irazábal [4]* [1] Hospital Universitario de Navarra. Department of Pediatric Surgery. Doctoral School. Universidad Pública de Navarra (UPNA). Pamplona; Spain [2] Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain [3] Department of Mechanical Engineering, University of La Rioja. Logroño; Spain [4] General and Digestive Surgery, Hospital Universitario de Navarra. Doctoral School, Universidad Pública de Navarra (UPNA). Pamplona; Spain
OP - 11	An evaluation of the follow-up results of children who underwent antireflux surgery for gastroesophageal reflux disease.(3+2 min) *Ahmet Pirim, Gonca Gerçel, Meltem Çağlar, Çiğdem Ulukaya Durakbaşa* Department of Pediatric Surgery, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, Istanbul, Türkiye
OP - 12	Evaluation of 193 Cases of Corrosive Ingestion: Does the Risk of Esophageal Stricture Decrease?(3+2 min) *Efil Aydın Yıldırım, Sercan Sağaltıcı, özde besim, Abdurrahman Karaman, Güngör Karagüzel* Akdeniz University Hospital, Faculty of Medicine, Department of Pediatric Surgery, Antalya, Turkey
OP - 13	Robotic-assisted Heller myotomy in the treatment of esophageal achalasia in children(3+2 min) *Yury Kozlov [1], Alexander Rozansky [2], Eduard Sapukhin [3], Andrey Marchuk [3], Roman Teschuk [3]* [1] Irkutsk State Medical University, Department of Pediatric Surgery, Irkutsk [2] Irkutsk State Medical Academy of Postgraduate Education, Department of Pediatric Surgery, Irkutsk [3] Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk
OP - 14	Benefits of concurrent gastrostomy insertion during fundoplication in children with neurodevelopmental disorders who feed orally but have Feeding Dysfunctional Behaviours.(3+2 min) *Yasir Alkhatib, Nisha Shan, Federica Rossi, Giampiero Soccorso* Birmingham Children's Hospital
OP - 15	Early versus late duodenal atresia repair in preterm and low birth neonates - a single centre experience(3+2 min) *Mohamed Ali, Tristan Boam, Sri Paran* Children's Health Ireland, Dublin, Ireland
OP - 16	Intragastric Balloon as a Bridging Therapy in Children and Adolescents Before Orthopedic Surgery(3+2 min) *Mohamed Soliman [1], Mohamed Abdel-latif [2], Ahmed Aly 1, Tarik Barakat [3]* [1] ainshams university [2] Helwan University [3] mansoura university

SCIENTIFIC PROGRAM

13 November 2025, Thursday	
10:30 - 12:00	**Oral Presentations II Hall B**
	Urology **Chairmen:** *Güngör Karagüzel* **Presentations**
OP - 17	Microsurgical Anastomoses in Varicocele Repair in adolescents: A New Frontier?(5+2 min) *Sergey Klyuev [1], Zurab Sichinava [2], Vladislav Vasiliev [3], Mustafa Azizoğlu [4]* [1] Saratov State Medical University, Department Of Pediatric Surgery, Saratov, Russia [2] AO GK MEDSI, Dep of Pediatric Surgery, Moscow, Russia [3] Far Eastern Federal University Medical Center [4 1] Esenyurt State Hospital, Pediatric Surgery, Istanbul. [2] Istinye University, Department of Stem Cell and Tissue Engineering, Istanbul. [3] Pediatric Surgery Stem Cell Application Study Group (PESSCA), Istanbul, Turkey
OP - 18	Laparoscopic assisted vaginal pull-through for persistent urogenital sinus in cases with congenital adrenal hyperplasia: A comprehensive evaluation(5+2 min) Abeer Aboalazayem [1], Khaled Salah Ahmed Abdullateef [1], Samah Ahmed Hasanin [1], Sherif Kaddah [1], Ahmed Fares [2] [1] Cairo University Faculty of Medicine, Pediatric Surgical Division, Cairo University Specialized Pediatric Hospital, Egypt [2] Faculty of Medicine - Fayoum University
OP - 19	The mechanism of TREM2 in macrophages promoting renal fibrosis via activation of β-catenin signaling pathway in congenital obstructive nephropathy(5+2 min) *Zixia Li [1], Gengyu Du [1], Min Yang [2], Ting Chen [1], Zhen Yuan [3], Xiang Yan [1], Jia Wei [1]* [1] Department of Urology, Children's Hospital, Zhejiang University School of Medicine, Hangzhou, China. [2] National Clinical Research Center for Child Health, The Children's Hospital, Zhejiang University School of Medicine, Hangzhou, China. [3] Department of Cardiology, The Second Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, China.
OP - 20	The role of KIF4A in the pathogenesis of Wilms carcinoma(5+2 min) *Yin ShanFeng* Children's Hospital Zhejiang University School of Medicine, Hangzhou, China
OP - 21	Non-invasive quantitative assessment of urethral compliance in rabbit tubularized incised plate model using ultrasound and uroflowmetry(5+2 min) *Hongbo Liu [1], Wei Ru [1], Juan Zhou [1], Ciyuan Feng [2], Qibo Hu [1], Guangjie Chen [1], Weifeng Yang [1], Lizhe Hu [1], Xiang Yan [1]* [1] Department of Urology, Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Centre for Child Health, Hangzhou, China [2] Department of Ultrasound, Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Centre for Child Health, Hangzhou, Zhejiang, China
OP - 22	Biplanar Extra- And Trans-Peritoneal Ureterocutaneostomy By Laparoscopy (BETUL)(3+2 min) *Pelin Nur Cinel [1], Sertaç Hancıoğlu [1], Berat Dilek Demirel [1], Başak Dağdemir Ezber 2, Beytullah Yağız [1]* [1] Ondokuz Mayıs University, Department of Pediatric Surgery, Samsun, Turkey [2] University of Health Sciences Samsun Training and Research Hospital, Pediatric Surgery Clinic
OP - 23	Research on Visualized Digital Twin-Driven Intelligent Agent for Precision Lithotripsy in Pediatric Urolithiasis(3+2 min) Xiang Yan [1], Kangjie He [1], Zhengnan Sun [2], Lulu Jin [1], Yang Zhang [1], Lizhe Hu [1] [1] Children's Hospital Affiliated to Zhejiang University School of Medicine [2] College of Control Science and Engineering, Zhejiang University
OP - 24	Ventral Lengthening Is Preferable to Combined Ventral Lengthening and Dorsal Plication for Penile Length in Hypospadias with Severe Ventral Curvature(3+2 min) *Wei Ru, Lizhe Hu, Hongbo Liu* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center

SCIENTIFIC PROGRAM

13 November 2025, Thursday	
OP - 25	mTORC2 Pathway Disruption in the Dual Occurrence of Hypospadias and Anorectal Malformations: Evidence from WES(3+2 min) *Chandramouli Goswami [1], Prabudh Goel [1], Jyoti Sharma [1], Sourabh Kumar [1], VIshesh Jain [1], Anjan Kumar Dhua [1], Devendra Kumar Yadav [1], Masarrat Afroz [2], Vikas Dhikav [2], Harpreet Singh [3], Rahila Salman [4], Dinesh Gupta [5]* [1] All India Institute of Medical Sciences, New Delhi [2] Department of Health Research, Ministry of Health & Family Welfare, Goverment of India [3] Indian Council of Medical Research [4] Vgenomics [5] International Centre for Genetic Engineering and Biotechnology
OP - 26	Acute kidney injury biomarkers based evaluation of nephroprotective therapy effectiveness in shock wave lithotripsy in children.(3+2 min) *Oleg Nikulin, Sergei Zorkin, Alexandra Galuzinskaya, Elena Semikina, Marina Snovskaya, Dmitry Shakhnovskiy* National Medical Research Center for Children's Health Federal state autonomous institution of the Russian Federation Ministry of Health, Moscow, Russia
OP - 27	Artificial intelligence for objective assessment of pediatric uroflowmetry curves(3+2 min) *Ömer Barış Yücel [1], Ali Tekin [1], Sibel Tiryaki [1], Onur Mutlu [2], Ali Mert [2], İbrahim Ulman [1]* [1] Ege University Faculty of Medicine Department of Pediatric Surgery Division of Pediatric Urology [2] Ege University Faculty of Science Department of Statistics
OP - 28	Elective orchidopexy after manual detorsion in pediatric spermatic cord torsion: an 8-year retrospective study(3+2 min) *António Moreira, Diogo Cardoso, Rafael Bernardo, Elizabete Vieira* Hospital de Santa Maria, Lisbon
OP - 29	Robot-assisted end-side ureteroureterostomy coupled with Lich-Gregoir ureteral reimplantation for the treatment of duplex kidney in children(3+2 min) *Guangjie Chen, huazhang Liu, Fan Yang, Linfeng Zhu, Dongyan Zhao, Yijun Zhao* Zhejiang University
OP - 30	In which cases of proximal hypospadias detailed investigations are necessary(3+2 min) *Gökmen Aydınbaş [1], Ayşe Karaman [2], Semra Çetinkaya [2], İbrahim Karaman [2]* [1] Dr. Sami Ulus Maternity and Children's Training and Research Hospital, Department of Pediatric Surgery [2] Dr. Sami Ulus Maternity and Children Training and Research Hospital, Department of Pediatric Surgery, Ankara
OP - 31	Urethral trauma in children: a narrative review(3+2 min) *Rianne Lammers [1], Tudor Enache [2], Sebastien Faraj [3], Mieke Watershoot [4], Sibel Tiryaki [5]* [1] University Medical Center Groningen [2] Hôpital Femme-Mère-Enfant [3] Sorbonne Université, Armand Trousseau Hospital-Assistance Publique Hôpitaux de Paris [4] Ghent University Hospital [5] Ege University Faculty of Medicine Department of Pediatric Surgery
12:00 - 13:30	**Lunch**
12:00 - 13:30	**Meet the Expert** **Biliary Atresia** **Moderator(s):** *Kenneth Wong* Registration Form for Meet the Expert Sessions
12:00 - 13:30	**Meet the Expert** **Decision making in surgical plan for hypospadias; Single staged or staged repair** **Moderator(s):** *Baran Tokar* Registration Form for Meet the Expert Sessions

SCIENTIFIC PROGRAM

13 November 2025, Thursday

12:00 - 13:30	**Poster Walk 1**
	General I **Chairmen:** *Khalid Alharby, Marta Komarowska Komarowska* **Presentations**
P - 1	Comparison of the outcomes of children with and without anti-reflux surgery during congenital hiatal hernia repair(3+1 min) *Servet Melike Akıncı, Özlem Boybeyi, Tutku Soyer* Hacettepe University Faculty of Medicine Department of Pediatric Surgery
P - 2	Minimally Invasive Esophageal Replacement in Children with Stricture Esophagus: A Case Series(3+1 min) *Chandramouli Goswami, Anjan Kumar Dhua, Sandeep Agarwala* All India Institute of Medical Sciences, New Delhi
P - 3	Predictors of Redo-Nissen Fundoplication in Pediatric Patients(3+1 min) *Büşra Çetinkaya, Süleyman Arif Bostancı, Vildan Selin Çayhan, Elif Emel Erten, Aslı Nur Abay, Ahmet Ertürk, Can İhsan Öztorun, Sabri Demir, Müjdem Nur Azılı, Emrah Şenel* Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara
P - 4	TECHNICAL ALTERNATIVES IN MINIMALLY INVASIVE SURGERY FOR CONGENITAL DUODENAL OBSTRUCTION(3+1 min) *Paulina Vargova [1], Paula Salcedo Arroyo 2, Paolo Bragagnini Rodriguez [1], Ainara Gonzalez Esgueda [1], Rafael Fernandez Atuan [1], Andrea Santino Tenorio [1], Alvaro Mayordomo Ruiz [1], Carolina Corona Bellostas [1]* [1] Hospital Universitario Miguel Servet [2] Hospital Universitario de Terrassa
P - 5	Pediatric Pancreatic Pseudocyst; Presentations, Management, and Complications in Sudan: A Multi-Centre's Study(3+1 min) *Rayan Elhag [1], Abdelrahman Elnour [1], Faisal Nugud [2], Osman Taha [2]* [1] National Centre of Pediateric Surgey [2] University of Gezira
P - 6	Addressing the pediatric obesity epidemic: a single-center adolescent laparoscopic sleeve gastrectomy series with early outcomes(3+1 min) *Esma Sehoviç Keçik, Hakan Seyit, Mirhan Tosun* Istınye University, Medical Park Gaziosmanpasa Hospital
P - 7	Orogastric tube management of neonatal esophageal perforation: A simple, safe and effective approach. (3+1 min) *Sajad Wani, Nour Eddine Bouhadiba, noora alshawani, Guy Brisseau, Hassan baghazal* *Sidra Medicine, Qatar*
P - 8	Pediatric esophageal strictures: Outcomes of balloon dilatation over a 20-year period in a single-center cohort(3+1 min) *Afef Toumi [1], Marwa Messaoud [1], Samia Belhassen [1], Syrine Laribi [1], Salma Mani [1], Myriam Ben Fredj [1], Sabrine Ben Youssef 1, Amine Ksia [1], Mongi Mekki [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Mohsen Belghith [1], Lassaad Sahnoun [2]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 9	The impact of early and late diagnosis on esophageal battery ingestion(3+1 min) *Vildan Selin Çayhan [1], Süleyman Arif Bostancı [2], Ahmet Ertürk [2], Elif Emel Erten [1], Can İhsan Öztorun [2], Emrah Şenel [2], Müjdem Nur Azılı [2]* [1] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara [2] Ankara Yıldırım Beyazıt University Medical Faculty Department of Pediatric Surgery
P - 10	Managing Esophageal Atresia in a Low-to-Middle Income Country : A Review of Outcomes and Challenges(3+1 min) *Afef Toumi [1], Maha El Ghali [2], Samia Belhassen [1], Chayma Rouis [2], Syrine Laribi [1], Marwa El Ouaer [2], Marwa Messaoud [1], Amine Ksia [1], Mongi Mekki [1], Sawsen Chakroun [3], Maha Ben Mansour [3], Mohsen Belghith [1], Hayat Ben Hmida [2], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Department of neonatology, Maternity and neonatology center, Monastir, Tunisia [3] Pediatric Anesthesia and intensive care, Monastir University Hospital, Tunisia

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P - 11	Prevalence and characteristics of gastroesophageal reflux-related symptoms among school-aged children in Yozgat, Türkiye(3+1 min) *Sevgi Ulusoy Tangül [1], Rezzan Sayar [2], Yeşim Andıran Şenaylı [3], Kübra Taşdan [2], Merve Nur Kaynak [2], Meryem Gözde Bulat [2], Atilla Şenaylı [1]* [1] Bozok University, Faculty Of Medicine, Department Of Pediatric Surgery, Yozgat,Turkey [2] Yozgat Bozok University Research and Practice Hospital Nursing Unit [3] Yozgat Bozok University Anesthesiology and Reanimation Department
P - 12	Pediatric Esophageal Replacement: A 34-Year Single-Center Experience in a Middle-Income Setting(3+1 min) *Afef Toumi [1], Marwa Messaoud [1], Samia Belhssan [1], Syrine Laribi [1], Sabrine Ben Youssef [1], Myriam Ben Fredj [1], Amine Ksia [1], Mongi Mekki [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 13	Does the duration of symptoms affect the time to full enteral feeding after pyloromyotomy for infantile hypertrophic pyloric stenosis?(3+1 min) Senda Houidi, Fatma Thamri, Ameni Missaoui, Skander Smaoui, Yosra Kerkeni, Riadh Jouini children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
P - 14	Complications After Surgical Repair of Esophageal Atresia: Insights from a Single-Center Experience(3+1 min) *Nahla Kechiche [1], Nouha Boukhrissa [1], maroua Elouer [2], Rachida Lamiri [1], Hayet Hmida [2], Mongi Mekki [3], Lassaad Sahnoun [1]* [1] department of pediatric surgery, University Hospital of Monastir [2] Neonatal intensive care department, University Hospital of Monastir [3] Department of Pediatric Surgery, Monastir University Hospital, Tunisia
P - 15	Timing Matters : Impact of delay to first balloon dilation on outcomes of pediatric caustic esophageal strictures(3+1 min) *Messaoud Marwa [1], Afef Toumi [1], Samia Belhassen [1], Syrine Laribi [1], Myriam Ben Fredj [1], Sabrine Ben Youssef [1], Sami Sfar [1], Amine Ksia [1], Mongi Mekki [1], Sawsen Chakroun [2], Maha Ben Mansour 2, Mohsen Belghith [1], Lassaad Sahnoun [1]* 1 Pediatric surgery department, Fattouma Bourguiba Hospital. 2 Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
12:00 - 13:30	**Poster Walk 2**
	General II **Chairmen:** *Diana Romero, Gül Şalcı* **Presentations**
P - 16	Observational study of adolescent inguinal hernia repairs in a tertiary paediatric surgical department(3+1 min) *Sajeed Ali [1], Aadil Ali [2], Sarah Ellul [3], Saravanakumar Paramalingam [1]* [1] Department of Paediatric Surgery, Royal Alexandra Children's Hospital, Brighton, UK [2] University College London Medical School, UK [3] Department of Paediatric Surgery and Urology, Southampton Children's Hospital, Southampton, UK
P - 17	GASTROSCHISIS REPAIR: LESS INVASIVE, MORE SUCCESSFUL(3+1 min) *Paolo Bragagnini, Paulina Vargova, Yurema Gonzalez, Carolina Corona, Ricardo Escartin* Hospital Miguel Servet
P - 18	Delayed presentation in the common paediatric surgery cases among Sudanese children: possible causes March 2018 – March 2019(3+1 min) *Nosyba Omer, Abdelbasit Ali* king saud medical city
P - 19	Minimally Invasive Surgery in Pilonidal Disease: Evaluation of the Gips Procedure in Adolescent Cases(3+1 min) *Tunç Tığlı, Hayrunnisa Horozcu, İdil Rana User Kılıç, Burak Ardıçlı, Saniye Ekinci* Department of Pediatric Surgery, Faculty of Medicine, Hacettepe University, Ankara, Turkiye
P - 20	Sutureless closure in gastroschisis: aesthetic outcome assessment(3+1 min) *Ingrid Hernandez Flores, Alejandro Alberto Peñarrieta-Daher, Kin Yollotl Galvan-Morales, Katherine Bautista-Jimenez, Cristian Ruben Zalles-Vidal* Neonatal Surgery Department, Hospital Infantil de México Federico Gómez, Mexico City

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P - 21	T-tube enterostomy in the management of apple-peel atresia: A case series from a single center(3+1 min) *Hayssam Rashwan, Mostafa Kotb* Alexandria University Faculty of Medicine, Department of Pediatric Surgery, Alexandria, Egypt P - 22
P - 22	EFFECTIVENESS OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS AFTER GUT ANASTOMOSIS IN PAEDIATRIC PATIENTS(3+1 min) *Nabila Talat, Maliha Nadeem, Sajid Nayyar, Wajeeh Rehman, Farrukh Mehmood Star* University of child health sciences, The Childrens Hospital, Lahore
P - 23	What information do parents and children need for their informed consent before a pediatric surgical operation and how do they get it?(3+1 min) *Asim Zouari [1], Udo Rolle [2], Andrea Schmedding [3]* [1] Department of Pediatric Surgery, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany [2] Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany [3] Department of Pediatric Surgery, Hospital Braunschweig, Braunschweig, Germany
P - 24	Ultrasound-guided saline enema (USGSE) for intussusception: Outcome and clinical implications.(3+1 min) *Yannick Braun, Till-Martin Theilen, Henning Fiegel, Udo Rolle* Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany
P - 25	Incidence and nomogram for POI after major abdominal surgery for pediatric patients: results of retrospective surveillance(3+1 min)
P - 26	Nasal profile development following early combined nasal correction in children with unilateral cleft lip and palate.(3+1 min) *Abduvoris Abduvaliev* Tashkent Dental State Institute
P - 27	Laparoscopic-assisted Morgagni Hernia Repair in Children(3+1 min) *Özge Kılıç Bayar, İlayda Başar Aksu, Ayten Ceren Bakır, Kıvılcım Karadeniz Cerit, Gürsu Kıyan* Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul
P - 28	Incidental finding of ectopic adrenocortical tissue during inguinal surgery in children(3+1 min) *Milena Senica Verbič, Tina Purgaj, Tadej Petek, Maja Vičič, Dejan Bratuš* Univerzitetni klinični center Maribor
P - 29	Pediatric surgical research driven by databases and clinical registries(3+1 min) *Rafia Durrani [1], Javeria Javed [1], Muhammad Osama Khan [1], Humza Thobani [2], Saleem Islam [1], Faraz A . Khan [2]* [1] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan [2] Division of Pediatric Surgery, Department of Surgery, Stanford University, Palo Alto, California
P - 30	Onset of feeding after surgical procedures in newborns with congenital anomalies and its related factors(3+1 min) *Maryam Ghavami Adel, Negin Tabatabaee, Mobina Taghva Nakhjiri, Vafa Ghorban Sabbagh* Tehran University of Medical science

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12:00 - 13:30	**Poster Walk 3**
	General III **Chairmen:** *Davesh Mısra, Başak Erginel* **Presentations**
P - 31	From damage control to recovery: pediatric open abdomen – a review(3+1 min) *Zaky El Hakim, Nabila Kloping, Barmadisatrio Barmadisatrio* Pediatric Surgery Division, Surgery Department, Dr. Soetomo General Academic Hospital, Faculty of Medicine Universitas Airlangga, Surabaya, Indonesia
P - 32	Suture Grasper (EndoClose) Vs Simple Closure of Umbilical Port site in Laparoscopic Appendectomy in Children; A Prospective Randomized Clinical Trial.(3+1 min) *Tariq Altokhais [1], Tuqa AlSinan [2], Yasser AlFraih [1], Abdullah Alshehri [1], Ahmad Fawzy [1], Ismail Mohamed [1], Nawra AlSinan [3], Osamah Almosallam 4, Turki AlNafisah [5], Khalid Alqahtani [6], Basher Ghanem [7], Drgam Aljbawi [7], Mohamed El Hassan [8], Khalid Al Ali [9]* [1] College of Medicine, King Saud University Riyadh, Kingdom of Saudi Arabia [2] Department of Pediatric Surgery, Prince Sultan Military Medical City, Riyadh, Saudi Arabia. [3] College of Medicine, Alfaisal University, Riyadh Saudi Arabia. [4] Department of Pediatric Surgery, King Abdullah Specialist Children's Hospital, Ministry of National Guard Health Affairs, Riyadh, Saudi Arabia. [5] King Abdullah bin Abdulaziz University Hospital, Princess Noura University, Riyadh, Saudi Arabia. [6] King Salman Hospital, Ministry of Health, Riyadh, Saudi Arabia. [7] AlQassimi Women and Children Hospital, Sharjah, UAE. [8] Zagazig University, Egypt and Alqassimi women's & Children's hospital, Sharjah, UAE [9] Alqassimi women's &Children's hospital, Sharjah, UAE
P - 33	Factors associated with intestinal anastomosis failure in children: single-center retrospective cohort analysis(3+1 min) *Laura Camila González-Villarreal [1], María Teresa Vallejo-Ortega , Juan Javier Valero-Halaby [1]* [1] HOMI Foundation, National University of Colombia [2] National University of Colombia
P - 34	TREM2-high Macrophages Promote Intestinal Repair in Necrotizing Enterocolitis by Regulating Intestinal Stem Cell Proliferation(3+1 min) *Dengming Lai, Jingyi Jin, Linghao Cai, Jinfa Tou, Qiang Shu* Children's Hospital Zhejiang University School of Medicine, Hangzhou, China
P - 35	A Cross-Sectional Observational Study on Preoperative Fasting Durations in Pediatric Elective Surgeries(3+1 min) *Yeşim Andıran Şenaylı [1], Cevdet Yardımcı [2], Mehmet Kara [2], Mustafa Furkan Karatekin [2], Sevgi Ulusoy Tangül [3], Atilla Şenaylı [3]* [1] Kırklareli University, School of Medicine, Department of Anesthesiology and Reanimation [2] Bozok University, Faculty Of Medicine, Department Of Anesthesiology Yozgat,Turkey [3] Kırklareli University, School of Medicine, Department of Pediatric Surgery
P - 36	Hybrid Technique in Redo Surgery for Severe Stricture Post Esophageal Atresia Repair: A Video Demonstration(3+1 min) *Hany Embaby* Ahmed Maher Teaching hospital GOTHI Ministry of Health Egypt
P - 37	Is Laparoscopic Hernia Repair Safe for Boys as Well as Girls? First Results of Percutaneous Internal Inguinal Ring Suturing with a Filler Cannula(3+1 min) *Aliye Kandırıcı, Ali İhsan Dokucu* Istanbul Health Sciences University, Prof. Dr. Cemil Taşçıoğlu City Hospital, Department of Pediatric Surgery and Pediatric Urology
P - 38	Diagnostic value of PDW and RDW parameters in appendicitis: A retrospective comparison of uncomplicated and complicated cases(3+1 min) *Kevser Ayaz [1], Sırma Mine Tilev Öztan [2], Ali İhsan Anadolulu [2], Canan Ceran [3], Emre Şahin [1]* [1] University of Health Sciences, HAmidiye Faculty of Medicine [2] Kartal Dr. Lutfi Kirdar City Hospital, Department of Pediatric Surgery [3] University of Health Sciences, Kartal Dr. Lütfi Kırdar City Hospital, Department of Pediatric Surgery

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P - 39	Platelet-rich plasma as an adjuvant therapy to crystallized phenol in the treatment of pediatric pilonidal sinus disease: A prospective randomized controlled trial(3+1 min) *Mustafa Azizoğlu [1], Sergey Klyuev [2], Tahsin Onat Kamçı [3], Mehmet Hanifi Okur [4]* [1] Esenyurt Necmi Kadioglu State Hospital, Dep of Pediatric Surgery, Istinye University, Dep of Stem Cell and Tissue Engineering & 3D Bioprinting, Istanbul, Turkey [2] AO GK MEDSI, Department of Pediatric Surgery, Moscow, Turkey [3] Tatvan State Hospital, Department of Pediatric Surgery, Bitlis, Turkey [4] Department of Pediatric Surgery, Faculty of Medicine Balıkesir University, Balıkesir, Turkey
P - 40	Improving postoperative analgesia in laparoscopic appendicectomy using Quadratus Lumborum blocks(3+1 min) *Sherif Mansour, Paul Cullis, Su Ying Ong* Royal Hospital for Children & Young People, Edinburgh, United Kingdom
P - 41	Laparoscopy diagnostic as a leading option for abdominal tuberculosis in children: a review(3+1 min) *Nabila Kloping, Zaky El Hakim, Barmadisatrio Barmadisatrio* Pediatric Surgery Division, Surgery Department, Dr. Soetomo General Academic Hospital, Faculty of Medicine Universitas Airlangga, Surabaya, Indonesia
P - 42	Effect of war in Sudan 2023 on pediatric surgical service(3+1 min) *Enas Dawalnaeem [1], Haitham Dagash [2], Abdelhafeez Abdelhafeez [3]* [1] Sidra Medicine, Qatar [2] Leiceter Royal Infirmary [3] St. Jude Children's Research Hospital Memphis, TN, USA
P - 43	Stab incision vs cannula insertion for instrument access in paediatric laparoscopic surgery(3+1 min) *Sajjad Ali* Department of Paediatric Surgery Khyber Teaching Hospital, Peshawar Pakistan
P - 44	Single-Center Experience of Vascular Interventional Techniques in Neonatal Complex Vascular Diseases(3+1 min) *TengHui Zhan, Rong Zhang* Fujian Maternity and Child Health Hospital
P - 45	Ultrasound-guided laser ablation in twin-twin transfusion syndrome: evaluating efficacy, safety, and perinatal outcomes(3+1 min) *Muhammad Rafi Wibisana Sudradjat, Ryan Mario Christian* Faculty of Medicine Padjadjaran University, Bandung, Indonesia
12:00 - 13:30	**Poster Walk 4**
	Thoracic **Chairmen:** *Stephan Kim, Hannah Neeser* **Presentations**
P - 46	Carinal reconstruction… more than a challenge(3+1 min) *Diana Romero [1], Miguel Perilla [1], Carlos Blanco [1], Camila Montero [2], Carolina Zuluaga [1], Ana Garcés [2]* [1] Clínica Shaio [2] Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia
P - 47	Results of nonoperative method of treating pectus excavatum(3+1 min) *Alena Shominova, Alexander Razumovsky, Zorikto Mitupov, Vlada Snegireva, Victor Rachkov* Pirogov Russian National Research Medical University, Moscow, Russia
P - 48	Effect of laterality of CDH on long-term lung function(3+1 min) *Ryan Mario Christian, Muhammad Rafi Wibisana Sudradjat* Faculty of Medicine Padjadjaran University, Bandung, Indonesia
P - 49	Revisiting Morgagni Hernia in Pediatrics: Insights into Clinical Course, Surgical Outcomes, and Prognostic Factors(3+1 min) *Naeem Liaqat [1], Esmaeel Taqi [1], Sunil Yadav [1], Ammar Alnaqvi [2], Abdullah Rajab [1], Zulfiqar Ahmed [1]* [1] Pediatric surgery Ibn Sina Hospital, Kuwait [2] Jaber Hospital, Kuwait

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P - 50	Surgical management strategy for esophageal burns in children(3+1 min) *Azamat Shamsiev, Jamshid Shamsiyev, Gulom Khalilov, Abdikodir Shakhriev, Anvar Rakhimov* Samarkand State Medical University Pediatric Surgery Hospital
P - 51	Exploration of urinary metals after pectus bar placement(3+1 min) *Julio César Moreno Alfonso [1], Esther Comajuncosas Pérez [1], Ada Molina Caballero [1], Sara Hernández Martín [1], Susana Echechipía Madoz [2], Alberto Pérez Martínez [1]* [1] Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain [2] Hospital Universitario de Navarra. Allergology Department. Pamplona; Spain
P - 52	Management of pediatric primary spontaneous pneumothorax: when should surgery be considered?(3+1 min) *Ana Isabel Barros, Mário Rui Correia, Jorge Cagigal, Joana Sinde, Catarina Sousa-Lopes, José Banquart-Leitão, Ana Sofia Marinho, Catarina Carvalho* Department of Pediatric Surgery of Unidade Local de Saúde de Santo António
P - 53	Characteristics of congenital bronchial atresia with cystic lesions: a single-center retrospective study(3+1 min) *Shohei Yoshimura, Chieko Hisamatsu, Wataru Sasaki, Keisuke Fukui, Taichi Nakatani, Yuichiro Tomioka, Shizu Murakami, Akiko Yokoi, Tadashi Hatakeyama* Department of Pediatric Surgery, Hyogo Prefectural Kobe Children's Hospital, Kobe, Japan
P - 54	Surgical Approach to Lung Hydatid Cysts in Children(3+1 min) *Gülşen Biçer, Ayşe Karaman, Derya Erdoğan, İbrahim Karaman* Dr. Sami Ulus Maternity and Children Training and Research Hospital, Department of Pediatric Surgery, Ankara
P - 55	Key Determinants Guiding Treatment Algorithms in Pediatric Empyema: Five Years of Single-Center Experience(3+1 min) *İlayda Ser, Meltem Kaba, Mesut Demir, Nihat Sever, zeynab Mirhashimli, Abdullah Yıldız, Çetin Ali Karadağ* Health Sciences University, Şişli Hamidiye Etfal SUAM, Pediatric Surgery Departmant, Istanbul
P - 56	Combined Use of Rigid and Flexible Bronchoscopy in Challenging Pediatric Foreign Body Aspiration Cases(3+1 min) *Emine Burcu Çığşar Kuzu [1], Yusuf Alper Kara [2], Bade Toker Kurtmen [1]* [1] Department of Pediatric Surgery, İzmir Katip Çelebi University School of Medicine, İzmir, Turkey [2] Izmir City Hospital Pediatric Surgery Clinic
P - 57	CPAM: Histopathological Reclassification and Imaging Correlation Under New Guidelines in Japan(3+1 min) *Kohei Kawaguchi [1], Seiichiro Inoue [1], Marino Nagara [2], Yuki Muta [1], Yuta Takeuchi [1], Taisuke Hayashi [1], Shuji Momose [2], Akio Odaka [1]* [1] Department of Pediatric Surgery, Saitama Medical Center, Saitama Medical University [2] Department of Pathology, Saitama Medical Center, Saitama Medical University
P - 58	Surgical Management of Inflammatory Myofibroblastic Tumors in Children with Bronchopulmonary Localization: A Single-Center Experience(3+1 min) *Maxim Airapetyan [1], Oleg Topilin [2], Oleg Pikin [3], Olga Sukhodolskaya [4], Dmitry Morozov [5]* [1] Moscow Multidisciplinary Medical Center "Kommunarka" of the Moscow Department of Health [2] Russian Children's Clinical Hospital [3] Moscow Research Institute of Oncology named after P.A. Herzen [4] First Moscow State Medical University named after I.M. Sechenov (Sechenov University) [5] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University
P - 59	3D printing in pediatric surgery: a systematic review and in vitro evaluation of 3D-printed Nuss implants(3+1 min) *Alicija Šavareikaitė [1], Paulius Valatka [2], Sergejus Borodinas [3], Roma Puronaitė [4], Artūras Kilikevičius [5], Darius Vainorius [5], Linas Jonušauskas [6]* [1] Vilnius University Faculty of Medicine, Vilnius, Lithuania [2] Vilnius University Hospital Santariskiu Klinikos - Childrens Hospital, Vilnius, Lithuania [3] Vilnius Gediminas Technical University, Department of Applied Mechanics, Vilnius, Lithuania [4] Vilnius University Faculty of Mathematics and Informatics, Institute of Data Science and Digital Technologies, Vilnius, Lithuania [5] Vilnius Gediminas Technical University, Mechanical Science Institute, Vilnius, Lithuania [6] Lintrovert MB, Vilnius, Lithuania

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P - 60	Long-Term Outcomes of Gastroesophageal Reflux Disease in Patients Operated for Esophageal Atresia: A 15-Year Single-Center Experience(3+1 min) *Bilge Başaran, Vildan Selin Çayhan, Süleyman Arif Bostancı, Elif Emel Erten, Ahmet Ertürk, Can İhsan Öztorun, Müjdem Nur Azılı, Emrah Şenel* Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara
12:00 - 13:30	**Poster Walk 5**
	Oncology **Chairmen:** *Kuiran Dong, Gül İlayda Sarar* **Presentations**
P - 61	Our Experience of 104 Patients with Liver Masses: A Study from Tertiary Care Hospital(3+1 min) *Muhammad Saleem [1], Nabila Talat [2], Jamaal Butt [2], umer saleem [3], Hassan Mahmud [2], Azka Saleem [2], Muhammad Zubair Shoukat [2]* [1] Akhtar Saeed Medical & Dental College, Lahore [2] University of child health sciences, The Childrens Hospital, Lahore [3] services institute of medical sciences lahore
P - 62	Primary Hepatic Neuroendocrine Neoplasms of Children, a Systematic Review(3+1 min) *Ali Samady Khanghah 1, Omid Madadi-Sanjani 2, Anahita Abdolzadeh 1, Khashayar Atqiaee 3* [1] Ardabil University of Medical Sciences [2] University Medical Center Hamburg-Eppendorf, Hamburg, Germany [3] Mashhad University of Medical Sciences
P - 63	Clinical insights into congenital neuroblastoma in early infancy(3+1 min) *Boukhrissa Nouha [1], Sfar Sami [2], Toumi Afef [1], Bel Hssan Samia [2], Mani Salma [2], Ksia Amine [2], Mekki Mongi [2], Belghith Mohssen [2], Sahnoun Lassaad [2]* [1] Department of Pediatric Surgery, Monastir University Hospital, Tunisia [2] department of pediatric surgery , University Hospital of Monastir
P - 64	MANAGEMENT OF OVARIAN MASSES IN CHILDREN: LAPAROSCOPY VS LAPAROTOMY(3+1 min) *Aziz Mseddi, Yosra Ben Ahmed, Rim Ezzine, Mariem Marzouki, Faouzi Nouira, Said Jlidi* Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia
P - 65	Adrenocortical carcinoma – An audit from a tertiary care centre(3+1 min) *PRIYA MATHEW, Sajid Qureshi* TATA MEMORIAL HOSPITAL, MUMBAI, INDIA
P - 66	Multimodal management of desmoplastic small round cell tumor in children: A single-center experience including cytoreductive surgery and HIPEC(3+1 min) *Mhd Faez Alsarraj [1], Ayten Ceren Bakır [1], Nurşah Eker [2], Dilek Gül [3], Özde Nisa Türkkan [4], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul [3] Marmara University School of Medicine,Department of Radiation Oncology [4] Marmara University School of Medicine, Department of Pediatrics, Division of Pediatric Nephrology, Istanbul
P - 67	Expanding the limits of minimally invasive surgery in pediatric oncology: a single-center experience(3+1 min) *Aliye Kandırıcı, Duygu Gürel Keten, Aylin Duriye Çevikel, Ali İhsan Dokucu* Istanbul Health Sciences University, Prof. Dr. Cemil Taşçıoğlu City Hospital, Department of Pediatric Surgery and Pediatric Urology
P - 68	High-quality Genomic DNA from Liquid and TumorTissue biopsies in Nephroblastoma(3+1 min) *Shahnoor Islam [1], AKM Amirul Morshed [2]* [1] Sir salimullah medical college & Mitford hospital [2] Children's Cancer Center, Dr. Azmal Hospital , Mirpur, Dhaka, *Bangladesh*
P - 69	ASSESSMENT OF MALIGNANCY RISK OF THYROID NODULES IN CHILDREN(3+1 min) *Sergey Minaev [1], Igor Gerasimenko [1], Oksana Iachnaia [1], Jennifer Martinez [2], Maria Bagdasaryan [1]* [1] Stavropol State Medical University [2] University of Santo Domingo

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P - 70	Diagnostic Accuracy of Ultrasound-Guided Core Needle Biopsy in Pediatric Oncology(3+1 min) *Marzena Kozakiewicz, Anna Wojtylko, Aleksandar Moskal, Maria Sobczyk, Ewa Mika, Malgorzata Rapala, Jan Godzinski* Department of Pediatric Surgery, Marciniak Specialist Hospital, Wroclaw, Poland
P - 71	Giant ovarian cystadenomas and struma ovarii in adolescents: a cosmetic and oncologic challenge(3+1 min) *Aliye Kandırıcı [1], Duygu Gürel Keten [1], Aylin Duriye Çevikel [2], Oktav Bosnalı [1]* *[1] Istanbul Health Sciences University, Prof. Dr. Cemil Taşçıoğlu City Hospital, Department of Pediatric Surgery and Pediatric Urology* *[2] University of Health Sciences,Prof. Dr. Cemil Taşçıoğlu City Hospital, Department of Pediatric Surgery and Pediatric Urology, İstanbul*
P - 72	Ewing's sarcoma-related paraneoplastic syndromes in children, a systematic review(3+1 min) *Ahmad Eghbali [1], Khashayar Atqiaee [2], Mahdi Parvizi-Mashhadi [2], Ali Samady Khanghah [3]* [1] pediatric surgery research center research institue for children health ,shahid beheshshti university of medical science Tehran Iran [2] Mashhad University of Medical Sciences [3] Ardabil University of Medical Sciences
P - 73	Mitochondrial Genetic Markers in Neuroblastoma: A Systematic Review of Their Role in Tumor Progression, Prognosis and Therapeutic Potential(3+1 min) *Jyoti Sharma, Prabudh Goel, VIshesh Jain, Devendra Kumar Yadav, Anjan Kumar Dhua, Sandeep Agarwala* All India Institute of Medical Sciences, New Delhi
P - 74	Preliminary Study on the Heterogeneity and Intercellular Interactions in Pediatric Neuroblastoma Based on Single-Cell RNA Sequencing(3+1 min) *Ling Zhang, Lizhi Li, Jianbin Wang, Shiwei He* Fujian Medical University
P - 75	Transcatheter arterial embolization combined with triamcinolone acetonide in the management of propranolol resistant infantile hemangioma(3+1 min) *XiaoQi He* Xi'an Children's Hospital
12:00 - 13:30	**Poster Walk 6**
	Urology **Chairmen:** *Ahsen Karagözlü Akgül, Togrul Omarov* **Presentations**
P - 76	PENILE CURVATURE IN PROXIMAL HYPOSPADIAS: WHAT IS THE MAIN CONTRIBUTORY FACTOR?(3+1 min) *Harmit Ghattaura, Andre Stanley, Laura Jackson, Karim Awad, Mark Woodward, Mohamed Shalaby* Bristol Royal Hospital for Children, UK
P - 77	The Absence of Ganglion Cells in Primary Obstructive Megaureter(3+1 min) *Mridul Joshi, Suman Bikram Adhikari* Kanti Children's Hospital, Maharajgunj, Kathmandu
P - 78	The posterior urethral valve : is it possible to improve vesico-sphincter dysfunction by early ablation(3+1 min) *Fatma Hadjou Belaid [1], Hammou Benslimane [1], Tahar Guezzi [2], Faycel Hamidou [1], Hafida Haouari [1]* [1] Etablissement hospitalier spécialisé en pédiatrie de Canastel - Oran Algérie [2] Centre hospitalo -universtaire de Belabess - Algérie

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13 November 2025, Thursday	
P - 79	Ureterocutaneostomy in pediatric megaureter: a staged surgical approach.(3+1 min) *Zukhra Sabirzyanova, Andrey Pavlov* Russian scientific center of roentgenradiology
P - 80	COMPARISON OF TWO VASCULAR SECTION TECHNIQUES IN LAPAROSCOPIC VARICOCELECTOMY: A PROSPECTIVE STUDY(3+1 min) *Ana Ramirez Calazans, María Rosa Ibarra Rodriguez, jose ignacio garrido perez, Alvaro Escassi Gil, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain P - 81 Disorders of Sex Development (DSD): The scenario of DSD clinic- department of Pediatric surgery, Bangladesh Medical University (BMU), Bangladesh(3+1 min
P - 82	Histologic evaluation of the remnant associated with testicular regression syndrome(3+1 min) *Nedra Zouabi, Sabrine Ben Youssef, Syrine Laribi, Myriam Ben Fredj, Amine Ksia, Mongi Mekki, Mohsen Belghith, Lassaad Sahnoun* Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 83	Bladder Exstrophy: Updates – Bangladesh Perspective(3+1 min)
P - 84	Endoscopic combined intrarenal surgery composed of micro-perc and retrograde intrarenal surgery in the treatment of complex kidney stones in children(3+1 min) *Zihao Xu, Gengyu Du, Xiang Yan* Department of Urology, Pediatric Urolith Center, The Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, Hangzhou 310000, Zhejiang Province, China
P - 85	Circumcisions : A Common Practice, an Uncommon Complication(3+1 min) *Samia Belhassen [1], Afef Toumi [1], Sana Mosbahi [1], Syrine Laribi [1], Marwa Messaoud [1], Amine Ksia [1], Mongi Mekki [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 86	Modified Shanfield ureteric reimplantation with or without ureteric tailoring in primary obstructive megaureter in a paediatric age group in lower-middle income country.(3+1 min) *Suman Bikram Adhikari [1], Surendra Bikram Adhikari [2], Bal Mukunda Basnet [1]* [1] Kanti Children's Hospital, Maharajgunj, Kathmandu [2] Grande International Hospital, Kathmandu
P - 87	Efficacy and safety of α1-adrenergic blockers after extracorporeal shock wave lithotripsy in pediatric kidneys stones(3+1 min) *Ibragim Kiarimov, Sergey Zorkin, Alexandra Galuzinskaya, Rimir Bayazitov, Dmitriy Shakhanovsky* National Medical Research Center for Children's Health Federal state autonomous institution of the Russian Federation Ministry of Health
P - 88	Hyperbaric Oxygen Therapy In Prevention of Ishemia-Reperfusion Injury After Testicular Detortion Surgery(3+1 min) *Ahmet Enes Kartal [1], Münire Kübra Özgök Kangal [2], Tuğba Çaviş [3], Sevim Ecem Ünlü Ballı [1], Taylan Zaman [2], Gökhan Berktuğ Bahadır [1], Recep Özkan [2], Osman Türkmen [2], İlhami Sürer [1]* [1] Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty [2] Underwater and Hyperbaric Medicine, SBU- Gulhane Research and Training Hospital [3] SBU Gülhane Eğitim ve Araştırma Hastanesi, Radyoloji AD
P - 89	Advice provided after common paediatric surgical procedures – a Multi-centre prospective study(3+1 min) *Sajeed Ali [1], Imogen Seago [2], PSTRN PSTRN [3]* [1] Evelina London Children's Hospital, London, United Kingdom [2] North West Anglia NHS Foundation Trust [3] Paediatric Surgical Trainees Research Network , United Kingdom

SCIENTIFIC PROGRAM

13 November 2025, Thursday	
12:00 - 13:30	**Poster Walk 7**
	Lower GI - Colorectal **Chairmen:** *Kenan Karavdic, Jamshid Shamsiyev* **Presentations**
P - 90	Inflammasome-mediated GSDMD activation drive intestinal injury in experimental necrotizing enterocolitis(3+1 min) *Yihang Yang, Chunbao Guo* Chongqing Health Center for Women and Children
P - 91	Experimental evaluation of 3D-printed refeeding tubes using a simulated high-output bowel stoma: Flow efficiency based on tube diameter, configuration and infusion rate(3+1 min) *Ju Yeon Lee [1], Chaeyoun Oh [2]* [1] Department of Pediatric Surgery, Chonnam National University Hospital, Gwangju, Korea [2] Division of Pediatric Surgery, Department of Surgery, Korea University College of Medicine, Korea University Ansan Hospital, Ansan, Korea
P - 92	From prediction to precision: Characterization of prenatally diagnosed abdominal cysts to guide optimal surgical or conservative management(3+1 min) *Muhammed Hamidullah Çakmak, Ayşenur Celayir, Olga Devrim Ayvaz, Sabri Cansaran, Serdar Moralıoğlu* University of Health Science, Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center, Department of Pediatric Surgery, İstanbul
P - 93	Prognostic value of the histopathology of the appendix for children with recurrent appendicitis(3+1 min) *Evita Brigere [1], Astra Zviedre [2], Arnis Eņģelis [3], Aigars Petersons [4], Vilnis Titāns [5]* [1] Riga Stradins University & Children's Clinical University Hospital, Department of Paediatrics [2] Riga Stradins University, Department of Paediatric Surgery, Outpatient Clinic [3] Riga Stradins University & Children's Clinical University Hospital, Department of Paediatric Surgery [4] Riga Stradins University, Department of Paediatric Surgery [5] Outpatient Clinic "LaTi & Co" Ltd, Riga, Latvia
P - 94	RELIABILITY OF ALVARADO SCORE IN DIAGNOSIS OF ACUTE APPEDICITIS IN PEDIATRIC PATIENTS ,OUR CENTER EXPERIENCE(3+1 min) *Leily Mohajerzadeh [1], Ahmad Khaleghnejad Tabari [1], Mohsen Rouzrokh [1], Sedigheh Rafiei Tabatabaei [2], Mohamad Nasiry [2]* [1] Pediatric Surgery Research Center Research Institue For Children Health ,Shahid Beheshshti University of Medical Science Tehran Iran [2] Shahid Beheshti University of Medical Sciences
P - 95	Potential Predictors of Surgical Necrotizing Enterocolitis in Extremely Low-Birth-Weight Infants: Analyses of Coagulation and Fibrinolysis Markers at Birth(3+1 Min) *Keisuke Yano [1], Koshiro Sugita [1], Toshio Harumatsu [1], Makoto Matsukubo [2], Takafumi Kawano [1], Mitsuru Muto 1, Motofumi Torikai [2], Satoshi Ibara [3], Takuya Tokuhisa [3], Satoshi Ieiri [1]* [1] Department of Pediatric Surgery, Kagoshima University [2] Department of Pediatric Surgery, Kagoshima City Hospital [3] Department of Neonatology, Kagoshima City Hospital
P - 96	The application of indocyanine green-guided Deloyers procedure in reoperation after subtotal colectomy: a single-center retrospective cohort study(3+1 min) *Weike Liu [1], Ruijie Zhou [2], Zheng Zhang [2], Bo Li [3], Qian Jiang [4], Long Li [2], Qi Li [2]* [1] Department of General Surgery, Capital Institute of Pediatrics, Beijing, China [2] Department of General Surgery, Capital Center for Children's Health, Capital Medical University, Beijing, China [3] Translational Medicine, Hospital for Sick Children, Toronto, Ontario, Canada [4] Department of Medical Genetics, Capital Institute of Pediatrics, Beijing, China

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13 November 2025, Thursday	
P - 97	An anatomical location of intestinal atresia as a predictor of clinical course in small bowel atresia: a two-center study at southern in Japan(3+1 min) *Toshio Harumatsu [1], Yudai Tsuruno [2], Ayaka Nagano [2], Koshiro Sugita [2], Yumiko Tabata [1], Yumiko Iwamoto [2], Nanako Nishida [2], Chihiro Kedoin [2], Keisuke Yano [2], Shun Onishi [2], Hiroki Otsuka [3], Tomonori Kurimoto [3], Takafumi Kawano [2], Motofumi Torikai [1], Tokuhisa Takuya [3], Satoshi Ieiri [2]* [1] Department of Pediatric Surgery, Kagoshima City Hospital [2] Department of Pediatric Surgery, Kagoshima University [3] Department of Neonatology, Kagoshima City Hospital
P - 98	Macrophage Polarization-Regulated CXCL5 in Neural Development and Susceptibility to Enterocolitis in Hirschsprung's Disease(3+1 min) *Bin Yang, Heng Guo, Qiang Huang* Xi'an Jiaotong University
P - 99	Timing and outcomes of surgical intervention in Necrotizing Enterocolitis : A 7-year retrospective study of 277 cases(3+1 min) *Tahira Allahverdieva, Agil Abilov* Azerbaijan Medical University, Department of Pediatric Surgery, Baku
P - 100	TRANSUMBILICAL VIDEO-ASSISTED APPROACH VERSUS CONVENTIONAL LAPAROSCOPY APPENDECTOMY IN COMPLICATED ACUTE APENDICITIS IN CHILDREN(3+1 min) *Ana Ramirez Calazans, Francisco Javier Murcia Pascual, María Rosa Ibarra Rodriguez, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
P - 101	Transrectal Sonography in Pediatric Colorectal Disease: Interrater Reliability(3+1 min) *Judith Lindert, Naemi Kurzweil, Daniel Erkel, Stefanie Märzheuser* Department of Paediatric Surgery, University Rostock
P - 102	Inhibition of Gasdermin D Attenuates Neutrophil Extracellular Trap Formation Induced by Platelet-Derived Exosome in Necrotizing Enterocolitis(3+1 min) *Yue Ma, Chunbao Guo* chongqing health center for women and children
P - 103	Long Non-coding RNAs as Molecular Drivers and Biomarkers in Neuroblastoma: A Systematic Review(3+1 min) *Jyoti Sharma, Prabudh Goel, VIshesh Jain, Devendra Kumar Yadav, Anjan Kumar Dhua, Sandeep Agarwala* All India Institute of Medical Sciences, New Delhi
12:00 - 13:30	**Poster Walk 8**
	Case Presentations **Chairmen:** *Muazzez Çevik, Ampaipan Boontai* **Presentations**
P - 104	Thoracoscopic Repair of Esophageal Atresia: Surgical Challenges in Long Gap and Overlapping Pouch Variants(3+1 min) *Hany Embaby* Ahmed Maher Teaching hospital GOTHI Ministry of Health Egypt
P - 105	Lipoblastoma is a rare cause of midline neck mass in a 2 year-old girl(3+1 min) *Kübra Öztürk Yüzdemir [1], Berna Oğuz [2], Diclehan Orhan [3], Bilgehan Yalçın [4], Özlem Boybeyi [1], Tutku Soyer [1]* [1] Hacettepe University Faculty of Medicine Department of Pediatric Surgery [2] Hacettepe University Medical Faculty Department of Radiology [3] Hacettepe University Faculty of Medicine Department of Pediatric Pathology [4] Hacettepe University Faculty of Medicine Department of Pediatrics - Pediatric Oncology Unit

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13 November 2025, Thursday	
P - 106	Lost in transition(3+1 min) *Maximiliane Minderjahn, Anja Lingnau* Charité Universitätsmedizin Berlin
P - 107	Postrenal acute kidney injury in infant with bilateral PUJO of horseshoe kidney(3+1 min) *Vasily Shumikhin [1], Marina Shumikhina [1], Marina Levitskaya [1], Nadezhda Erokhina [1], Maria Boguslavskaya [2]* [1] Pirogov Russian National Research Medical University, Moscow, Russia [2] Russian Medical Academy of Continuing Professional Education
P - 108	Prepubic Sinus: 2 Case-Reports of a Rare Variant of Urethral Duplication(3+1 min) *Mário Rui Correia [1], João Vital [2], Ana Isabel Barros [1], Jorge Cagigal [1], Joana Sinde [1], Catarina Sousa-Lopes [1], Maria Luisa Gaspar [1], Fátima Carvalho [1], André Pinto [3]* [1] Department of Pediatric Surgery of Unidade Local de Saúde de Santo António [2] Department of Urology, Hospital Dr. Nélio Mendonça [3] Department of Urology of Unidade Local de Saúde de Santo António
P - 109	Pylorospasm: A Less Common Functional Disorder Mimicking Hypertrophic Pyloric Stenosis, Leading to Persistent Vomiting in a Preterm Male Infant(3+1 min) *Ali Samady Khanghah [1], Abbas Boskabadi [2], Mahdi Parvizi-Mashhadi [2], Gholamreza Ebrahimisaraj [3], Khashayar Atqiaee [2]* [1] Ardabil University of Medical Sciences [2] Mashhad University of Medical Sciences [3] Shahid Beheshti University of Medical Sciences
P - 110	Neglected Ureteropelvic Junction Obstruction Leading to Giant Hydronephrosis: A Case Report and Review of Literature(3+1 min) *Fatemeh Sadeghi Ardakani [1], Ali Samady Khanghah [2], Mahdi Sonei [1], Mahta Sadeghi Ardakani [1], Khashayar Atqiaee [1]* [1] Mashhad University of Medical Sciences [2] Ardabil University of Medical Sciences
P - 111	SINGLE-PORT LAPAROSCOPIC SURGERY FOR GIANT GASTRIC TRICHOBEZOAR EXTRACTION IN A PEDIATRIC PATIENT(3+1 min) *Paulina Vargova, Reyes Delgado Alvira, Paolo Bragagnini Rodriguez, Andrea Santino Tenorio, Alvaro Mayordomo Ruiz, Carolina Corona Bellostas* Hospital Universitario Miguel Servet
P - 112	Severe Thoracic Impalement Trauma Leading to Bronchial Injury: Conservative Management as a Viable Option(3+1 min) *Servet Melike Akıncı [1], Tunç Tığlı [1], Mustafa Ünal Sayilir [1], Berna Oğuz [2], Filiz Üzümcügil [3], Selman Kesici [4], Şafak Alpat [5], İdil Rana User Kılıç [1]* [1] Hacettepe University, Faculty of Medicine, Department of Pediatric Surgery, Ankara, Turkiye [2] Hacettepe University, Faculty of Medicine, Department of Radiology, Division of Pediatric Radiology, Ankara, Turkiye [3] Hacettepe University, Faculty of Medicine, Department of Anesthesiology and Reanimation, Ankara, Turkiye [4] Hacettepe University, Faculty of Medicine, Department of Pediatric Intensive Care Unit, Ankara, Turkiye [5] Hacettepe University, Faculty of Medicine, Department of Cardiovascular Surgery, Ankara, Turkiye
P - 113	A Giant infected and ruptured omental cyst causing sepsis and intestinal obstruction in an infant: a rare case report(3+1 min) *Yusuf Polat [1], Muhammed Hamidullah Çakmak [1], Gül İlayda Sarar [2], Özlem Balcı [1]* [1] University of Health Science, Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center, Department of Pediatric Surgery, İstanbul [2] Agri State Hospital Pediatric Surgery Clinics
P - 114	Persistent Uveitis Unmasked: The Impact of Mediastinal Mass Resection in Pediatric Extrapulmonary Tuberculosis(3+1 min) *Andrea Santino Tenorio, Ricardo Escartin Villacampa, Paulina Vargova, Alvaro Mayordomo Ruiz, Paolo Bragagnini Rodriguez* Hospital Universitario Miguel Servet

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13 November 2025, Thursday	
P - 115	Video-assisted thoracoscopic lower lobectomy in a case with complicated congenital pulmonary airway malformation(3+1 min) *İbrahim Yıldırım, Özcan UZUN, Sevim Ecem Ünlü Ballı, Fatma Bilgecan Şimşek, Mehmet Bahadır Çalışkan, Gökhan Berktuğ Bahadır, İlhami Sürer, Suzi Demirbağ* Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty
P - 116	Clinical analysis and management of 3 cases of complete androgen insensitivity syndrome(3+1 min) *Jie Liu* Children's Hospital, Zhejiang University School of Medicine, Zhejiang Province, China
P - 117	Navigating complex anatomy: The trap-door incision for simplified resection of a challenging cervico-thoracic neuroblastoma(3+1 min) *İlayda Başar Aksu [1], Ayten Ceren Bakır [1], Nurşah Eker [2], Elif Demirbaş [3], Adnan Dağçınar [4], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul [3] Marmara University Faculty of Medicine, Department of Cardiovascular Surgery, Istanbul [4] Marmara University School of Medicine, Department of Neurosurgery
13:30 - 14:00	**Keynote Lecture Main Hall**
	How Fetal Surgery May Change the World of Pediatric and Neonatal Surgery: 10 Years of Experience **Moderator(s):** *Orkan Ergün* **Speaker(s):** *Ernesto Leva*
13:30 - 14:00	**Keynote Lecture Hall B**
	Management of Urethral Injuries in Low Income Countries: From Challenges to Solutions **Moderator(s):** *Ahsen Karagözlü Akgül* **Speaker(s):** *Yosra Kerkeni*
14:00 - 15:00	**Panel Session I Main Hall**
	Image guided surgical procedures in Pediatric Surgery **Moderator(s):** *Meltem Bingöl Koloğlu, Horacio Questa* **Speaker(s):** *Joel Cazares Rangel:* The Usefulness of Indocyanine Green (ICG) Fluorescence in Hepato-Pancreato-Biliary Surgery in Children | *Hiroo Uchida:* What does Artificial Intelligence (AI) Offer Pediatric Surgery | *Steven Rothenberg:* 3D Simulation Models in Pediatric Surgery; Applications in Training and Operating Room
14:00 - 15:00	**Panel Session II Hall B**
	Esophageal Reconstruction for long gap EA – Pros and Cons **Moderator(s):** *Sharon Cox, Maria Manousi* **Speaker(s):** *Darius Patkowski:* Traction and Delayed Primary Repair | *Mohamed Eldebeiky:* Replacement procedures | *Tutku Soyer:* Long Term Results
15:00 - 15:30	**Coffee Break**
15:30 - 17:00	**Oral Presentations III Main Hall**
	Lower GI **Chairmen:** *Paul Broens, Dilek Berat Demirel* **Presentations**

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13 November 2025, Thursday	
OP - 32	Efficacy of pelvic floor rehabilitation and TENS in pediatric patients with refractory functional constipation: a randomized controlled study(5+2 min) *Furkan Ersoy [1], Gonca Gerçel [1], Tansu Birinci Olgun [2], Sabriye Gülçin Bozbeyoğlu [3], Ali İhsan Anadolulu [1], Özlem Kalaycık Şengül [4], Çiğdem Ulukaya Durakbaşa [1]* [1] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Pediatric Surgery [2] Istanbul Medeniyet University, Department of Physiotherapy and Rehabilitation [3] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Radiology [4] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Pediatric Gastroenterology
OP - 33	Assing faecal load with bedside ultrasound in children with colorectal pathology: ReKiSo Study(5+2 min) *Judith Lindert, Daniel Erkel, Edyta Schmidt, Stefanie Märzheuser* Department of Paediatric Surgery, University Rostock
OP - 34	Comparison of Early and Long-Term Outcomes Between LA-TEPT and TEPT in Left-Sided Hirschsprung Disease: Identification of Risk Factors for Postoperative Stricture, Enterocolitis, and Redo Surgery(5+2 min) *Mustafa ökten [1], Erol Basuguy [1], Serkan Arslan [1], Mustafa Azizoğlu [2], Bahattin Aydoğdu [3], Mehmet Hanifi Okur [3], Murat Kemal Çiğdem [1]* [1] Dicle University, Department of Pediatric Surgery, Diyarbakır, Turkey [2] Esenyurt Necmi Kadioglu State Hospital, Dep of Pediatric Surgery, Istinye University, Dep of Stem Cell and Tissue Engineering & 3D Bioprinting, Istanbul, Turkey [3] Department of Pediatric Surgery, Faculty of Medicine Balıkesir Üniversity, Balıkesir, Turkey
OP - 35	Robot-assisted surgery in pediatric patients with intestinal duplication(5+2 min) *Yi Jin, Zhigang Gao, Shuhao Zhang, Qingjiang Chen, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine
OP - 36	ROBOTIC-ASSISTED PULL-THROUGH PROCEDURES FOR HIRSCHSPRUNG'S DISEASE - A SYSTEMATIC REVIEW.(5+2 min) *Shilpa Sharma [1], Vinod Raj [2], Viji G [3]* [1] All India Institute of Medical Sciences, New Delhi [2] MGM Medical College and Superspeciality Hospital, Indore, INDIA [3] VMMC and Safdarjang Hospital, New Delhi
OP - 37	CORRELATION BETWEEN LONG-TERM FOLLOW-UP ADHERENCE AND FUNCTIONAL OUTCOMES IN CHILDREN WITH ANORECTAL MALFORMATIONS: A RETROSPECTIVE-PROSPECTIVE STUDY AT A RURAL TERTIARY CENTER(3+2 min) *Muma Nyagetuba* AIC KIJABE HOSPITAL
OP - 38	Management and long-term outcomes of cloaca patients: Quality of life, intestinal and urinary function at a Latin American pediatric center(3+2 min) *Daniela Moreno, Laura Rodriguez, Jose Cely, Juan Valero, Fernando Fierro* Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia
OP - 39	Unraveling the Molecular Basis of Clinical Heterogeneity in Hirschsprung Disease through Gene Expression Analysis(3+2 min) *Muntadhar M Isa [1], Maimun Syukri [2], ZA Muchlisin [3], Gunadi [4], Dian Adi Syahputra [1], Teuku Yusriadi [1], Yumna Muzakkir [1], Reno Keumalazia Kamarlis [5], Zulham Effendy [6], Ahmad Setyadi [6], Siti Maghfirah [6], Tristia Rinanda [7]* [1] Pediatric Surgery Division, Surgery Department Faculty of Medicine Universitas Syiah Kuala/ Dr. Zainoel Abidin General Hospital, Banda Aceh, Indonesia [2] Division of Nephrology and Hypertension, Department of Internal Medicine Faculty of Medicine Universitas Syiah Kuala/ Dr. Zainoel Abidin General Hospital, Banda Aceh, Indonesia [3] Faculty of Marine and Fisheries, Universitas Syiah Kuala [4] Pediatric Surgery Division, Department of Surgery, Universitas Gajah Mada/dr. Sardjito Hospital, Yogyakarta, Indonesia [5] Department of Pathology Anatomy, Faculty of Medicine, Universitas Syiah Kuala/ Dr. Zainoel Abidin General Hospital, Banda Aceh, Indonesia [6] Department of Surgery, Universitas Syiah Kuala/Dr. Zainoel Abidin General Hospital, Banda Aceh, Indonesia [7] Microbiology Department, Syiah Kuala University, Banda Aceh, Indonesia

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13 November 2025, Thursday	
OP - 41	The PODCAST-Question: PostOperative Dilation versus Calibration After Surgical Treatment of Hirschsprung's disease – what is necessary?(3+2 min) *Daniel Keese 1, Florian Friedmacher 2, Udo Rolle 2, Hannah Neeser 1, Tim Gerwinn 1, Sasha Tharakan 1, Ueli Möhrlen 1* 1 Children's University Hospital of Zurich, Switzerland 2 Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany
OP - 42	Negative appendectomy rate in resource resource-limited regions(3+2 min) *Sello Machaea, Vincent Adeniyi* Walter Sisulu University
OP - 43	Implementation of the ERAS protocol in children undergoing intestinal stoma closure: a multicentre study.(3+2 min) *Michal Pasierbek [1], Anna Modrzyk [1], Dariusz Patkowski [2], Katarzyna Rasiewicz [3], Monika Bukowska [4], Jerzy Machowski [5], Anna Ogorzalek [5], Artur Szymczak [5], Wojciech Gorecki [6], Joanna Godlewska [6], Karolina Tokarska [6], Przemysław Wolak [7], Aneta Piotrowska Gall [7], Lukasz Wladyszewski [7], Andrzej Golebiewski [8], Stefan Anzelewicz [8], Dominika Kosciuszko 8, Marzena Zielinska [9], Wojciech Korlacki [1]* [1] Department of Children's Developmental Defects Surgery and Traumatology, Medical University od Silesia, 41- 808 Zabrze, 3- Maja 13- 15, Poland [2] Clinical Department of Paediatric Surgery and Urology, Wroclaw Medical University, Faculty of Medicine, 50-556 Wrocław, Borowska 213, Poland [3] Department of Pediatric Surgery and Urology, Wroclaw Medical University and Hospital, Borowska, Wroclaw, Poland [4] Department of Pediatric Surgery and Urology, Wroclaw Medical University, Wroclaw, Poland [5] Department of Pediatric Surgery and Urology, Clinical Hospital no 2 in Rzeszów, 35-310 Rzeszów, Lwowska 60, Poland [6] Department of Pediatric Surgery, Jagiellonian University Medical College, University Children's Hospital of Krakow, 30- 663 Kraków, Wielicka 265, Poland [7] Faculty of Medicine, Collegium Medicum, Jan Kochanowski University of Kielce, 25-317 Kielce, Aleja IX Wieków Kielc 19A, Poland [8] Department of Surgery and Urology for Children and Adolescents, Medical University of Gdansk. 80- 803 Gdańsk, Nowe Ogrody 1-6, Poland [9] Department of Anesthesiology and Intensive Therapy, Wroclaw Medical University, Department of Pediatric Anesthesiology and Intensive Care, University Hospital in Wroclaw, 50-556 Wrocław, Borowska 213, Poland
OP - 44	Comparison of the outcomes of Laparoscopic-Assisted Anorectoplasty and Posterior Sagittal Anorectoplasty in male pediatric patients with intermediate and high variety of anorectal malformations at a single center in a Low- and middle-income country(3+2 min) *Md. Mozammel Hoque* Chattogram Maa-0-Shishu Hospital Medical College
OP - 45	Pediatric inguinal hernia repair with laparoscopy (PIHRL)-trial: A multicenter study comparing extra-corporeal percutaneous internal ring suture (PIRS) and intra-corporal purse-string suture for inguinal hernia(3+2 min) *Roxanne Eurlings [1], Lore de Vreeze [2], Hamit Cakir [1], Stefi Nordkamp [1], Marc Dirix [1], Olivier Theeuws [1], Sylwester Gerus [3], Mateusz Palczewski [3], Joep Derikx [2], Dariusz Patkowski [3], Wim van Gemert [1], Ruben Visschers [1]* [1] Maastricht University Medical Center+ [2] Amsterdam University Medical Center [3] Wroclaw Medical University
OP - 46	Rethinking Primary Repair in Colorectal Atresias: Lessons from a Six-Year Clinical Experience(3+2 min) *Aziz Ahmed Chattha [1], Nabila Talat [1], Muhammad Zubair Shoukat [1], Jamaal Butt [1], Rija Khalid [2]* [1] University of child health sciences, The Childrens Hospital, Lahore [2] Shaukat Khanum Memorial Cancer Hospital, Lahore
OP - 47	Robotic-assisted redo pull-through procedures of Hirschsprung's disease for complications : a single team experience in China(3+2 min) *Menglong Lan* Guangzhou Women and Children's Medical Center,Guangzhou Medical University

SCIENTIFIC PROGRAM

13 November 2025, Thursday

15:30 - 17:00	**Oral Presentations IV Hall B**
	Pediatric Thoracic Surgery **Chairmen:** *Michal Rygl, Özlem Boybeyi* **Presentations**
OP - 48	Posterior tracheopexy in children with severe tracheomalacia: Insights from a Colombian multicenter study(5+2 min) Diana Romero [1], Andrea Soler [2], Cristina Villa 3, Martha Cuellar 3, Miguel Perilla 4, Daniela Cleves 5, Laura Suárez [4], Milena Villamil [2], Maria Eugenia Gamma 4, Carolina Zuluaga 6, Adriana Castrillón 2, Esteban Hernández 7, Juan Sebastián Cabrera [2], John Páez [2], Carlos Blanco 4, Alejandra Echeverri 3, Patricia Ocampo 7, Maria Lucía Porras 7, Tonny Sarquis [4], Javier Osorio [4], Henry de la Barrera 7, Victor Caicedo 4 [1] Hospital de la Misericordia, Clínica Shaio, Clínica Somer, Hospital San José Infantil [2] Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia [3] Clínica Somer [4] Clínica Shaio [5] Fundación Santa Fé [6] Clínica Shaio, Hospital de la Misericordia [7] Hospital San José Infantil
OP - 49	Surgical treatment of congenital tracheal stenosis(5+2 min) Abdumanap Alkhasov, Sergey Ratnikov, Elena Komina, Sergey Kuzin, Shahriyar Suleimanov National Medical Research Center for Children's Health Federal state autonomous institution of the Russian Federation Ministry of Health, Moscow, Russia
OP - 50	Outcomes and Prognostic Factors in Neonatal Congenital Diaphragmatic Hernia: lessons learned over 18 years(5+2 min) Mohamad Abdullah, Stewart Cleeve, Davesh Misra, Ashwini Joshi, Ashish Desai, Paul Charelworth, Simon Phelps, Ashwath Bandi, Maricar callueng, Jean YONG The Royal London Hospital, Barts health NHS trust
OP - 51	Investigation Of The Genetic Etiopathogenesis Of Congenital Airway Lesions(5+2 min) Banu Özdemir [1], Doğu Vurallı Bakkaloğlu [2], Tuğba Kalaycı [3], Zeynep Özdemir [4], Secil Yuksel [1], Hakan Kocaman [1], Başak Erginel [1] [1] Istanbul University, Istanbul Faculty of Medicine, Department of Pediatric Surgery [2] Istanbul Unıversity Istanbul Faculty of Medicine Department of Pathology [3] Istanbul University Istanbul Faculty of Medicine , Department of Medical Genetics [4] Ankara Etlik City Hospital, Department of Medical Genetics
OP - 52	FETO and Outcomes in Congenital Diaphragmatic Hernia: Does the Prenatal Procedure Increase the Risk of Recurrence?(5+2 min) Nicoletta Nicolino [1], Giulia del Re [1], Emma Caforio [1], Ilaria Marcoccio [1], Giorgio R. Fava [1], Anna Morandi [1], Ernesto Leva [2] [1] Department of Pediatric Surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan [2] Department of Clinical and Community Sciences, University of Milan, Milan
OP - 53	HIGH FIDELITY SURGICAL SIMULATION FOR TRACHEOESOPHAGEAL FISTULA SURGERY(3+2 min) Jogender, Shilpa Sharma, Varun Arora, M Jassal, AK Agrawal All India Institute of Medical Sciences (AIIMS) New Delhi) Indian Institute of Technology (IIT) Delhi,
OP - 54	Development of a Risk Stratification Model for Complications Associated with Bronchial Blockers versus Endobronchial Intubation in One-Lung Ventilation for Infants and Young Children(3+2 min) Yongsheng Qiu Department of Anesthesiology, Children's Hospital of Henan Province, Zhengzhou, China
OP - 55	Application of Da Vinci Robot-assisted Thoracoscopic Technology in Pediatric General Thoracic Surgery(3+2 min) Tan Zheng Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
OP - 56	Pulmonary Arteriovenous Malformation in Pediatric Patients: A Single-Center Experience(3+2 min) E. Andreev, L. Elin, Z. Tramova, R. Garbuzov Russian Children's Clinical Hospital, Moscow, Russia
OP - 57	The relationship between upper esophageal width and length and oropharyngeal dysphagia in children with esophageal atresia(3+2 min) Tutku Soyer [1], Begüm Pişiren [1], Hatice Nursun Özcan [2], Selen Serel Arslan [3], Özlem Boybeyi [1], Berna Oğuz [2], Numan Demir [3] [1] Hacettepe University Faculty of Medicine Department of Pediatric Surgery [2] Hacettepe University Medical Faculty Department of Radiology [3] Hacettepe University Faculty of Physical Therapy and Rehabilitation, Department of Physical Therapy and Rehabilitation

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13 November 2025, Thursday	
OP - 58	Parapneumonic pleural empyema: a therapeutic dilemma(3+2 min) Carolina Soares-Aquino, Silviana Ribeiro, Sofia Vasconcelos-Castro, Norberto Estevinho, Miguel Campos, Mariana *Borges-Dias* Department of Pediatric Surgery, Centro Hospitalar Universitário de São João, Porto, Portugal
OP - 59	The Need For Postnatal Imaging In Congenital Lung Malformations And Surgical Timing: A Retrospective Study(3+2 min) *Gül İlayda Sarar, Ayşenur Celayir* University of Health Sciences, Turkey. İstanbul Zeynep Kamil Maternity and Children Diseases Health Training and Research Center, Department of Pediatric Surgery, İstanbul, Turkey
OP - 60	Association Between Periconceptional Exposure to Environmental factors and Particulate Matter and The Risk of Esophageal Atresia: A Case-Control Study(3+2 min) *Melda Çelik [1], Ali İhsan Anadolulu [2], Sıddıka Songül Yalçın [1], Özlem Boybeyi [3], Çiğdem Ulukaya Durakbaşa [4], Tutku Soyer [3]* [1] Hacettepe University Faculty of Medicine, Department of Pediatrics, Division of Social Pediatrics [2] Department of Pediatric Surgery, Istanbul Medeniyet University Faculty of Medicine, Istanbul [3] Hacettepe University, Faculty of Medicine, Department of Pediatric Surgery, Ankara [4] Istanbul Medeniyet University Faculty of Medicine Department of Pediatric Surgery
OP - 61	Staged Thoracoscopic Internal Traction Approach for Repair of Long Gap Esophageal Atresia with Distal Tracheoesophageal Fistula(3+2 min) *Cecilia Gigena Heitsman [1], Nitin Sajankila [1], Anthony DeRoss [1], Manuel Lopez [1], Maximiliano Maricic [2], Miguel Guelfand [1]* [1] Cleveland Clinic [2] Servicio de Cirugia Pediatrica, Hospital Pedro de Elizalde, Buenos Aires, Argentina
OP - 62	Surgical treatment of achalasia in children(3+2 min) *Abdumanap Alkhasov, Sergey Ratnikov, Elena Komina, Nikolay Shubin, Anna Shmikova* National Medical Research Center for Children's Health Federal state autonomous institution of the Russian Federation Ministry of Health, Moscow, Russia
OP - 63	Improved minimally invasive surgery in newborns with congenital diaphragmatic hernia(3+2 min) *Fuad Hüseynov* Azerbaijan State Advanced Training Institute for Doctors, Department of
19:30 - 22:00	**Presidential Reception & Get-Together Entertainment Main Hall**

SCIENTIFIC PROGRAM

14 November 2025, Friday	
08:00 - 08:30	**Video Presentations Main Hall**
	Chairmen: *Abdülkerim Temiz, Javid Naghiev* **Presentations**
VP - 1	ROBOT-ASSISTED SURGERY ON THE UPPER URINARY TRACT IN CHILDREN(3+1 min) *Andew Marchuk* Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk
VP - 2	Congenital hiatal hernia or something more? robotic diagnosis and repair of a congenital short esophagus in a pediatric patient(3+1 min) *Esma Sehoviç Keçik [1], Samir Hasan [2], Zafer Dökümcü [2]* [1] İstinye Üniversite Hastanesi Medical Park Gaziosmanpaşa Çocuk Cerrahisi AD, İstanbul, Türkiye [2] Ege University Faculty of Medicine, Department of Pediatric Surgery, Izmir, TURKEY
VP - 3	Laparoscopic appendicovesicostomy: a surgical alternative to the open approach(3+1 min) *Johana Paez, Daniela Moreno Villamizar, Camilo Orjuela, Yair Cadena* La Cardio Hospital, Colombia
VP - 4	Vacuum assisted (clearpetra) miniaturized percutaneous hepatolithotripsy for complex intrahepatic stones in a high-risk pediatric patient(3+1 min) *Ali Sezer [1], Ali Ekber Hakalmaz [2], Şenol Emre [2]* [1] Division of Pediatric Urology, Department of Pediatric Surgery, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa, Istanbul, Turkey [2] Department of Pediatric Surgery, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa, Istanbul, Turkey
VP - 5	Type II achalasia treated with Peroral Endoscopic Myotomy (POEM): A novel and effective alternative(3+1 min) *Julio César Moreno Alfonso [1], María José Neira Morales [2], Esther Comajuncosas Pérez [1], Isabella Garavis Montagut [2], Catalina Fonseca Rejtman [2], Ada Molina Caballero [1], Eduardo Albéniz Arbizu [3], Alberto Pérez Martínez [4]* 1 Hospital Universitario de Navarra. Department of Pediatric Surgery. Doctoral School. Universidad Pública de Navarra (UPNA). Pamplona; Spain [2] Universidad El Bosque. Medical Faculty. Bogotá; Colombia [3] Hospital Universitario de Navarra. Department of Gastroenterology. Pamplona; Spain [4] Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain
VP - 6	Thoracoscopic repair of a rare pediatric intercostal lung herniation: case report with video presentation(3+1 min) *Çiğdem Ulukaya Durakbaşa, Gonca Gerçel, Furkan Ersoy, Arzu Asadzade İşler* Department of Pediatric Surgery, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, Istanbul, Türkiye
VP - 7	Laparoscopic uretero-uretero anastomosis: An alternative in the management of double collecting system(3+1 min) *Johana Paez, Daniela Moreno Villamizar, Camilo Orjuela, Yair Cadena* La Cardio Hospital, Colombia
08:00 - 08:30	**Case Presentations Hall B**
	Chairmen: *Zane Abola, Ülgen Çeltik* **Presentations**
CR - 1	Biliary tract rhabdomyosarcoma requiring liver transplantation: A challenging surgical and oncological dilemma(3+1 min) *Betül Dölek [1], Nurşah Eker [2], Turan Kanmaz [3], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul [3] Koc University, School of Medicine, Department of Pediatric Surgery
CR - 2	A new technic for treating sternal cleft(3+1 min) *Lana Kuzminykh, Alexey Podkamenev, Vadislav Avramenko, Roman Ti, Vladislav Dvoretsky, Arina Syrtsova, Olga Murashova, Damir Malekov* Saint-Petersburg State Pediatric Medical University
CR - 3	Use of esophageal VAC for anastomotic leak due to type III esophageal atresia. Case report.(3+1 min) *RUBI MARTINEZ, Miguel Torres, ABEUD RUIZ, Joel Cazares Rangel* Regional Maternal and Child Hospital of Nuevo León
CR - 4	Pneumovesicoscopic Ureterocele Excision and Ureteroneocystostomy in a Single-System Ureter(3+1 min) *Beytullah Yağız, Pelin Nur Cinel, Sertaç Hancıoğlu, Berat Dilek Demirel* Ondokuz Mayıs University, Faculty of Medicine, Department of Pediatric Surgery, Samsun, Turkey

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14 November 2025, Friday	
CR - 5	The elusive testis: Three sibling cases of crossed testicular ectopia(3+1 min) *Anum Liaquat, Syeda Rawash Mehdi, Syed Faisal Usman* Indus Hospital - Recep Tayyip Erdogan Campus, Muzaffargarh
CR - 6	Ulcerative Colitis-Like Chronic Colitis Confined to an Interposed Colon Segment In A Patient with Long-gap Esophageal Atresia: An Extremely Rare Complication after Colonic Interposition(3+1 min) *Kübra Öztürk Yüzdemir [1], Hayriye Hızarcıoğlu Gülşen 2, Özlem Boybeyi [1], Tutku Soyer [1]* [1] Hacettepe University Faculty of Medicine Department of Pediatric Surgery [2] Hacettepe University Faculty of Medicine Department of Pediatrics, Pediatric Gastroenterelogy, Hepatology and Nutrition.
CR - 7	Chinese corheart-6 left ventricle assist device implantation bridging to heart transplantation in a 12 years old boy(3+1 min) *Xicheng Zhang, Xiangming Fan, Liyang Ying, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
08:30 - 09:30	**Panel Session III Main Hall**
	How do I Do it? **Moderator(s):** *Judith Lindert* **Speaker(s):** *Gonca Topuzlu Tekant:* Transanal vs. Laparoscopic Procedures – Patient Selection | *Ernesto Leva:* Laparoscopic Management of ARM | *Lucie Pos:* Laparoscopic Management of Hirschsprung's Disease
08:30 - 09:30	**Panel Session IV Hall B**
	How do I do it (Extrophy Bladder Neck Reconstruction) **Moderator(s):** *Yunus Söylet, Sibel Tiryaki* **Speaker(s):** *Maxmillian Raimundo Cervellione:* The Manchester Staged Delayed Exstrophy Repair (DER) | *Haluk Emir:* Kelly Soft Tissue Mobilization Technique
09:30 - 09:50	**Boix Ochoa Lecture Main Hall**
	The Shehata Technique: 20 Years of Experience with Intraabdominal Testes; Lessons learned, refinements made, and future directions **Moderator(s):** *Alp Numanoğlu* **Speaker(s):** *Sameh Shehata*
09:50 - 10:10	**Boix Ochoa Medal & Wofaps Lifetime Achievement Awards Main Hall**
	Moderator(s): *Alp Numanoğlu, Udo Rolle*
10:10 - 10:30	**Coffee Break**
10:30 - 12:00	**Oral Presentations V Main Hall**
	General Pediatric Surgery **Chairmen:** *Haluk Güvenç, Fuad Hüseynov* **Presentations**
OP - 64	Optimal laparoscopic approach for surgical residents: comparison of three different techniques in pediatric appendectomy(5+2 min) *Lynne Takada [1], Toshio Harumatsu [1], Koshiro Sugita [1], Ayaka Nagano [1], Yumiko Tabata [2], Yumiko Iwamoto [1], Nanako Nishida [1], Chihiro Kedoin [1], Yudai Tsuruno [1], Keisuke Yano [1], Shun Onishi [1], Takafumi Kawano [1], Motofumi Torikai [2], Satoshi Ieiri [1]* [1] Department of Pediatric Surgery, Kagoshima University [2] Department of Pediatric Surgery, Kagoshima City Hospital
OP - 65	Development of a low-cost Paediatric Laparoscopic Simulation Box using a recycled Shoe Box: An innovative approach to surgical training(5+2 min) *Sherif Mansour* Royal Hospital for Children & Young People, Edinburgh, United Kingdom
OP - 66	The effect of intraoperative neural monitoring in preventing nerve damage in pediatric thyroidectomy procedures: A systematic review and meta-analysis(5+2 min) *Kübra Öztürk Yüzdemir [1], Tunç Tığlı [1], Umut Ece Arslan [2], Tutku Soyer [1], Özlem Boybeyi [1]* [1] Hacettepe University Faculty of Medicine Department of Pediatric Surgery [2] Hacettepe University Institute of Public Health, Department of Health Research

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14 November 2025, Friday	
OP - 67	Outcomes After Damage Control Laparotomy ("Clip-and-Drop" Surgery) Compared to Primary Surgery in Neonatal Necrotizing Enterocolitis(5+2 min) *Abdullah Bin Hidarah, Marion Arnold, Akhona Mbonisweni* Division of Pediatric surgery, University of Cape Town (UCT); Red Cross War Memorial Children's hospital
OP - 68	Robotic-Assisted Surgery with Modified Three-Port Multichannel System: Initial Experiences in Children with Choledochal Cyst(3+2 min) *Boshen Shu, Shufeng Zhang, Jian Gao, Lin Wang, Xiaohui Wang* Department of Pediatric Surgery, Henan Provincial People's Hospital, Zhengzhou, China
OP - 69	Clinical presentation and management of mesenteric cystic masses in children: A six-year single-center analysis in Bangladesh(3+2 min) *Md Sharif Imam* Chattogram Maa-0-Shishu Hospital Medical College
OP - 70	Diagnosis and treatment of celiac artery compression syndrome in children(3+2 min) *Zorikto Mitupov [1], Alexander Razumovsky [1], Alena Shominova [1], Elena Titova [1], Victor Rachkov [2]* [1] Filatov Children Hospital, Moscow, Russia [2] Pirogov Russian National Research Medical University
OP - 71	Pre and post-natal management of giant omphalocele using abdominal wall myorelaxation with botulinum toxin(3+2 min) *Cristobal Abello [1], Miguel Parra [2], Jezid Miranda [2], Amiel Pérez [3]* [1] Chief of Pediatric Surgery, North Clinic Organization, Barranquilla, Colombia [2] Caribbean Institute for Fetal Surgery and Therapy, Barranquilla, Colombia [3] Fetal and Neonatal Surgery Research Group (GICIFEN), Barranquilla, Colombia
OP - 72	Cotside Neonatal Laparotomy in the UK: A National Survey of Practice(3+2 min) *Simran Sehdev, Benjamin O'Sullivan, Benjamin Blaise, Geraint Lee, Andrew Selman, Iain Yardley* Evelina London Children's Hospital, London, United Kingdom
OP - 73	Risk Stratification and Pediatric ECMO Cardiogenic Shock Outcome Score: Insights from China's 7-Year Multicenter Registry(3+2 min) *Mingwei Sun, Ru Lin* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
OP - 74	Extended vestibular-alar incision improves surgical exposure and early nasal symmetry in primary rhinocheiloplasty: a two-centre randomized trial in infants with unilateral asymmetric cleft lip.(3+2 min) *Abduvoris Abduvaliev* Tashkent Dental State Institute
OP - 75	Incidence and Significance of Contralateral Patent Processus Vaginalis in Pediatric Patients Undergoing Laparoscopic Hernia Repair: A Prospective Observational Study(3+2 min) *ARMAGHAN AHMED AHMED [1], Fiza Ashfaq [2]* [1] University of lahore Pakistan [2] shaikh zayed Lahore
OP - 76	Segmental Reversal of Intestine and Colon Interposition in Pediatric Short Bowel Syndrome(3+2 min) *Jinfa Tou, Weicheng Zhang, Qi Qin, Xiaoxia Zhao, Dengming Lai* Children's Hospital Zhejiang University School of Medicine, Hangzhou, China
OP - 77	Empowering Stoma Care : Enhancing Knowledge, Confidence, and Support through Collaborative Approaches Between Doctors and Parental Communities for Children with Stomas(3+2 min) *Leecarlo Millano Lumban Gaol [1], Lavenia Quinta Saraswati [1], Grace Shintauli Gultom [1], Melian Anita [2], Yohanes Firmansyah [3], Fiona Valencia Setiawan [3], Bryan Anna Wijaya [3]* [1] Department of Surgery, Pediatric Surgery Division, Tarakan General Hospital, Central Jakarta, Indonesia [2] Faculty of Medicine Padjadjaran University, Bandung, Indonesia [3] Faculty of Medicine Tarumanagara University, Jakarta, Indonesia
OP - 78	Robotic assisted laparoscopic partial splenectomy in treatment of benign splenic lesions in children(3+2 min) *Qingjiang Chen, Yuebin Zhang, Duote Cai, Wenjuan Luo, Linyan Wang, Zongwei Huang, Shuhao Zhang, Xiaoxiao Xuan, Qixing Xiong, Zhigang Gao* Children's Hospital, Zhejiang University School of Medicine
OP - 79	Novel and traditional osteosyntheses of paediatric proximal tibia fractures(3+2 min) *Zoltan Toth, Anna Lamberti, Tibor Molnar, Gergo Jozsa* Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary

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10:30 - 12:00	Oral Presentations VI Hall B
	Hepatobiliary **Chairmen:** *Mohammed Abdel Aziz, Hanifi Okur*
OP - 80	Risk factors of biliary complications in pediatrics liver transplant(5+2 min) *Prapapin Wettayavanit [1], Chollasak Thirapattaraphan [1], Suporn Treepongkaruna [2]* [1] Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine Ramathibodi Hospital, Bangkok, Thailand [2] Division of Pediatrics Gastroenterology and Hepatology, Department of Pediatrics, Faculty of Medicine Ramathibodi Hospital, Bangkok, Thailand
OP - 81	Clinical Outcomes and Prognostic Factors in Pediatric HCC: 24-Year Retrospective Study in South Korea(5+2 min) *Sujin Gang [1], Ju Yeon Lee [2], Seo-Hee Kim [3], Wooim Baek [4], Jung-Man Namgoong [5]* [1] Division of Pediatric Surgery, Department of Surgery, Ewha Womans University Seoul Hospital [2] Department of Pediatric Surgery, Chonnam National University Hospital [3] Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, Chonnam National University Hospital [4] Department of Pediatrics, Asan Medical Center Children's Hospital [5] Division of Pediatric Surgery, Department of Surgery, Asan Medical Center
OP - 82	Portal hypertension in children: 35 years' experience of surgical treatment(5+2 min) *Viktor Rachkov [1], Alexander Razumovsky [2], Zorikto Mitupov [2], Saidkhasan Bataev [3], Nadezhda Kulikova [4], Alexander Zadvernyuk [2]* [1] Filatov Children Hospital, Moscow, Russia [2] Pirogov Russian National Research Medical University, Faculty of Pediatric Surgery, Moscow, Russia [3] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia [4] Filatov Children's Hospital, Moscow, Russia
OP - 83	EMERGING THERAPIES for PEDIATRIC LIVER DISEASES: FOCUS on the ANTIFIBROTIC and ANGIOGENIC EFFECTS of hUC-MSC SECRETOME(5+2 min) *Eko Purnomo [1], Silvia Apriliana [1], Febriofca G Yatalaththof [1], Dwi AA Nugrahaningsih [2], Gunadi [3]* [1] Pediatric Surgery Division, Departement of Surgery, Faculty of Medicine, Public Health and Nursing/Academic Hospital, Universitas Gadjah Mada, Yogyakarta, İndonesia [2] Pharmacology and Therapy Department, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada [3] Pediatric Surgery Division, Department of Surgery/Genetics Working Group, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr.Sardjito Hospital
OP - 84	Comparation of robot-assisted and laparoscopy-assisted biliary dilatation resection in children less than 3 months of age: a single-center cohort study(5+2 min) *Zhigang Gao, Qingjiang Chen, Yi Jin, Shuhao Zhang, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine
OP - 85	Laparoscopic liver resections in children(3+2 min) *Dmitry Akhaladze, Ivan Tverdov, Gavriil Rabaev* Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology
OP - 86	New approach for the surgical treatment of children with portal hypertension.(3+2 min) *Alexander Razumovsky [1], Viktor Rachkov [2], Sergey Margaryan [1], Zorikto Mitupov [1], Alexander Zadvernyuk [1], Nadezhda Kulikova [3], Galina Chumakova [3]* [1] Pirogov Russian National Research Medical University, Faculty of Pediatric Surgery, Moscow, Russia [2] Filatov Children Hospital, Moscow, Russia [3] Filatov Children's Hospital, Moscow, Russia
OP - 87	Pancreatic Tumors in Children: Diagnosis, Surgical Treatment and Outcome(3+2 min) *İlayda Sağpazar [1], Ege Ekiyor [1], Kutay Bahadır [1], Ergun Ergün [1], Ufuk Ateş [1], Gülnur Göllü [1], Suat Fitöz [2], Kaan Karayalçın [3], Meltem Bingöl-Koloğlu [1]* [1] Ankara University Health Practice and Research Hospital, Department of Pediatric Surgery, Ankara [2] Ankara University Health Practice and Research Hospital, Department of Pediatric Radiology, Ankara [3] Ankara University Health Practice and Research Hospital, Department of General Surgery
OP - 88	Improved recovery in pediatric portal hypertension: evaluating enhanced recovery after surgery (ERAS) protocols(3+2 min) *Samir Hasan, Ülgen Çeltik, Orkan Ergün* Ege University Faculty of Medicine Hospital, Department of Pediatric Surgery, İzmir, Turkey

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OP - 89	Surgical Management and Outcomes of Children with Hepatoblastoma(3+2 min) *Ege Ekiyor, İlayda Sağpazar, Kutay Bahadır, Ergun Ergün, Suat Fitöz, Meltem Bingöl-Koloğlu* Ankara University Health Practice and Research Hospital, Department of Pediatric Surgery, Ankara
OP - 90	Early Gastrointestinal Bleeding After Kasai Portoenterostomy in Infants with Biliary Atresia: Etiological Insight and Management at a Tertiary Care Hospital(3+2 min) *Kaushal Kulkarni, Vijai Datta Upadhyaya, Rahul Goel* sanjay gandhi post graduate institute of medical sciences, lucknow, india
OP - 91	CLINICAL DIFFERENCES BETWEEN INTRAHEPATIC AND EXTRAHEPATIC CONGENITAL PORTOSYSTEMIC SHUNTS(3+2 min) *Alejandro Madurga, Maria Victoria Lopez-Canelada, Maria Alos, Maria Dolores Ponce, César Oterino, Javier Serradilla, Maria Velayos, Juan Carlos Lopez Gutierrez, Esteban Frauca, Ane Andres, Francisco Fernandez-Oliveros* Hospital Universitario La Paz
OP - 92	Neurodevelopmental outcomes in congenital hyperinsulinism: Challenges persist despite early surgical intervention(3+2 min) *Betül Dölek [1], Gülten Öztürk [2], Belma Haliloğlu [3], Tülay Güran [3], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatric Neurology, Istanbul [3] Marmara University, School of Medicine, Division of Pediatric Endocrinology, Istanbul
OP - 93	Fluorescence Navigation Combined with 3D Modeling-Assisted Laparoscopic Treatment of Pediatric Focal Nodular Hyperplasia: Efficacy Analysis and Literature Review(3+2 min) *Hu Xianchen, Qiu Zhixin, Lin Junshan* The First Affiliated Hospital of Fujian Medical University
OP - 94	Analysis of distribution of macrophage subsets in the liver biopsy specimens of biliary atresia(3+2 min) *Yudai Tsuruno [1], Toshihiro Muraji [1], Ryuta Masuya [2], Koshiro Sugita [1], Miki Tohma [3], Toshihiro Yanai [3], Yumiko Tabata [1], Nanako Nishida [1], Chihiro Kedoin [1], Ayaka Nagano [1], Keisuke Yano [1], Shun Onishi [1], Takafumi Kawano [1], Yuko Bitoh [4], Haruo Ohtani [5], Satoshi Ieiri [1]* [1] Department of Pediatric Surgery, Kagoshima University [2] Department of Gastrointestinal Surgery and Surgical Oncology, Ehime University Graduate School of Medicine [3] Department of Pediatric Surgery, Ibaraki Children's Hospital [4] Division of Pediatric Surgery, Kobe university [5] Department of Pathology, Ibaraki Children's Hospital
OP - 95	Choledochal Cysts in Children: A Multi-center Retrospective Study Comparing Laparoscopic And Open Surgical Approaches(3+2 min) *Mohamed Abdelaziz [1], Rachida Lamiri [2], Mohamed Abdelmaaboud [1], Mohamed Dabous [1], hayet zitouni [3]* *[1] Al Azhar University, Cairo* [2] Department of pediatric surgery university hospital of Monastir [3] Department of pediatric surgery, Hedi Chaker hospital, Sfax
12:00 - 12:30	**Satellite Symposium**
	Pectus Repair
12:00 - 13:30	**Lunch**
12:00 - 13:30	**Meet the Expert**
	Special situations: vascular resection, nerve sparing or limb sparing issues **Speaker(s):** *Sajid Qureshi* Registration Form for Meet the Expert Sessions
12:00 - 13:30	**Meet the Expert**
	Hirschsprung's Disease **Speaker(s):** *Paul Tam* Registration Form for Meet the Expert Sessions
12:00 - 13:30	**Meet the Expert**
	Vaginal Replacement for females with ARM **Speaker(s):** *Anna Morandi* Registration Form for Meet the Expert Sessions

SCIENTIFIC PROGRAM

14 November 2025, Friday	
12:00 - 13:30	**Poster Walk 9**
	General I **Chairmen:** *Bade Toker, Ashwath Bandi* **Presentations**
P - 118	The impact of low birth weight on infants born with esophageal atresia(3+1 min) *Senda Houidi, Fatma Thamri, Arije Zouaoui, Yasmine Karoui, Yosra Kerkeni, Sondes Sahli, Riadh Jouini* children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
P - 119	Esophageal atresia with tracheo-esophageal fistula- surgical innovations to drastically reduce complication rates (single surgeon series over 22 years)(3+1 min) *Devesh Misra, Ahmed Morsi* The Royal London Hospital, Barts health NHS trust
P - 120	Isolated duodenal perforation in children: Importance of high index of suspicion following blunt trauma abdomen and its management in resource limited countries.(3+1 min) *Sajad Wani* SUBHARTY UNIVERSITY UTTER PRADESH INDIA
P - 121	Foreign body injuries in children: experience of a children's emergency center(3+1 min) *Ayaulym Meiranova* Kazakh National Medical University
P - 122	Foreign body-related Intestinal perforations in children(3+1 min) *Fatma Thamri, Senda Houidi, Oussema Meherzi, wiem Hamouda, Yosra Kerkeni, Sondes Sahli, Riadh Jouini* children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
P - 123	FEASIBILITY OF SIMULATED LIVE THORACOSCOPIC AND LAPAROSCOPIC SURGERY IN RABBITS(3+1 min) *Shilpa Sharma, Harshita Mehrotra, Arindam Choudhury, Ashish Upadhyay, P K Yadav* All India Institute of Medical Sciences, New Delhi
P - 124	Management of Ankyloglossia in a Baby-Friendly Hospital(3+1 min) *Alparslan Kapısız, Cem Kaya, Fatma Nur Aracıer Uçaner, Leyla Nur Türker, Gökhan Arkan, Özlem Nur Yıldırım, Ramazan Karabulut, Zafer Türkyılmaz, Kaan Sönmez* Department of Pediatric Surgery, Gazi University School of Medicine, Ankara, Turkey
P - 125	GASTROSTOMY IN CHILDREN WITH SEVERE NERVOUS SYSTEM DAMAGE AND SKELETAL DEFORMITY(3+1 min) *Sergey Minaev [1], Igor Gerasimenko [1], Igor Kirgizov [2], Andrey Puchkov [1], Nikolay Bykov [1], Roman Sholom [1]* [1] Stavropol State Medical University [2] Russian Medical Academy of Continuing Professional Education
P - 126	Postoperative complications of esophagoplasty in children(3+1 min) *Nahla Kechiche, Nouha Boukhrissa, Rachida Lamiri, Afef Toumi, Mongi Mekki, Lassaad Sahnoun* Department of Pediatric Surgery, Monastir University Hospital, Tunisia
P - 127	Innovative Treatment Strategy for Giant Omphalocele: VAC-Assisted Delayed Primary Repair(3+1 min) *Furkan Torala [1], Ali Ekber Hakalmaz [1], Pınar Kendigelen [2], Anıl Demiröz Uslu [3], Rahşan Özcan [1]* [1] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Pediatric Surgery [2] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Anesthesiology [3] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Plastic, Reconstructive and Aesthetic Surgery
P - 128	The use of Indocyanine Green Fluorescence in the evaluation of ovarian paranchyma in prenatal diagnosed neonatal ovarian cyts: Report of a case(3+1 min) *Tunç Tığlı, Tutku Soyer, Özlem Boybeyi* Hacettepe University Faculty of Medicine Department of Pediatric Surgery
P - 129	Minimally Invasive Diagnostic and Prognostic Biomarkers in Neonates with Necrotizing Enterocolitis, Single Centre Experience(3+1 min) *Janis Karlsons [1], Anete Rozentalberga [1], Zanda Daneberga [2], Juta Kroica [2], Edvins Miklasevics [2], Miki Nakazawa- Miklasevica [2], Elza Elizabete Liepina [2], Renars Broks [2], Ingus Skadins [2], Dace Gardovska [2], Lasma Asare [2], Zane Abola [1]* [1] Rigas Stradins University & Children's Clinical University Hospital, Department of Pediatric Surgery [2] Rigas Stradins University
P - 130	From mother to child: impact and consequences of maternal depression(3+1 min) *Nedra Zouabi, Sabrine Ben Youssef, Syrine Laribi, Samia Belhssan, Amine Ksia, Mongi Mekki, Mohsen Belghith, Lassaad Sahnoun* Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia

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14 November 2025, Friday	
12:00 - 13:30	**Poster Walk 10**
	General II **Chairmen:** *Ivona Djordjevic, Ergun Ergun* **Presentations**
P - 131	Clinical characteristics and health costs of 275 patients with Fibrous dysplasia of bone/ McCune-Albright Syndrome(3+1 min) *Huihui Gao [1], Tingting Zheng [2], Xiaoqin Xu [1], Junwen Zhang [1], Jiansong Chen [1], Liying Sun [1], Junfen Fu [1]* [1] Children's Hospital, Zhejiang University School of Medicine [2] Zhejiang University
P - 132	Outcomes of general paediatric surgical neonates managed at the Nelson Mandela Children's Hospital, Johannesburg, South Africa(3+1 min) *Sphamandla Zulu, Andrew Grieve, Karen Milford* Department of Paediatric Surgery, University of the Witwatersrand
P - 133	How Well Are the Sustainable Development Goals Represented in Orofacial Cleft Research? Evidence from a Coded Dataset(3+1 min) *Anna Chiara Corriero, Felicity Vidya Mehendale* University of Edinburgh
P - 134	EVALUATION OF PAN IMMUN INFLAMMATORY VALUE AS A PREDICTIVE DIAGNOSTIC TOOL IN NECROTISING ENTEROCOLITIS(3+1 min) *İbrahim Yıldırım, Sevim Ecem Ünlü Ballı, OZLEM EKICI CANPOLAT, Gökhan Berktuğ Bahadır, İlhami Sürer* Department of Pediatric Surgery, University of Health Sciences, Gülhane Training and Research Hospital, Ankara, Türkiye
P - 135	VERSATILITY OF THE GLOVE-PORT USE IN MINIMALLY INVASIVE PEDIATRIC ABDOMINAL SURGERY(3+1 min) *Paulina Vargova, Paolo Bragagnini Rodriguez, Carolina Corona Bellostas, Rafael Fernandez Atuan, Ainara Gonzalez Esgueda, Yurema Gonzalez Ruiz, Reyes Delgado Alvira, Marina Gonzalez Herrero, Javier Pison Chacon, Andrea Santino Tenorio, Alvaro Mayordomo Ruiz, Ricardo Escartin Villacampa* Hospital Universitario Miguel Servet
P - 136	Umbilical Hernias in Newborns and Infants in Sub-Saharan Africa: Realities of Our Setting and Implications for Management(3+1 min) *Lissoune Cissé [1], Koffi Jean Pierre Cleve Aglamey [2], Youssouph Diedhiou [2], Papa Alassane Mbaye [2], Ibrahima Bocar Wellé [2], Doudou Gueye [2], Ndèye Aby Ndoye [2], Gabriel Ngom [2]* [1] National Hospital Center of Pikine [2] Cheikh Anta Diop University, Albert Royer National Children's Hospital Center, Department of Pediatric Surgery
P - 137	Patterns of Neonatal Admission at a Tertiary Rural Paediatric Surgery Centre in South Africa: A One-Year Retrospective Review.(3+1 min) *Nyaweleni Tshifularo* University of Limpopo
P - 138	How Has Our Management of Foreign Body Aspiration (FBA) in Children Evolved Over the Last Two Decades? A Recommendation for a Standardized Approach to Safe Foreign Body Removal(3+1 min) *Kutay Bahadır [1], Denizcan İnal [1], Ege Ekiyor [1], Ergun Ergün [1], Ufuk Ateş [1], Gülnur Göllü [1], Özlem Selvi Can [2], Aydın Yağmurlu [1], Meltem Bingöl-Koloğlu [1]* [1] Ankara University Health Practice and Research Hospital, Department of Pediatric Surgery, Ankara [2] Ankara University Health Practice and Research Hospital, Department of Anesthesiology and Reanimation
P - 139	Risk factors of long-term central venous catheters-associated complications among pediatric patients(3+1 min) *Paweena Jaithim [1], Chawintee Puttanapitak [2]* [1] Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine Ramathibodi Hospital, Bangkok, Thailand [2] Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. Chakri Nareubodindra Medical institute, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Samut Prakan, Thailand
P - 140	Can the ovarian volume on ultrasound predict ovarian torsion?(3+1 min) *Fatma Thamri, Senda Houidi, Asma Guitouni, Hela Oueslati, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi* Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia

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14 November 2025, Friday	
P - 142	Indications and outcomes of refeeding via mucous fistula in neonates: a retrospective study at a tertiary care center(3+1 min) *Ana Gabriela Barría Rodríguez [1], José Andrés Molino Gahete [1], Melissa Fernanda Torres Cordón [1], Sergio López Fernández [1], Marta Martos Rodríguez [1], Karla Estefania Fernández [1], César Ruiz Campillo [2], Gabriela Guillén Burrieza [1]* [1] Oncologic, Neonatal, and HPB Surgery Unit. Pediatric Surgery Department, Vall d'Hebron University Hospital. Barcelona, Spain. [2] Neonatology Department, Vall d'Hebron University Hospital. Barcelona, Spain.
P - 143	*Pediatric Brachial Plexus Schwannomas: A Systematic Review of Reported Cases*(3+1 min) *Yousef abdalazeem [1], Mahmoud Farag [2], mohamed elsafti [2], Maged Elsafti [3], Zahid Hassan [2]* [1] Salford Royal Foundation [2] Department of Paediatric Surgery Alder Hey Children's Hospital NHS Foundation Trust Liverpool, United Kingdom [3] University of Oxford, Oxford, UK
P - 144	Effects of lupeol on experimental ovary ischemia / reperfusion injury in rats(3+1 min) *Deniz Yeşilli, Kaan Sönmez, Cem Kaya, Ramazan Karabulut, Zafer Türkyılmaz, Alparslan Kapısız* Department of Pediatric Surgery, Gazi University School of Medicine, Ankara, Turkey
P - 145	Gender Career Gap in Pediatric Surgery - How to Break the Glass Ceiling and Fix the Pipeline(3+1 min) *Hannah Luz [1], Julia Haehl [2], Clara Luz [3], Sabine Zundel [1]* [1] Children's Hospital of Central Switzerland, Lucerne, Switzerland [2] Dr. von Hauner Children's Hospital, Munich, Germany [3] The London School of Economics and Political Science, London, England
12:00 - 13:30	**Poster Walk 11**
	Thoracic **Chairmen:** *Ruslan Sergeevich Molotov, Yeliz Kart* **Presentations**
P - 146	Extralobar pulmonary sequestrations with atypical localization or associated anomalies(3+1 min) *Paolo Grassi [1], Anna Morandi [1], Martina Ichino [1], Francesco Macchini [2], Ernesto Leva [1]* [1] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy [2] Department of Pediatric Surgery, ASST Grande Ospedale Metropolitano Niguarda, Milano, Italy
P - 147	Clinical Findings from 20-year Nuss Experience(3+1 min) *Zafer Alparslan [1], Mustafa Yüksel [2]* [1] Marmara University School of Medicine [2] Demiroglu Bilim University School of Medicine, Thoracic Surgery Department
P - 148	Robot-assisted thoracoscopic surgery for ligation patent ductus arteriosus in children(3+1 min) *XiWang Liu, Liyang Ying, Xiangming Fan, Qiang Shu* The Children's Hospital, Zhejiang University School of Medicine
P - 149	Experience in the surgical treatment of pulmonary echinococcosis in children(3+1 min) *Shokhzod Shamsiev, Jamshid Shamsiyev, Uktamjon Suvonkulov, Sherzod Muhitdinov, Sardor Sayfutdinov* Samarkand State Medical University Pediatric Surgery Hospital
P - 150	Feasibility of thoracoscopic repair of Oesophageal Atresia in the presence of aberrant vascular anatomy: A Case series and review(3+1 min) *Sherif Mansour, John Hakiem, Dipankar Dass, Paul Cullis, Phil Hammond, Jimmy Lam, Fraser Munro* Royal Hospital for Children & Young People, Edinburgh, United Kingdom
P - 151	Thoracoscopic Thymectomy in Children with Different Forms of Myasthenia(3+1 min) *Fatima Ampar, Natalya Shcherbakova, Oleg Pikin, Dmitriy Eremin, Vladimir Rozinov* Children's City Clinical Hospital No. 9 named after G.N. Speransky
P - 152	Intrathoracic Fetus in Fetu Cases Found in Pediatric Population, A Systematic Review(3+1 min) *Ali Samady Khanghah [1], Anahita Abdolzadeh [1], Mahdi Parvizi-Mashhadi [2], Khashayar Atqiaee [2]* [1] Ardabil University of Medical Sciences [2] Mashhad University of Medical Sciences
P - 153	Results of surgical treatment of gastroesophageal reflux in children(3+1 min) *Abdumanap Alkhasov, Maria Shubina, Nikolay Shubin, Sergey Ratnikov, Alena Comina, Anna Shmykova* National Medical Research Center for Children's Health, Moscow, Russia

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P - 154	What means successful treatment of primary spontaneous pneumothorax in children: contrast of ER medicine and surgical point of view.(3+1 min) *Ede Biro [1], Csaba Peterfia [2], Barnabas Rozsai [3]* [1] Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary [2] Department of Paediatrics, Pulmonology Unit, University of Pécs Medical School, Pécs, Hungary [3] Department of Paediatrics, Intensive Care Unit, University of Pécs Medical School, Pécs, Hungary
P - 155	Complications of foreign bodies in the pediatric respiratory tract(3+1 min) *Jamshid Shamsiyev, Azamat Shamsiev, Jasur Ruziev, Jasur Unabaev, Shazad Jumanov* Samarkand State Medical University Pediatric Surgery Hospital
P - 156	Catheter Selection in Neonatal Pneumothorax: Traditional Methods and Emerging Approaches(3+1 min) *İlden Hepgüler [1], Bengisu Karbuzoğlu [2], Yusuf Alper Kara [1]* [1] Izmir City Hospital Pediatric Surgery Clinic [2] Sağlık Bilimleri Unıversity Tepecik Research and Training Hospital, Department of Pediatric Surgery
P - 157	Left ventricular assist device implantation for advanced heart failure in children: a chinese single-center experience(3+1 min) *Xiangming Fan, Xicheng Zhang, Liyang Ying, Ru Lin, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
P - 158	Outcomes of Mesh Repair in Neonates with Congenital Diaphragmatic Hernia: A Single-Center Experience(3+1 min) *Osman Nuri İş, Süleyman Arif Bostancı, Vildan Selin Çayhan, Elif Emel Erten, Aslı ABAY, Ahmet Ertürk, Can İhsan Öztorun, Sabri Demir, Müjdem Nur Azılı, Emrah Şenel* Ankara Bilkent City Hospital Department of Pediatric Surgery
P - 159	Critical congenital heart disease surgery in neonates: a 5-year single-center report(3+1 min) *Liyang Ying, Xicheng Zhang, Xiangming Fan, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
P - 160	Proximity barcoding assay reveals dynamic plasma exosome protein profiles and subpopulation characteristics in patients undergoing transcatheter pulmonary valve replacement(3+1 min) *Runzhang Liang [1], Naijimuding Abudurexiti [2], Jing Ling [2], Jiaxiong Wu [1], Zirui Peng [2], Canxin Wang [1], Haiyun Yuan [1], Shusheng Wen [1]* 1 Department of Cardiovascular Surgery, Guangdong Provincial People's Hospital (Guangdong Academy of Medical Sciences), Southern Medical University, Guangzhou 510080, China 2 Department of Cardiovascular Surgery, Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Guangzhou 510080, China
P - 161	Primary Anastomosis Using Pledget-Reinforced Horizontal Mattress Sutures in "Long-Gap" Gross Type C Esophageal Atresia(3+1 min) *Mustafa Çağrı Savaş, Yeliz Kart, Emine Bilaloğlu, Levent Duman* Department of Pediatric Surgery, Süleyman Demirel University Medical School, Isparta, Turkey
12:00 - 13:30	**Poster Walk 12**
	Hepatobiliary **Chairmen:** *Meltem Bingöl Koloğlu, Sujin Gang* **Presentations**
P - 162	Molecular Profiling of Liver Fibrosis: LECT2, α-SMA, and COL1A1 Expression in Post-Kasai Biliary Atresia Patients(3+1 min) *Nabilah Anisa Novebri, muhammad Zain, Henggar Allest Pratama, diaz pradana, Fiqih Vidiantoro Halim, Pramana Adhityo, sahal Muttaqin, nunik Agustriani, Andi Dwihantoro, Akhmad Makhmudi, Gunadi .* [1]Pediatric Surgery Division, Department of Surgery/Genetics Working Group/Translational Research Unit, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr. Sardjito Hospital, Yogyakarta, Indonesia

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14 November 2025, Friday	
P - 163	Flow Measurement in Pediatric Liver Transplantation: A Pilot Study(3+1 min) *Alejandro Madurga, Maria Victoria Lopez-Canelada, César Oterino, Alba Sanchez Galan, Javier Serradilla, Francisco Hernandez-Oliveros, Ane Andres* Hospital Universitario La Paz
P - 164	Comprehensive Management of Biliary Atresia at A National Paediatric Liver Transplant Centre(3+1 min) Ampaipan Boonthai 1, Paul Losty 1, Songpon Ketsuwan 2 [1] *Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand* [2] Division of Gastroenterology, Department of Pediatrics, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand
P - 165	Robotic Partial Splenectomy in Sickle Cell Disease(3+1 min) *Perla Bonifazi [1], Alessandra Rancan [2], Lucas Rabaux [3], Valentine Brousse [3], Mariane de Montalembert [3], Melissa Taylor [3], Josephine Brice [3], Christophe Chardot [2], Simone Allali [3], Carmen Capito [2]* [1] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy [2] Hôpital Necker Enfants Malades, service de chirurgie infantile viscérale et urologique, Paris, France. [3] Hôpital Necker Enfants Malades, Centre de référence du syndrome drépanocytaire; Service de pédiatrie générale et pluridisciplinaire
P - 166	Experience with Kasai portoenterostomy for the treatment of biliary atresia in a reference center in Colombia(3+1 min) *Edgar Salamanca [1], Santiago Correa [1], Felipe Ordoñez [1], Laura Camila González-Villarreal [2], Maria Eugenia Ruiz Botero [2]* [1] La Cardio - Fundacio Cardioinfantil, Colombia [2] Universidad Nacional de Colombia
P - 167	Diagnostic accuracy of the DUCT score and its risk stratification for Choledocholithiasis(3+1 min) *Isabel Cristina Canon Reyes, Marco Antonio Bolivar, Maria Alejandra Murcia, Ana Fernanda Garces, Tatiana Daza, Mario Abadia, Fernando Fierro* HOMI Foundation
P - 168	Retrospective study of pediatric portal cavernoma: clinical features and therapeutic strategies(3+1 min) *Nedra Zouabi, Sabrine Ben Youssef, Syrine Laribi, Sami Sfar, Amine Ksia, Mongi Mekki, Mohsen Belghith, Lassaad Sahnoun* Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 169	Predictive Value of Preoperative APRI for Native Liver Survival in Biliary Atresia(3+1 min) *Gökay Gökdeniz [1], Önder Özden 1, Recep Tuncer [1], Şeref Selçuk Kılıç [1], Selcan Türker Çolak [1], Kamuran Tutuş [1], Kıvılcım Eren Ateş [2]* [1] Cukurova University Faculty of Medicine Department of Pediatric Surgery [2] Cukurova University Faculty of Medicine Department of Pathology
P - 170	CYST HYDATID DISEASE OF THE LIVER IN CHILDREN: A TERTIARY HOSPITAL EXPERIENCE(3+1 min) *Özcan Bolat, Derya Erdoğan, Ayşe Karaman, İbrahim Karaman* Dr. Sami Ulus Maternity and Children's Training and Research Hospital, Department of Pediatric Surgery
P - 171	Risk factors for recurrence of liver hydatid cyst in children: a retrospective study from a tunisian pediatric surgery department(3+1 min) *Syrine Laribi [1], Myriam Ben Fredj [1], Rihab Nasri [2], Afef Toumi [1], Sabrine Ben Youssef [1], Sawsen Chakroun [3], Maha Ben Mansour [3], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Preventive and community medicine department, Fattouma Bourguiba Hospital. [3] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital.
P - 172	Gallstone disease in children and adolescents: A 20-Year retrospective review of incidence, complications, and surgical trends(3+1 min) *Zeenat Bhikhoo, Karen Milford, Olga Bednarek, Nicole Acupinpin, Matthew Laaper* IWK Health Centre, Halifax, Nova Scotia, Canada
P - 173	Surgery-first with clearance of choledocholithiasis in pediatric. Innovative approach(3+1 min) *Suha Mohmmednour, Noora Alshawani, Hassan Baghazal, Saleem Mamoo, Mansour Ali, Guy Brisseau, Nordeen Bouhadiba* Sidra Medicine, Qatar

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P - 174	Impact of Ductal Plate Malformation on Clearance of Jaundice in Biliary Atresia: A Retrospective Cohort Analysis(3+1 min) *Gökay Gökdeniz [1], Önder Özden [1], Recep Tuncer [1], Şeref Selçuk Kılıç [1], Selcan Türker Çolak [1], Kamuran Tutuş [1], Kıvılcım Eren Ateş [2]* [1] Cukurova University Faculty of Medicine Department of Pediatric Surgery [2] Cukurova University Faculty of Medicine Department of Pathology
P - 175	Pediatric choledochal cysts: diagnosis and current management(3+1 min) *Fatma Thamri, Senda Houidi, Yasmine Houas, Bochra Aziza, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi* Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia
12:00 - 13:30	**Poster Walk 13**
	Urology **Chairmen:** *Ali Sezer, Claudia Adriana Velazquez Vargaz* **Presentations**
P - 176	Laparoscopic assisted dismembered pyeloplasty versus open pyeloplasty in UPJO with poorly function kidney in children(3+1 min) *Nahla Kechiche [1], Nouha Boukhrissa [2], Mohammad Daboos [3], Ahmed Azab [3], Mohamed Abdelaziz [3], Rachida Lamiri [2], Lassaad Sahnoun [2]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia [2] Department of Pediatric Surgery, Monastir University Hospital, Tunisia [3] Department of Pediatric Surgery, Al-Azhar University Hospitals, Cairo, Egypt
P - 177	Effects of unilateral partial ureteral obstruction on inflammatory and fibrogenetic proceses in rat kidney(3+1 min) *Gizem Özdemir Kenar [1], Esma Kırımlıoğlu [2], Güngör Karagüzel [1]* [1] Akdeniz University Hospital, Faculty of Medicine, Department of Pediatric Surgery, Antalya, Turkey [2] Akdeniz University School of Medicine, Department of Histology and Embryology, Antalya, TURKEY
P - 178	VENTRICULOVESICAL SHUNT AS A SALVAGE OPTION IN COMPLEX PEDIATRIC HYDROCEPHALUS: A CASE SERIES(3+1 min) *Hasan Deliağa [1], Elif Başaran Gündoğdu [2], Mehmet Ağar [2], Mete Kaya [1]* [1] Department of Pediatric Urology, Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital [2] Department of Neurosurgery, Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital
P - 179	Low-Fidelity Simulation Model for Lich-Gregoir Vesicoureteral Reimplantation technique(3+1 min) *Yosra Ben Ahmed [1], Mariem Marzouki [1], Imen kalfat [1], Rami Boulma [2], Intissar Chibani [1], Faouzi Nouira [1], Said Jlidi [1]* [1] Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia [2] Faculty of Medecine of Tunis. Tunisia
P - 180	Bidirectional Mendelian Randomization Analysis of the Serum 25-Hydroxyvitamin D Levels and Congenital Urinary Anomalies(3+1 min) *Chunbao Guo* chongqing health center for women and children
P - 181	Defining the Learning Curve for Two-Stage Byars Urethroplasty in Proximal Hypospadias Repair: A Retrospective Cohort Study(3+1 min) *Shibo Zhu, Jinhua Hu, Yanqing Liu, Wei Jia* Guangzhou Women and Children's Medical Center,Guangzhou Medical University
P - 182	Creating a low-cost model for open and laparoscopic pyeloplasty(3+1 min) *Andrea Schmedding* City Hospital of Brunswick, Pediatric Surgery and Pediatric Urology, Baunschweig, Germany
P - 183	Genetic Heterogeneity and Developmental Pathway Disruption in Hypospadias with Anorectal Malformations: Evidence from Whole Exome Sequencing(3+1 min) *Jyoti Sharma [1], Chandramouli Goswami [1], Prabudh Goel [1], VIshesh Jain [1], Devendra Kumar Yadav [1], Anjan Kumar Dhua [1], Sandeep Agarwala [1], Rahila sardar [2], Dinesh Gupta [3]* [1] All India Institute of Medical Sciences, New Delhi [2] Vgenomics Pvt .Ltd [3] International Centre for Genetic Engineering and Biotechnology
P - 184	The effectiveness of the systemic immune inflammatory index (SII) in distinguishing between testicular torsion and epididymo-orchitis(3+1 min) *Oğuz Mehmet Çevik, Sevim Ecem Ünlü Ballı, İbrahim Yıldırım, Gökhan Berktuğ Bahadır, İlhami Sürer* Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty

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14 November 2025, Friday	
P - 185	DETERMINATION OF INHIBIN-B LEVELS IN CHILDREN WITH CRYPTORCHIDISM WHO UNDERWENT ORCHIDOPEXY AFTER 18-MONTHS OF AGE AT KENYATTA NATIONAL HOSPITAL (KNH)(3+1 min) *Brian Bichanga [1], Francis Osawa [1], Peter Mwika [1], Tim Jumbi [2]* [1] Department of Surgery, The University of Nairobi [2] Kenyatta National Hospital
P - 186	Predicting Pediatric Pyeloplasty Outcomes Using Machine Learning in a Low-Resource Setting A Retrospective Imaging-Based Study(3+1 min) *Mohammed J Aboud [1], Manal M Kadhim [2], Mustafa J Radif [3]* [1] Ministry of Health [2] College of Medicine University of Al Qadisiya [3] College of Computer Science and Information Technology University of Al Qadisiya
P - 187	Comparison of Reliability of Kidney Ultrasound Versus Kidney Isotope Scans for Success in children with Ureteropelvic Junction Obstruction After Pyeloplasty(3+1 min) *Leily mohajerzadeh [1], Ahmad Khaleghnejad Tabari [1], Mohsen Rouzrokh [1], Mitra khalili [2], Nasrin Esfandyari [2]* [1] Pediatric Surgery Research Center Research Institue for Children Health ,Shahid Beheshshti University of Medical Science Tehran Iran [2] Shahid Beheshti University of Medical Sciences
P - 188	Sinus laser-assisted closure in pediatric pilonidal sinus disease: clinical outcomes and laser parameter optimization(3+1 min) *Maria Luisa Gaspar, Ana Isabel Barros, Catarina Carvalho, Banquart Leitão, Jorge Cagigal, Mário Rui Correia, Joana Sinde, Catarina Sousa-Lopes* centro Hospital Universitário de Santo António
P - 189	Outcomes of staged tubularized auto-graft repair(STAG) for proximal hypospadias: Experience of a tertiary pediatric surgery center in Bangladesh(3+1 min) *Samidur Rahman [1], Fatema Sayeed [2], Muhammed Moinul Haque [2], Khairul Basher [2], Shahin Reza [1], Nazmul Haider Chowdhury [1]* [1] Dhaka Medical College Hospital, Bangladesh, Department of Pediatric Surgery [2] Dhaka Medical College Hospital, Bangladesh, Deapartment of Pediatric Urology
12:00 - 13:30	**Poster Walk 14**
	Trauma **Chairmen:** *Atakan Uysal, Lauren Francesca Chiu* **Presentations**
P - 190	Abdominal pediatric bicycle handle trauma: Experience at a Colombian pediatric reference center.(3+1 min) *Maria Eugenia Ruiz Botero, Daniela Moreno, Juan Javier Valero-Halaby, Ivan Molina, Maria Romero, Paula Andrea Quintero* Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia
P - 191	An improved non-surgical method for the displaced proximal humerus fractures in children.(3+1 min) *Feng Shan [1], Yunfang Zhen [2]* [1] Beijing Amcare Hospital Co., Ltd. [2] Children's Hospital Affiliated to Soochow University
P - 192	Surgical treatment of forearm fractures or deformities in osteogenesis imperfecta(3+1 min) *Yangyang Yao, Yanzhou Wang, Tianyou Li, Jiaqi Wang, Xiaoqing Wang* Shandong Provincial Hospital, Jinan, Shandong, China
P - 193	Multidisciplinary management of high-grade pediatric liver injuries(3+1 min) *Syed Waqas Ali [1], Areej Salim [2], Muhammad Arif Mateen [1], Muhammad Sajjad Ashraf [1]* [1] Dow University Of Health Sciences Karachi Pakistan [2] Aga Khan University Karachi Pakistan
P - 194	Role of anabolic steroids (nandrolone) and propranolol in pediatric burn in terms of reversal of growth arrest- a randomized controlled trial(3+1 min) *Azwa Janjua [1], Fatima naumeri [2], Zahra Auqil [3], Hira Zahid [3], Sadaf Abbas [3], Ahmed Ammar [4]* [1] University of child health sciences, The Childrens Hospital, Lahore [2] services institute of medical sciences lahore [3] Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan [4] Azra Naheed Medical College, Lahore

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P - 195	Acute ankle sprains in children. How to assess ankle instability?(3+1 min) *Andrey Sapogovskiy* H.Turner National Medical Research Center for Children's Orthopedics and Trauma Surgery
P - 196	Virtual Reality as a Distraction Tool During K-wire Removal in Children: Results from a Randomized Controlled Trial(3+1 min) *Kathrin Kelly [1], Juliane Pretzsch [2], Lena Altenburger [2], Alexander Tzabazis [3], Judith Lindert [4], Reinhard Vonthein [5], Ludger Tüshaus [2]* [1] Department of Thoracic surgery, Lungenclinic Großhansdorf, Germany [2] Department of Paediatric Surgery, University Lübeck [3] Department of Anesthesiology, Intensive Care and Rescue and Pain Medicine, BG Klinikum Hamburg [4] Department of Paediatric Surgery, University Rostock [5] Institute of Medical Biometry and Statistics, University of Lübeck
P - 197	Paediatric pelvic fracture and urogenital injury: an uncommon combination(3+1 min) *Ami Pedersen [1], Rachel Lai [2], Ashwath Bandi [1]* [1] *The Royal London Hospital, Barts health NHS trust* [2] Queen Mary University of London, UK
P - 198	Short-term efficacy of surgical treatment for hip dysplasia combined with rare skeletal disorders(3+1 min) *Yangyang Yao, Yanzhou Wang, Tianyou Li, Jiaqi Wang, Xiaoqing Wang* Shandong Provincial Hospital, Jinan, Shandong, China
P - 199	Impact of Nutritional Status on Clinical Outcomes in Pediatric Urogenital Trauma: A Retrospective Analysis(3+1 min) *Çiğdem Arslan Alıcı [1], Gürkan Bozan [2], Baran Tokar [3]* [1] eskisehir city hospital department of pediatric urology [2] Eskisehir Osmangazi University, School of Medicine, Departments of Pediatrics Division of Intensive Care Unit [3] Eskisehir Osmangazi Uiversity, School of Medicine, Department of Pediatric Surgery
P - 200	Ten-Year Experience of a Paediatric Trauma Centre in Managing Genital, Anal, and Perineal Injuries in Children(3+1 min) *Metin Gündüz [1], Fatma Özcan Sıkı [1], Mehmet Sarıkaya [1], Tamer Sekmenli [1], Faruk Çiçekci [2], İlhan Çiftçi [1]* [1] Department of Pediatric Surgery, Selçuk University School of Medicine, Konya, Turkey [2] Department of Anesthesiology and Reanimation, Selçuk University School of Medicine,Konya,Turkey
P - 201	Experience with Versajet Hydrosurgery for Burn Debridement in Children: A Case Series(3+1 min) *Samia Belhassen [1], Afef Toumi [1], Sana Mosbahi [1], Syrine Laribi [1], Amine Ksia [1], Mongi Ksia 1, Imed Krichene [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 202	Clinical analysis of interlocked intramedullary nail in treatment of femoral shaft fractures in adolescents(3+1 min) *Feng Shan [1], Yunfang Zhen [2]* [1] Beijing Amcare Hospital Co., Ltd. [2] Children's Hospital Affiliated to Soochow University
P - 203	Conservative management of pediatric pancreatic injuries after blunt abdominal Trauma(3+1 min) *Hela Oueslati, Thamri Fatma, Yasmine Houas, Senda Houidi, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi* Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia
P - 204	Short-term outcomes of surgical treatment for ischial tuberosity avulsion fractures(3+1 min) *Yangyang Yao, Tianyou Li, Mingang Zhang, Xiaoqing Wang, Lichao Zhu* Shandong Provincial Hospital, Jinan, Shandong, China
12:00 - 13:30	**Poster Walk 15**
	Lower GI - Colorectal **Chairmen:** *Juan Javier Valero, Metin Gündüz* **Presentations**
P - 205	COMPARISON OF THE DIAGNOSTIC VALUE OF SYSTEMIC IMMUNE/INFLAMMATION INDEX AND ALVARADO SCORE IN PEDIATRIC APPENDICITIS(3+1 min) *Gökhan Arkan, Fatma Nur Aracıer Uçaner, Leyla Nur Türker, Efe Dilek, Özlem Nur Yıldırım, Cem Kaya, Ramazan Karabulut, Zafer Türkyılmaz, Kaan Sönmez* Department of Pediatric Surgery, Gazi University School of Medicine, Ankara, Turkey

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P - 206	Acute intussusception in children above 5 years: a clinical study(3+1 min) *Nedra Zouabi [1], Sabrine Ben Youssef [1], Syrine Laribi [1], Samia Belhssan [1], Sawsen Chakroun [2]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 207	Evaluating the Necessity of Routine Rectal Biopsy Before Ostomy Closure in Neonates with NEC and Spontaneous Intestinal Perforation(3+1 min) *Can İhsan Öztorun [1], Elif Emel Erten [2], Esra Karakuş [3], Merve Meryem Kıran [3], Ahmet Ertürk [4], Süleyman Arif Bostancı [4], Vildan Selin Çayhan [2], Aslı Nur Abay [2], Sabri Demir [2], Müjdem Nur Azılı [1], Emrah Şenel [4]* [1] Ankara Yildirim Beyazit University Medical Faculty, Department of Pediatric Surgery [2] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara [3] Ankara Bilkent City Hospital Department of Pathology, Ankara [4] Ankara Yıldırım Beyazıt Unıversıty Medical Faculty Department of Pediatric Surgery
P - 208	The Relationship Between Pan-Immune Inflammatory Values in Differentiating Complicated and Non-Complicated Appendicitis(3+1 min) *AYŞENUR ÇETİNKAYA [1], Ahmet Enes Kartal [2], Sevim Ecem Ünlü Ballı [3], Gökhan Berktuğ Bahadır [4], İlhami Sürer [4]* [1] HEALTH SCIENCE UNIVERSITY GULHANE MEDICAL FACULTY [2] Department of Pediatric Surgery, University of Health Sciences, Gülhane Training and Research Hospital, Ankara, Türkiye [3] Gulhane Training and Research Hospital, Department of Pediatric Surgery [4] Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty
P - 209	No pressure, no pain? A randomized trial comparing postoperative pain after low-pressure versus standard-pressure laparoscopic surgery in children(3+1 min) *Hannah Rachel Neeser [1], Tim P. Gerwinn [1], Victoria C. Forschbach [1], Joerg Thomas [1], Christian P. Both [1], Stefanie von Felten [2], Ueli Moehrlen [1]* 1 Children's University Hospital of Zurich, Switzerland 2 Department of Biostatistics at Epidemiology, Biostatistics and Prevention Institute (EBPI), University of Zurich, Switzerland
P - 210	Surgical treatment of rectal prolapse in children with anorectal malformations(3+1 min) *Igor Khvorostov [1], Evgeniy Okulov [2], Aleksey Dotsenko [2], Aleksey Gusev [2]* [1] Filatov Children Hospital, Moscow, Russia [2] National Medical Research Center for Children's Health Federal state autonomous institution of the Russian Federation Ministry of Health, Moscow, Russia
P - 211	Outcomes after Implementation of ERAS (Enhanced Recovery After Surgery) in Paediatric patients after Laparoscopic Pull through: Experience from a tertiary care centre(3+1 min) *Ayesha Saleem, Alan Mortell* Children's Health Ireland, Dublin, Ireland
P - 212	Ultrasound guided hydrostatic reduction of intussusception in children by paediatric surgical residents-our experience from a developing country(3+1 min) *abuzar farhad, Muhammad Uzair, umaimah khuroosh, sania malik* khyber teaching hospital peshawar pakistan
P - 213	Primary repair of Anorectal malformations in females with vestibular or perineal fistula: A single center experience(3+1 min) *Ubaidullah Khan [1], Sayed Salah Ud Din [2], Abdullah Farooq [2], Majid Khan [2], Asım Khan [2], Sadam Khan [2], Abdul Hameed [2]* [1] Lady reading hospital/Farooq hospital Islamabad [2] lady reading hospital
P - 214	The Role of Birth Cohorts in Structural Birth Defects: Hirschsprung disease as an example(3+1 min) *Huimin Xia* Guangzhou Women and Children's Medical Center,Guangzhou Medical University
P - 215	USE OF TRANSANAL IRRIGATION SYSTEM IN PEDIATRIC POPULATION: EVALUATION FROM CAREGIVER'S PERSPECTIVE(3+1 min) *Ana Ramirez Calazans, Francisco Javier Murcia Pascual, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
P - 216	Risk Factors for Stoma-Related Complications in Pediatric Patients: A Retrospective Study(3+1 min) *Can İhsan Öztorun [1], Elif Emel Erten 2, Vildan Selin Çayhan [2], Ahmet Ertürk [2], Süleyman Arif Bostancı [1], İrem Akbaş [2], Bilge Başaran [2], Enes Sağlık [3], Aslı Nur Abay [2], Sabri Demir [3], Müjdem Nur Azılı [1], Emrah Şenel [1]* [1] Ankara Yıldırım Beyazıt Unıversıty Medical Faculty Department of Pediatric Surgery [2] Ankara Bilkent City Hospital Department of Pediatric Surgery [3] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara

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P - 217	Treatment of children with vascular intestinal malformations(3+1 min) *Olga Shcherbakova [1], Elmira Alieva [1], Saidkhasan Bataev [2], Ilya Zyabkin [3], Lenara Khabibullina [4], Maksim Tsatsa [1], Oksana Bychkova [1]* [1] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia [2] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center, Pirogov Russian National Research Medical University. Kh. Ibragimov Complex Institute of the Russian Academy of Sciences [3] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center [4] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Pirogov Russian National Research Medical University. Moscow, Russia.
P - 218	ARM in ARM? Investigating the co-occurrence of anorectal malformations and labioscrotal anomalies(3+1 min) *Patrick Sharman, Maria Randazzo, Ingo Jester, Ian Jones* Birmingham Children's Hospital
P - 219	Point-of-Care Transabdominal Rectal Ultrasound for Assessing Fecal Load and Tailoring Bowel Management in Children with Anorectal Malformations- ReKiSo-Study(3+1 min) *Judith Lindert, Daniel Erkel, Naemi Kurzweil, Edyta Schmidt, Stefanie Märzheuser* Department of Paediatric Surgery, University Rostock
12:00 - 13:30	**Poster Walk 16**
	Case Presentations **Chairmen:** *Burcu Çığşar Kuzu, Jorge Alberto Cantu Reyes* **Presentations**
P - 220	Foreign body in the lower urinary tract in childhood : Ethernet cable / a case report(3+1 min) *Mustafa Emre [1], Halis Can Demirtürk [2], İlyas Halil Aydın [1], Taner Ceylan [2], Derya Erdoğan [1]* [1] Ankara Etlik City Hospital, Department of Pediatric Surgery [2] Ankara Etlik City Hospital Division of Pediatric Urology
P - 221	Omental herniation through an occult diaphragmatic injury following stab wound: diagnostic and therapeutic value of laparoscopy(3+1 min) *Mehmet Furkan Yalabık [1], Kübra Öztürk Yüzdemir [2], Saniye Ekinci [2]* [1] Mamak State Hospital, Department of Pediatric Surgery [2] Department of Pediatric Surgery, Faculty of Medicine, Hacettepe University, Ankara, Turkiye
P - 222	Managing a Rare Pediatric Case of Extended Jejunal Duplication and Ectopic Gastric Mucosa: Insights from Diagnosis to Treatment(3+1 min) *Yichen Yan, suyun chen, Yahui Hu, Chenchen Li, Ming Hu, Jun Chu* Shanghai Children's Medical Center, Shanghai Jiao Tong University School of Medicine
P - 223	Laparoscopic Malone Antegrade Continence Enema (MACE) Surgery : A Ways to manage long-term constipation in children(3+1 min) *Dipo Mas Suyudi, Leecarlo Millano Lumban Gaol, Yuliana Saraswati Kusuma Prabaningrum* Department of Surgery, Pediatric Surgery Division, Tarakan General Hospital, Central Jakarta, Indonesia
P - 224	Preduodenal Portal Vein: A Case Series of Variable Clinical Presentations and Surgical Implications(3+1 min) *Ahmed Arafa* Cairo University Faculty of Medicine, Department of Pediatric Surgery, Cairo University Specialized Pediatric Hospital, Egypt
P - 225	A RARE CASE IN ADOLESCENTS: SELF-LIMITING CECAL DIVERTICULAR PERFORATION(3+1 min) *Fatma Özcan Sıkı, Numan Kılıçlı, Mehmet Sarıkaya* University of Selcuk, Selcuklu Medical Faculty,Department of Pediatric Surgery
P - 226	Necrosis Rescued by Stapler: A Rare Case of Fungal Appendicitis in a Pediatric Oncology Patient(3+1 min) *Eslem Nur Keleşoğlu, Beril dinçer, Zekeriya Tayyib Akbaş, Büşra Serbest, Secil Yuksel, Osman Hakan Kocaman, Başak Erginel* Istanbul University Istanbul Medical Faculty Department of Pediatric Surgery
P - 227	Initial Crohn's Disease Flare-up following an Anal Trauma in a 2.5-Year-Old Boy: A Case Report(3+1 min) *Ali Samady Khanghah [1], Maryam Khalesi [2], Afsaneh Hokmabadi [2], Khashayar Atqiaee [2]* [1] Ardabil University of Medical Sciences [2] Mashhad University of Medical Sciences

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P - 228	Treatment of recurrence direct inguinal hernia using the TAPP technique(3+1 min) *Pablo María Ruiz Hernandez, María Rosa Ibarra Rodriguez, Francisco Javier Murcia Pascual, Fernando Vazquez Rueda, Alvaro Naranjo Torres, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
P - 229	THORACOSCOPIC LIGATION OF CONGENITAL TYPE H TRACHEOESOPHAGEAL FISTULA USING METAL CLIPS WITHOUT FISTULA SECTIONING(3+1 min) *Paulina Vargova, Ricardo Escartin Villacampa, Andrea Santino Tenorio, Paolo Bragagnini Rodriguez* Hospital Universitario Miguel Servet
P - 230	Twisted pull-through in Hirschsprung's Disease: A rare surgical complication(3+1 min) *Domingas Atouguia, Manuel Ramalhete, Tiago Tuna, Miguel Campos* Centro Hospitalar Universitário São João, Porto, Portugal
P - 231	Rare complication of a routine hernia repair(3+1 min) *Maximiliane Minderjahn, Anja Lingnau* Charité Universitätsmedizin Berlin
P - 232	Electrokinetic Lithotripter as an Alternative for Holmium YAG Laser in Ureterolithiasis A case report(3+1 min) *Metin Gündüz, Fatma Özcan Sıkı, Mehmet Sarıkaya, Tamer Sekmenli, İlhan Çiftçi* Department of Pediatric Surgery, Selçuk University School of Medicine, Konya, Turkey
13:30 - 14:30	**My Worst Complication Main Hall**
	Moderator(s): *Udo Rolle, Isabela Draghici* **Speaker(s):** *Yosra Kerkeni: Pediatric General Surgery (7+3) | Amadeo Zanotti: Newborn Surgery (7+3) | Cenk Büyükünal:* Pediatric Urology (7+3) | *Kenneth Wong:* Pediatric Hepatobiliary Surgery (7+3) | *Michal Rygl:* Pediatric Thoracic Surgery (7+3) | *Steven Rothenberg:* Pediatric Minimal Invasive Surgery (7+3)
13:30 - 14:30	**Panel Session V Hall B**
	How do we challenge ourselves in pediatric hepatobiliary surgery **Moderator(s):** *Paul Tam* **Speaker(s):** *Hiroo Uchida:* Minimally invasive Procedures for Choledochal Cysts in Children | *Joel Cazares Rangel:* Short and Long-term Results of Minimally Invasive Correction of Biliary Atresia and/or Re-do Biliary Atresias
14:30 - 15:00	**Coffee Break**
15:00 - 16:00	**General Council Main Hall**
16:00 - 17:30	**Oral Presentations VII Main Hall**
	Wofaps Foundation Award Presentations **Chairmen:** *Sameh Shehata, Shilpa Sharma, Mahmoud ElFiky* **Presentations**
OP - 96	Prediction of neuroblastoma prognosis and identification of prognostic factors based on multicenter clinical data and 386 machine-learning algorithms(5+2 min) *Shaowen Liu, Qi Ji, Jianghua Zhan* Tianjin children's hosipital
OP - 97	Intraoperative Margin Delineation of Neuroblastoma based on Terahertz real-time imaging Spectroscopy(5+2 min) *Juntai Xu [1], Hongbin Ma [2], Chao Liang [3], Chao Gao [4], Dongwei Zhai [5], Hongting Lu [1]* [1] Department of Oncology Surgery, Women and children's Hospital, Qingdao University, Qingdao 266034, China [2] Department of Urology, Peking University People's Hospital, Qingdao, Qingdao 266111, China [3] Department of Precision Instrument, Tsinghua University, Beijing 100084, China [4] College of Engineering, China Agricultural University, Beijing China [5] College of Physics, Université Savoie Mont Blanc, Chambery, Savoie 73000, France

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OP - 98	Inflammatory factor CCL2 enhances the interaction between monocyte-macrophage cells and liver parenchymal cells to promote liver inflammation and fibrosis in biliary atresia(5+2 min) *Xin Li [1], Shaowen Liu [2], Tengfei Li [2], Jianghua Zhan [2]* [1] Urumqi Children's Hospital [2] Tianjin children's hosipital
OP - 99	Preoperative CT–derived 3D modeling for planning sublobar lung resections in children with benign lesions.(5+2 min) *Sophia Vydysh [1], Oleg Topilin [2], Oleg Pikin [3], Anna Chukanova [4], Yuri Sokolov [5]* [1] Russian Medical Academy of Continuous Professional Education, Moscow, Russian Federation. [2] Russian Children's Clinical Hospital, a branch of Pirogov Russian National Research Medical University, Moscow, Russian Federation. [3] Herzen Research Oncological Institute, Moscow, Russian Federation [4] I.M.Sechenov First Moscow State Medical University (Sechenov University), Moscow, Russian Federation. [5] Morozovskaya Children's City Clinical Hospital, Moscow, Russian Federation.
OP - 100	A multicenter study on school functioning in Pediatric Patients with Hirschsprung disease in China:A propensity score matching cohort study(5+2 min) *Hai-Bo Huang [1], Hua Xie [2], Chunyi Ji [3], Yujie Lu [4], Weibing Tang [2], Qiang Yin [3], Mei Yu [4], Olivia Monteiro [1], Paul Kwong-Hang Tam [1]* [1] Macau University of Science and Technology [2] Nanjing Children's Hospital [3] Hunan Children's Hospitall [4] Maternal and Child Health Hospital of Guiyang City
OP - 101	Exploring the Prognostic and Chemotherapy Sensitivity Value of ATG7 in Wilms' Tumor: A Bioinformatics Study(5+2 min) *Jizhen Cen* The First Affiliated Hospital of Guangxi Medical University
OP - 102	Multidimensional Transcriptomics Reveals RNF34 as a Prognostic and Chemotherapy Sensitivity Marker in Wilms' Tumour(5+2 min) *Jizhen Cen, Cheng Su* The First Affiliated Hospital of Guangxi Medical University
OP - 103	iPSC-Derived Epidermal Organoids: Potential source for Functional Skin Reconstruction with Sweat Gland Regeneration(5+2 min) *Yanghonghong Fei, Vincent CH Lui, Kenneth KY Wong* Department of Surgery, The University of Hong Kong
OP - 104	Intestinal Adaptation and Endoplasmic Reticulum Stress in A Rat Model of Short Bowel Syndrome(5+2 min) *Selin Ural [1], Esma Kırımlıoğlu [2], Güngör Karagüzel [1]* [1] Akdeniz University Hospital, Faculty of Medicine, Department of Pediatric Surgery, Antalya, Turkey [2] Akdeniz University School of Medicine, Department of Histology and Embryology, Antalya, TURKEY
OP - 105	miRNA-Mediated Pathogenic Mechanisms in Hirschsprung Disease: Insights from Next-Generation Sequencing-Based Tissue Profiling(5+2 min) *Khanza Adzkia Vujira [1], Pramana Adhityo [1], Dyah Ayu Puspitarani [1], Marcellus - [1], William Widitjiarso [1], Afiahayati - [2], Kristy Iskandar [3], Husna Nugrahapraja [4], Gunadi - [1]* [1] Pediatric Surgery Division, Department of Surgery/Genetics Working Group, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr.Sardjito Hospital [2] Department of Computer Science and Electronics, Faculty of Mathematics and Natural Sciences, Universitas Gadjah Mada, Yogyakarta 55281, Indonesia [3] Department of Child Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/UGM Academic Hospital, Yogyakarta 55291, Indonesia [4] School of Life Science and Technology, Institut Teknologi Bandung, Bandung 40132, Indonesia
OP - 106	MCL-1-mediated mitophagy improves disease pathologies in cholestatic inflammatory liver(5+2 min) *Shuhao Zhang, Qingjiang Chen, Zhigang Gao* Children's Hospital Zhejiang University School of Medicine, Hangzhou, China
OP - 107	ULTRASTRUCTURAL HEPATIC ALTERATIONS IN BILIARY ATRESIA: A TRANSMISSION ELECTRON MICROSCOPY STUDY(5+2 min) *Shilpa Sharma, Javed Quadri, Prasenjit Das* All India Institute of Medical Sciences, New Delhi

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OP - 108	Fetoscopic repair of complex gastroschisis assisted by fetal myorelaxation with botulinum toxin: Case series(5+2 min) *Cristobal Abello [1], Miguel Parra [2], Jezid Miranda [2], Amiel Pérez [3]* [1] Chief of Pediatric Surgery, North Clinic Organization, Barranquilla, Colombia [2] Caribbean Institute for Fetal Surgery and Therapy, Barranquilla, Colombia [3] Fetal and Neonatal Surgery Research Group (GICIFEN), Barranquilla, Colombia
16:00 - 17:30	**Oral Presentations VIII HALL B**
	Oncology **Chairmen:** *Sergey Minaev, Maria Manousi* **Presentations**
OP - 109	Mechanism of Propranolol-Mediated Inhibition of Infantile Hemangioma Endothelial Cell Proliferation via APLN/APJ Signaling(5+2 min) *Qiang Chen [1], Yimin Xie [1], Sili Ni [2], Hua Wang [2]* [1] Chongqing University Three Gorges hospital [2] Children's Hospital of Chongqing Medical University
OP - 110	NEPHRON SPARING SURGERY FOR UNI- AND BILATERAL RENAL TUMOURS – THE COMPLICATION RISK.(5+2 min) *Jan Godzinski [1], Joerg Fuchs [2], Max Pachl [3], Sabine Irtan [4], C.P.(Kees) Vanm de Ven [5], Amos Loh [6], Maria L Apezzato [7], Gordan Vujanic [8], Malgorzata Rapala 1, Harm van Tinteren [5], Bernarda Kazanowska [9], Marry van den Huevel-Eibrink [5], Norbert Graf [10]* [1] Dept. of Paediatric Surgery, Marciniak Hospital, Wroclaw, Poland [2] Dept. of Paediatric Surgery and Urology, University of Tuebingen, Germany [3] Birmingham Women's and Children's NHS Foundation Trust, United Kingdom [4] University of Paris, Hospital Armand Trousseau, FRance [5] Prinses Maxima Centrum, Utrecht, The Netherlands [6] KK Women's and Chilkdren's Hospital, Singapore (KKH) [7] Cirurgia Pediatrica - A.C. Camargo Cancer Center, Sao Paolo, Brasil [8] Dept. of Pathology, Sidra Medicine and Will Cornell Medicine, Qatar, Doha, Qatar [9] Clinical Dept. of Bone Marrow Transplantation, Oncology and Haematology, Medical University, Wroclaw, Poland [10] Dept. of Paediatric Oncology and Haematology, University of Saarland, Homburg, Germany
OP - 111	A Prospective National Multicenter Observational study of Wilms tumor: Clinical characteristics, treatment and early outcomes(5+2 min) *Abdulrasheed Nasir [1], Okechukwu Ekwunife [2], Taiwo Lawal [3], Omolara Williams [4], Emmanuel Ameh [5], Lukman ABDUR-RAHMAN [1], Justina Seyi-Olajide [6], Sebastian Ekenze 7, Awwal Abubakar [8], Lofty-John Anyanwu [9], Nurudeen Abdulraheem [1], Kefas Bwala [10], Abdulafeez Bello [11], Uchechukwu Ezomike 7, Taiwo Ibiyeye [12], Talib Sholadoye [13], Yetunde Israel-Aina [14], Olanrewaju Moses [15], Nasiru Musa [16], Mohammad Aminu [9], Olayinka Ibrahim [17], Adamu Adamu [18], Ijeoma Obianyo [7], Adekunle Abiodun [11], Jones Taiwo [12], Jideofor Ugwu [2], Oluseyi Ogunsua [13], Magdalene Odunvbun [14], Biobele Brown [3], Abdullahi Lawal [9], Mathew Durowaye [12], Victor Modekwe [2], Osasumwen Osagie [14], Yakubu Abubakar [13], Dare Olulana [3]* [1] Division of Paediatric Surgery, Department of Surgery, University of Ilorin and University of Ilorin Teaching Hopsital, Nigeria [2] Nnamdi Azikwe University Teaching Hospital, Nnewi [3] University College Hospital, Ibadan [4] Lagos State University Teaching Hospital, Lagos [5] National Hospital Abuja [6] Paediatric Surgery Unit, Lagos University Teaching Hospital, Lagos, Nigeria [7] Sub-Department of Paediatric Surgery, University of Nigeria Teaching Hospital Ituku-Ozalla Enugu, Nigeria [8] Modibbo Adama University Teaching Hospital, Yola, Adamawa State [9] Aminu Kano University Teaching Hospital, Kano [10] Abubakar Tafawa University Teaching Hospital, Bauchi [11] Federal Medical Center, Bida [12] Federal Medical Center, Lokoja [13] Ahmadu Bello University Teaching Hospital, Zaria [14] University of Benin Teaching Hospital, Benin-City [15] Federal Medical Center, Abeokuta [16] Usmanu Danfodio University Teaching Hospital, Sokoto [17] UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN, NIGERIA [18] Abubakar Tafawa Balewa University Teaching Hospital, Bauchi

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OP - 112	Requirement of Central and Lateral Neck Dissection in the Surgical Treatment of Thyroid Cancer Nodules in Children(5+2 min) *Müjdem Nur Azılı [1], Süleyman Arif Bostancı [1], Muhammet Necmi Gürel [2], Elif Emel Erten [3], Vildan Selin Çayhan [3], Ahmet Ertürk [1], Can İhsan Öztorun [1], Aslı Nur Abay [3], Sabri Demir [3], Esra Karakuş [4], Çağrı Damar [5], Nedim Gülaldı [6], Neriman Sarı [7], Mehmet Boyraz [8], Emrah Şenel [1], Cem Azılı [9]* [1] Ankara Yildirim Beyazit University Medical Faculty, Department of Pediatric Surgery [2] Ankara Bilkent City Hospital Department of Pediatric Surgery [3] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara [4] Ankara Bilkent City Hospital Department of Pathology, Ankara [5] Ankara Bilkent City Hospital, Department of Pediatric Radiology [6] Ankara Bilkent City Hospital, Department of Nuclear Medicine, Ankara [7] Ankara Bilkent City Hospital, Department of Pediatric Oncology [8] Ankara Bilkent City Hospital, Department of Pediatric Endocrinology [9] Department of Surgical Oncology, Ankara Education and Research Hospital, Ankara, Turkey
OP - 113	Pediatric Malignant Mediastinal Germ Cell Tumors: Surgical Complexity and Oncological Outcomes from a Tertiary Cancer Center(5+2 min) *Sheetal Uttaray, Sajid Qureshi, Saif Kaderi* TATA MEMORIAL HOSPITAL, MUMBAI, INDIA
OP - 114	Preparation of doxorubicin/17-AAG dual-loaded nanoliposomes and evaluation of their therapeutic effect on neuroblastoma(3+2 min) *Yutian Li* Dalian Women and Children's Medical Group,Department of Pediatric Surgery,Dalian,China
OP - 115	Multi-omics reveal a tumor-inhibition role of gut derived flavonoids metabolites in neuroblastoma by promoting cell differentiation and maturation(3+2 min) *Yinbing Tang, Jinhu Wang* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
OP - 116	A national analysis of pediatric oncology service gaps in Nigeria: surgeons as advocates in failing systems(3+2 min) *Taiye Ibiyeye [1], Nickhill Bharkta [2], Ayomide Omotola [2], Lily Johnson [2], Miriam Gonzalez-Guzman [2], Heather Forrest [2], Alyana Alvarez [2], Nadya Sullivan [2], Janet Middlekauff [2], Srikanth Naradasu [2], Yichen Chen [2], Meenakshi Devidas [2], Paola Friedrich [2]* [1] Federal Teaching Hospital Lokoja, Nigeria [2] St. Jude Children's Research Hospital Memphis, TN, USA
OP - 117	Ovarian sparing surgery in pediatric ovarian masses: Between oncologic safety and fertility concerns(3+2 min) *İlayda Başar Aksu [1], Ayten Ceren Bakır [1], Damat Baghishov [2], Nurşah Eker [2], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul
OP - 118	Image Defined Risk Factor(s) and outcomes for abdominal neuroblastoma – a surgical perspective from a Thailand national cancer centre(3+2 min) *Bhavita Thamsopitt [1], Thitiporn Junhasavasdikul [2], Suwadee Eng-Chaun [2], Paul D. Losty [3], Pornsri Thanachatchairattana [1]* [1] Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand [2] Division of Pediatric Radiology, Department of Diagnostic and Therapeutic Radiology, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand [3] Division of Pediatric Surgery, Department of Surgery, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. Institute of Systems, Molecular and Integrative Biology, University of Liverpool, Liverpool, UK
OP - 119	Oncologic and Surgical Determinants in Pediatric Extremity Rhabdomyosarcoma: A Two-Decade Experience(3+2 min) *Sheetal Uttaray, Sajid Qureshi, Saif Kaderi* TATA MEMORIAL HOSPITAL, MUMBAI, INDIA
OP - 120	Beyond Surgery: Quality of Life in Survivors of Sacrococcygeal Teratoma(3+2 min) *Alejandro Madurga, Jesús Abad, Maria Victoria Lopez-Canelada, Antonio Muñoz, Saturnino Barrena, Ana Lourdes Luis, Leopoldo Martinez* Hospital Universitario La Paz

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OP - 121	Risk Factors for Complications Following Totally Implantable Venous Access Devices (TIVAD) Placement in Pediatric Oncology Patients(3+2 min) *Andrea Santino Tenorio [1], Ricardo Escartin Villacampa [1], Paulina Vargova [2], Alvaro Mayordomo Ruiz [2], Paolo Bragagnini Rodriguez [1]* [1] Hospital Universitario Miguel Servet, Pediatric Surgical Oncology Unit [2] Hospital Universitario Miguel Servet
OP - 122	Evaluation and Surgical Management of Adolescent Breast Lesions: A Single-Center Experience(3+2 min) *Armanç Güneş, Hakan Özcan, Sefer Tolga Okay, Esra Özçakır, Mete Kaya* Department of Pediatric Surgery, Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital, Bursa, Türkiye
OP - 123	Multidisciplinary Surgical Approach to Advanced Pediatric Tumors(3+2 min) *Marzena Kozakiewicz 1, Anna Tomkowiak 2, Girish Sharma 2, Paulina Maksymowicz 1, Anna Wojtylko 1, Malgorzata Rapala 1, Jan Godzinski 1* 1 Department of Pediatric Surgery, Marciniak Specialist Hospital, Wroclaw, Poland 2 Lower Silesian Heart Disease Center named after Prof. Zbigniew Religa, MEDINET, Wroclaw, Poland
OP - 124	Correlation between PRETEXT staging and post operative outcome of hepatic resection in children with hepatoblastoma according to SIOPEL protocol(3+2 min) *Mahfuz Alam Khan* Bangabandhu Sheikh Mujib Medical University, Dhaka

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15 November 2025, Saturday

08:00 - 09:00	**Oral Presentations IX Main Hall**
	General Pediatric Surgery **Chairmen:** *Florian Friedmacher, Arzu Şencan* **Presentations**
OP - 125	Chylous Ascitis- Unusual complication in cases of EHPVO after shunt surgery(3+2 min) *Kaushal Kulkarni, Vijai Datta Upadhyaya, Rahul Goel* Sanjay Gandhi Post Graduate Institute Of Medical Sciences, Lucknow, India
OP - 126	UPTAKE OF PAEDIATRIC SURGICAL INTERVENTIONS IN THE FACE OF CATASTROPHIC HEALTHCARE EXPENDITURE AND DECLINING GLOBAL ECONOMY(3+2 min) *Lukman ABDUR-RAHMAN [1], LAWAL ABDULWAHAB [2], Nurudeen Abdulraheem [3], Abdulrasheed Nasir [3], Adesoji Ademuyiwa [4], Kazeem Adegboye [5]* [1] Division of Paediatric Surgery, Department of Surgery, University of Ilorin and University of Ilorin Teaching Hopsital, Nigeria [2] UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN, NIGERIA [3] University of Ilorin, Nigeria [4] Paediatric Surgery Unit, College of Medicine, University of Lagos and Lagos University Teaching Hospital, Lagos, Nigeria [5] Department of Anaesthesia, University of Ilorin Teaching Hospital, Nigeria
OP - 127	Ski-Needle Guided Extraperitoneal Suture Delivery: A Paradigm Shift in Single-Incision Laparoscopic Herniorrhaphy for Pediatric Inguinal Hernia(3+2 min) *Fangfang Chen, Xiao You, Bo Hao* The First Affiliated Hospital of Bengbu Medical University
OP - 128	Experience and evolution in the management of gastroschisis over 12 year´s in a Mexican Hospital.(3+2 min) *Rubi Martinez, Nadia Martinez, Jesus Martinez, Miguel Torres, Jorge Cantu, Joel Cazares* Regional Maternal and Child Hospital of Nuevo León
OP - 129	Is Bilateral Exploration Always Necessary in Girls Diagnosed with Unilateral Inguinal Hernia?(3+2 min) *Mehmet Can, Gamze Yılmaz, Ökkaş Aytaç Karkıner, Özkan Okur, Arzu Şencan* Behçet Uz Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi Çocuk Cerrahisi Kliniği, İzmir/ Türkiye
OP - 130	ECMO cannulation techniques in children: heterogeneous and often complicated(3+2 min) Lucas Moratilla-Lapeña, María del Carmen Sarmiento, Alejandro Madurga, Maria Lopez-Canelada, Juvenal Rey, Iñigo Velasco, Carlos De La Torre, Paula Burgos, Jose Luis Encinas, Francisco Hernandez-Oliveros Hospital Universitario La Paz
OP - 131	Orthotic Bracing of Pectus Carinatum: Indicators to Predict Success(3+2 min) *Zafer Alparslan [1], Burak Kızılca [1], Mustafa Yüksel [2]* [1] Marmara University School of Medicine [2] Demiroglu Bilim University School of Medicine, Thoracic Surgery Department
OP - 132	FIRST EXPERIENCE OF PERFORMING KONO-S ANASTOMOSIS IN CHILDREN WITH COMPLICATED FORMS OF CROHN'S DISEASE(3+2 min) *Victoria Glushkova, Alexey Podkamenev, Sergey Peredereev* Saint Petersburg State Pediatric Medical University
OP - 133	Comparison of Mechanical Bowel preparation vs no bowel preparation in colostomy closure in pediatric population; An RCT at Tertiary care setting(3+2 min) *Nabila Talat, Aziz Ahmed Chattha, Muhammad Zubair Shoukat, Jamaal Butt, Mudassar Naveed* University of child health sciences, The Childrens Hospital, Lahore
OP - 134	Early Surgical Intervention with Damage Control Surgery for Neonates with Necrotising Enterocolitis: A Retrospective Cohort Study(3+2 min) *Chloe Milton [1], Khizer Mansoor [2], Jujju Kurian [2], Ashok Ram [2]* [1] Anglia Ruskin University School of Medicine [2] Norfolk and Norwich University Hospital
OP - 135	Standardization of a Pneumatic reduction protocol (PRP) for intussusception : Results of thirteen years of experience in a northern hospital in Mexico.(3+2 min) Jorge Cantu, Joel Cazares, Jorge colin, Diego Gutierrez Hospital Regional Materno Infantil, Monterrey, Mexico
OP - 136	Diagnostic Efficacy of Imaging Studies and Laboratory Tests on Childhood Acute Appendicitis: A Retrospective Analysis of 675 patients(3+2 min) *Mehmet Metin [1], Nurcan Çoşkun 2, Hülya İpek [1], Gül Doğan [1], Çağatay Evrim Afşarlar [1]* [1] Hitit University Faculty of Medicine,Department of Pediatric Surgery [2] Hitit University Çorum Training and Research Hospital, Department of Pediatric Surgery

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15 November 2025, Saturday

08:00 - 09:00	**Oral Presentations X Hall B**
	Lower GI-Colorectal **Chairmen:** *Nabila Talat, Müjdem Nur Azılı* **Presentations**
OP - 137	Long-term outcome of the postoperative bowel function in female patients with low-type anorectal malformation: an analysis of five types of anorectal malformation in patients managed at a single center(3+2 min) Toshio Harumatsu [1], Ayaka Nagano [1], Koshiro Sugita [1], Yumiko Iwamoto 1, Chihiro Kedoin 1, Nanako Nishida 1, Yudai Tsuruno [1], Keisuke Yano [1], Shun Onishi [1], Takafumi Kawano [1], Tatsuru Kaji [2], Satoshi Ieiri [1] [1] Department of Pediatric Surgery, Kagoshima University [2] Department of Pediatric Surgery, Kurume University of School of Medicine
OP - 138	Early Colectomy in Children with Familial Adenomatous Polyposis: When Clinical Practice Extends Beyond Guidelines(3+2 min) Linara Khabibullina Russian Children's Clinical Hospital, Moscow, Russia
OP - 139	Modified Transanal Swenson-like Pull-Through for Hirschsprung Disease: Enhancing Safety by Minimizing Iatrogenic Organ Injury(3+2 min) Gunadi, Qisthinadia Hazhiyah Setiadi, Rizka Annisa Harahap, Pramana Adhityo, Nova Yuli Prasetyo Budi, Achmad Reza Kurniawan, Dutha Patria Huthama, Jennifer Maharina Rizky, Henggar Allest Pratama, Krisna Dwiantama Gadjah Mada University
OP - 140	Simple Meconium Ileus: Enterotomy versus Enterostomy – A Systematic Review(3+2 min) *Sidra Rauf [1], Adinda Pijpers [2], Ramon Gorter [2], Ingo Jester [1]* [1] Birmingham Children's Hospital [2] Department of Pediatric Surgery, Emma Children's Hospital Amsterdam UMC, Amsterdam, the Netherlands
OP - 141	Transsphincteric anorectoplasty and perineal body-sparing surgical approach (TSARP) for anal atresia with rectovestibular fistula(3+2 min) *Berat Dilek Demirel, Pelin Nur Cinel, Başak Dağdemir Ezber, Sertaç Hancıoğlu, Beytullah Yağız* Ondokuz Mayıs University, Faculty of Medicine, Department of Pediatric Surgery, Samsun, Turkey
OP - 142	Global landscape of anorectal malformation research: disparities, burdens and need for international collaborations(3+2 min) *Florian Friedmacher [1], Doris Klingelhöfer [2], Udo Rolle [1], David Groneberg [2]* [1] Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany [2] Institute of Occupational Medicine, Social Medicine and Environmental Medicine, Goethe University Frankfurt, Frankfurt, Germany
OP - 143	ANAL DIAMETER AFTER ANORECTOPLASTY FOR ANORECTAL MALFORMATIONS: ROUTINE DILATIONS VERSUS CALIBRATIONS AT SCHEDULED APPOINTMENTS(3+2 min) *Francesca Galbiati [1], Anna Morandi [1], Francesca Maestri [1], Louise Tofft [2], Christina Graneli [2], Pernilla Stenstrom [2], Ernesto Leva [1]* [1] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy [2] Department of Pediatric surgery, Skane University Hospital, Lund University, Lund, Sweden
OP - 144	Do Pediatric Pouches Play Nice? Tracking Triumphs and Troubles After IPAA(3+2 min) *Linara Khabibullina [1], Olga Shcherbakova [2], Varvara Avseenko [3]* [1] Russian Children's Clinical Hospital, Moscow, Russia [2] Federal Scientific and Clinical Center for Children and Adolescents of the Federal Medical and Biological Agency, Moscow, Russia [3] Filatov Children Hospital, Moscow, Russia
OP - 145	Postoperative Bleeding in Pediatric Patients with Short Bowel Syndrome: A Retrospective Review(3+2 min) *Melis Cevhertaş [1], Ülgen Çeltik [1], Samir Hasan [1], Ezgi Kıran Taşcı [2], Cengiz Şahutoğlu [3], Miray Karakoyun [2], Ahmet Çelik [1]* [1] Ege University Faculty of Medicine Department of Pediatric Surgery [2] Ege University Faculty of Medicine, Department of Pediatrics, Division of Pediatric Gastroenterology [3] Ege University Faculty of Medicine, Department Of Anesthesiology

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OP - 146	PROGNOSTIC IMPLICATIONS OF RESIDUAL BOWEL LENGTH IN PEDIATRIC SHORT BOWEL SYNDROME: FOCUS ON THE <25% COHORT(3+2 min) *Audelia Eshel-Fuhrer 1, Kira Fridman 1, Igor Sukhotnik 2* [1] Tel Aviv Sourasky Medical Center's Dana-Dwek Children's Hospital, Tel Aviv, Israel, Department of Pediatric surgery [2] Tel Aviv Sourasky Medical Center's Dana-Dwek Children's Hospital, Tel Aviv, Israel, Department of Pediatric surgery; Sackler Faculty of Medicne, Tel Aviv University, Tel Aviv, Israel
OP - 147	Rectal Exstrophy with Genitourinary, Vertebral and Limb Anomalies: Saleem's Rectal Extrophy Hypospadias Syndrome(3+2 min) *Muhammad Saleem [1], umer saleem [2], Azka Saleem [3], Jamaal Butt [3], Gohar Rasheed [3], Nabila Talat [3], Muhammad Zubair Shoukat [3], Imran Hashim [3]* [1] Akhtar Saeed Medical & Dental College, Lahore [2] services institute of medical sciences lahore [3] University of child health sciences, The Childrens Hospital, Lahore
OP - 148	Topographical Variation in Appendiceal Ganglion Cell Density: Implications for Diagnostic Biopsy in Hirschsprung's Disease(3+2 min) *Mehrdad Hosseinpour [1], Maryam Soltan [2], Mohammad Javad Yazdani [2]* [1] Isfahan University of Medical Sciences,Departement of Pediatric Surgery,Isfahan, Iran [2] Isfahan University of Medical Sciences
09:00 - 10:00	**Panel Session VI Main Hall**
	Pediatric Surgical Advocacy **Moderator(s):** *Amine Ksia, Kıvılcım Karadeniz Cerit* **Speaker(s):** *Paul Losty: Surgeon Volunteer Roles with the Irish Charity - Operation Child Life - Working in Vietnam* | *Andrew Davidoff: Advocacy*
09:00 - 10:00	**Panel Session VII Hall B**
	Neonatal Surgery **Moderator(s):** *Stuart Hosie, Hakan Taşkınlar* **Speaker(s):** *Udo Rolle:* ERNICA Guidelines for Surgical NEC in Premature Newborns | *Miguel Guelfand:* Primary Anastomosis in Surgical NEC: The New Gold-Standard? | *Amadeo Zanotti:* Quality Improvement Protocol for the Management of NEC
10:00 - 10:30	**Coffee Break**
10:30 - 12:00	**History Session Main Hall**
	Moderator(s): *Prem Puri, Mustafa Melikoğlu* **Speaker(s):** Alp Numanoglu: History of Pediatric Surgery in South Africa | Shilpa Sharma: History of Pediatric Surgery in India | Muhammed Saleem: History of Pediatric Surgery in Pakistan | Cenk Buyukunal: History of Pediatric Surgery in Türkiye | Amadeo Zanotti: History of pediatric Surgery in South America | Udo Rolle: History of Pediatric Surgery in Germany | Sameh Sheata: History of Pediatric Surgery in Egypt | Steven Rothenberg: History of Minimally Invazive Surgery and History of pediatric Surgery in North America
10:30 - 11:00	**Keynote Lecture Hall B**
	Child Health in War and Disaster **Moderator(s):** *Mahmoud El Fiky* **Speaker(s):** *Priyakanta Nayak*
11:00 - 12:00	**Oral Presentations XI Hall B**
	Trauma **Chairmen:** *Muhammed Arshad, Ewa Matuszczak* **Presentations**
OP - 149	Towards better judgement of burn depth-An Optical Tomography-Based Score to Assess Paediatric Hand Burns(3+2 min) Judith Lindert [1], Tina Straube [2], Beke Larsen [3], Eirini Liodaki [4], Kianusch Tafazzoli [3], Lutz Wünsch [3] [1] Department of Paediatric Surgery, University Rostock [2] Halle [3] Department of Paediatric Surgery, University Lübeck [4] Department of Plastic Surgery, University Lübeck

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OP - 150	LITTLE PASSENGERS, BIG HAZARDS: A RETROSPECTIVE STUDY ON MOTORCYCLE ACCIDENTS IN CHILDREN(3+2 min) *Metin Gündüz, Numan Kılıçlı, Mehmet Sarıkaya, Fatma Özcan Sıkı, Tamer Sekmenli, İlhan Çiftçi* University of Selcuk, Selcuklu Medical Faculty,Department of Pediatric Surgery
OP - 151	A novel method for monitoring clavicular fracture healing in children(3+2 min) *Filip Jurić [1], Ana Bosak Veršić [1], Suzana Sršen Medančić [1], Damir Hasandić [1], Ivonne Žgaljardić [2]* [1] Department for pediatric surgery, Clinical Medical Center Rijeka, Croatia [2] Aesthetic Surgery Center dr. Žgaljardić
OP - 152	Treatment Outcomes of Finger Replantation in Infants with Amputated Fingers(3+2 min) *Shi Gao* Chlidren's Hospital Zhe Jiang University School of Medicine
OP - 153	ChatGPT-4o® in Pediatric Burn Care: Expert Review of Its Role in Initial Clinical Decision-Making(3+2 min) *Asya Eylem Boztaş, İncinur Genişol, Ayşe Demet Payza, Özkan Okur, Arzu Şencan* Behçet Uz Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi Çocuk Cerrahisi Kliniği, İzmir/ Türkiye
OP - 154	A Rare but Serious Threat: Pediatric Duodenal Trauma in a Resource-Constrained Setting(3+2 min) *Nabila Talat, Ehtisham Azmat, Bilal Mirza, Muhammad Zubair Shoukat, Sajid Nayyar, Usama Aziz, Aziz Ahmed Chattha* University of child health sciences, The Childrens Hospital, Lahore
OP - 155	Surgical treatment of children with chronic elbow dislocation over 3 months with extremely severe stiffness(3+2 min) *Liu Xin* Sichuan province Orthopaedic Hospital,China
OP - 156	What We Know About Child Maltreatment in Pediatric Burn Patients – A Retrospective Single-Center Analysis from a German Burn Center(3+2 min) *Judith Lohmann [1], Birte Mack-Detlefsen [1], Thomas Boemers [1], Sibylle Banaschak [2]* [1] Children's Hospital Amsterdamer Straße, Clinic for Pediatric and Adolescent Surgery and Pediatric Urology, Cologne, Germany [2] Institute of Legal Medicine, Medical Faculty, University of Cologne, Cologne, Germany
OP - 157	Morphological changes in scar tissue during fractional CO2 laser ablations of extensive post-burn scars in children(3+2 min) Alina Roshchupkina [1], Oksana Bychkova [1], Saidkhasan Bataev [2], Ilya Zyabkin [3], Ali Ferzauli [4], Olga Shcherbakova [1], Maxim Tsatsa [1] [1] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia [2] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center, Pirogov Russian National Research Medical University. Kh. Ibragimov Complex Institute of the Russian Academy of Sciences [3] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center, [4] Kadyrov Chechen State University
OP - 158	Long Term Outcomes following paediatric renal trauma: an 8-years retrospective review from a UK tertiary centre(3+2 min) Manal Dhaiban, Karim Awad Bristol Royal Hospital for Children, UK
OP - 159	Efficacy of hemiepiphysiodesis in treating lower limb deformities in children with rare bone diseases(3+2 min) Yangyang Yao, Yanzhou Wang, Tianyou Li, Jiaqi Wang, Xiaoqing Wang Shandong Provincial Hospital, Jinan, Shandong, China
12:00 - 13:30	**Lunch**
12:00 - 13:30	**Meet the Expert**
	Hepatoblastoma **Speaker(s):** *Muhammed Saleem* Registration Form for Meet the Expert Sessions
12:00 - 13:30	**Meet the Expert**
	The aberrant renal vessels: When, Why and How to manage? **Speaker(s):** *Yosra Kerkeni* Registration Form for Meet the Expert Sessions

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12:00 - 13:30	**Poster Walk 17**
	General I **Chairmen:** *Andrea Schmedding, Ede Biro* **Presentations**
P - 233	Laparoscopic Hysterectomy in Ohvira Syndrome with Cervicovaginal Atresia: Report of Two Cases.(3+1 min) Vanessa Medina [1], Mayra Hernandez [2], Isabel Brito [2] [1] Clínica Infantil Santa Maria del Lago, Bogotá, Colombia [2] Clínica Universitaria Colombia
P - 234	Self-castration: when surgeon is not enough(3+1 min) Beata Vincel, Gilvydas Verkauskas Vilnius University Hospital Santariskiu Klinikos - Childrens Hospital, Vilnius, Lithuania
P - 235	Roux Limb Obstruction Following Choledochal Cyst Surgery: An Unusual Complication(3+1 min) Kaushal Kulkarni, Pooja Prajapati, Vijai Datta Upadhyaya, Ankur Mandelia SGPGIMS, Lucknow India
P - 236	Giant omphalocele repair using external abdominal wall traction: A step-by-step surgical video.(3+1 min) Till-Martin Theilen, Yannick Braun, Florian Friedmacher, Henning Fiegel, Udo Rolle Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany
P - 237	Strangulated Amyand Hernia Complicated by Cecal Perforation Due to Shelled Sunflower Seed Impaction: A Rare Case Report(3+1 min) Betül Beyza Özbal [1], Mustafa Azizoğlu [2], İbrahim Baytar [1], EMİR ZHANYBEKOVICH ZHANYBEKOV [1], Fatma Saraç [1], Birgül Karaaslan [1], Tuba Erdem Şit [1] [1] ISTANBUL BASAKSEHİR CAM VE SAKURA CİTY HOSPİTAL PEDİATRİC SURGERY [2] 1 Esenyurt State Hospital, Pediatric Surgery, Istanbul. 2 Istinye University, Department of Stem Cell and Tissue Engineering, Istanbul. 3 Pediatric Surgery Stem Cell Application Study Group (PESSCA), Istanbul, Turkey
P - 238	INNOVATIVE AND MINIMALLY INVASIVE STRATEGIES FOR HIGH-POWER MAGNET EXTRACTION AND MANAGEMENT OF ASSOCIATED COMPLICATIONS IN PEDIATRIC PATIENTS(3+1 min) Paulina Vargova, Paolo Bragagnini Rodriguez, María Pilar del Peral Samaniego, Andrea Santino Tenorio, Alvaro Mayordomo Ruiz, Carolina Corona Bellostas Hospital Universitario Miguel Servet
P - 239	Long-Term Outcomes Following Vascular Cannulation and Reconstruction in Neonates Undergoing Veno-Arterial Extracorporeal Membrane Oxygenation (ECMO)(3+1 min) *Nadezhda Erokhina, Vasily Shumikhin, Olga Mokrushina, Elena Zilbert, Maria Boguslavskaya, Grigorij Dibrivnyj, Aza Zafesova, Tat'yana Voroncova, Irina Nikolaeva, Elizaveta Melkumyan* Filatov Children Hospital, Moscow, Russia
P - 240	Who loses an ovary? A study of surgically treated ovarian lesions in children and adolescents(3+1 min) *Ayoung Kang, Soo-Hong Kim* Division of Pediatric Surgery, Pusan National University Children's Hospital, Korea
P - 241	Quality of Life in Children with Anorectal Malformations after surgery, an observational study(3+1 min) *Maryam Ghavami Adel, Mobina Taghva Nakhjiri, Nazila Shahmansouri, Mamak Shariat* Tehran University of Medical science
P - 242	The role of training level and diurnal rhythms in ultrasonography accuracy for acute appendicitis in children(3+1 min) *Maryam Ghavami Adel, Amin Miri Disfani, Mobina Taghva Nakhjiri, Hojjatollah Raji* Tehran University of Medical science
P - 243	Women in Pediatric Surgery – A Collaborative Network for Equity, Training, and Research(3+1 min) *Andrea Schmedding [1], Sabine Drossard [2], Azrina Zaman [3], Catalina Correa [4], Maria Christina Stefanescu [5], Saioa Santiago-Martinez [6], Shilpa Sharma [7], Sarah Ellul [8], Ana Bosak Veršić [9]* [1] City Hospital of Brunswick, Pediatric Surgery and Pediatric Urology, Baunschweig, Germany [2] Department of General, Visceral, Transplant, Vascular and Pediatric Surgery, University Hospital Würzburg, Würzburg, Germany. [3] Hospital University Kebangsaan Malaysia, Kuala Lumpur, Malaysia [4] Hospital Militar Central Colombia, Pontificia Universidad Javeriana, Bogotà, Colombia [5] Department of Pediatric Surgery, University Medical Center Mainz, Germany [6] Hospital Parc Taulí/ Recerca I3PT, Institut d'Investigació i Innovació Parc Taulí/ Univesitat Autonoma de Barcelona, Spain [7] All India Institute of Medical Sciences, New Delhi, India [8] Mater Dei Hospital, Department of Pediatric Surgery, Malta [9] Department for pediatric surgery, Clinical Medical Center Rijeka, Croatia

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P - 244	C-Reactive Protein/Albumin Ratio Is a Prognostic Indicator for Predicting Surgical Intervention in Neonates with Necrotizing Enterocolitis(3+1 min) *Ahsan Ali Ghauri [1], Muhammad Saleem [2], Nabila Talat [1], Muhammad Zubair Shoukat [1], Aziz Ahmed Chattha [1], Jamaal Butt [1]* [1] University of child health sciences, The Childrens Hospital, Lahore [2] Akhtar Saeed Medical & Dental College, Lahore
P - 245	Integrating artificial intelligence into the prognostic evaluation and management of anorectal malformations: A cohort-based approach using the Sacral Anomaly Incontinence Severity and Anorectal Function Quality of Life scores(3+1 min) *Mohammed J Aboud [1], Manal M Kadhim [2], Mustafa J Radif [3]* [1] Ministry of Health [2] College of Medicine University of Al Qadisiya [3] College of Computer Science and Information Technology University of Al Qadisiya
P - 246	Ionising radiation dose during central venous catheter insertion(3+1 min) *Wefag Ahmed, Farah Roslan, Fiona Dickinson, Khalid ElMalik* University Hospitals of Leicester
P - 247	Unusual trauma injuries -dogs bite in children(3+1 min) *D Dachev [1], B Ivanov [1], E Zanzov [2], S Lupanov [1], I Kirev [1], B Isakov [1], N Mavrev [1], Penka Stefanova [1]* [1] UMHAT "St George", Plovdiv, Bulgaria – Department of Pediatric Surgery, Medical University – Plovdiv [2] UMHAT "St George", Plovdiv, Bulgaria – Department of Plastic Surgery, Medical University – Plovdiv
12:00 - 13:30	**Poster Walk 18**
	General II **Chairmen:** *Beata Vincel, Ergun Ergun* **Presentations**
P - 248	Transhepatic Ports in Intestinal Failure: A Risky Solution for a Difficult Problem(3+1 min) *Melis Cevhertaş [1], Ülgen Çeltik [1], Mahmut Küsbeci [2], Ezgi Kıran Taşcı [3], Ezgi Yavuz [3], Miray Karakoyun [3], Ahmet Çelik [1]* [1] Department of Pediatric Surgery, Faculty of Medicine, Ege University, Izmir, Turkey [2] Ege University Faculty of Medicine Department of Radiology Division of Interventional Radiology [3] Ege University Faculty of Medicine Department of Pediatric Gastroenterology
P - 249	An anatomical classification of congenital proximal radioulnar synostosis based on retrospective MRI measurement combined with radiography(3+1 min) *Xin Tang* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
P - 250	Laparoscopic management of hepatic hydatid cysts(3+1 min) *Shokhzod Shamsiev, Jamshid Shamsiyev, Sherzod Muhitdinov, Khurshid Ulmasov, Saodat Igamova* Samarkand State Medical University Pediatric Surgery Hospital
P - 251	Validation of a prototype for minimally invasive fetal surgery of gastroschisis in an avital model(3+1 min) *Lidya-Olgu Durmaz [1], Eva Ana Menke [1], Gerhard Schmidt [2], Matthias Burmeister [2], Robert Bergholz [1], Thomas Franz Krebs [3]* [1] Department of General, Visceral, Thoracic, Transplant and Pediatric Surgery, University Hospital Schleswig-Holstein (UKSH), Kiel, Germany [2] Department of Electrical Information Engineering, Faculty of Engineering, Kiel University, Kiel, Germany [3] Department of Pediatric Surgery, Children's Hospital of Eastern Switzerland, St. Gallen, Switzerland
P - 252	VOLUME AND DIVERSITY OF CASES IN PEDIATRIC SURGERY EDUCATION: A 30-YEAR OVERVIEW(3+1 min) *Gökhan Arkan [1], Fatma Nur Aracıer Uçaner [1], Leyla Nur Türker [1], Yavuz Selim Kıyak [2], Cem Kaya [1], Özlem Nur Yıldırım [1], Kadir Serdar Yılmaz [3], Işıl İrem Budakoğlu [2], Ramazan Karabulut [1], Zafer Türkyılmaz [1], Kaan Sönmez [1]* [1] Department of Pediatric Surgery, Gazi University School of Medicine, Ankara, Turkey [2] Gazi University Faculty of Medicine Department of Medical Education and Informatics [3] Department of Public Health, Gazi University School of Medicine, Ankara, Turkey
P - 253	Evaluation of Silicone-Coated Dressings in Pediatric Surgical Wound Management(3+1 min) *Maxim Airapetyan [1], Dmitry Morozov [2], Olga Sukhodolskaya [3]* [1] Moscow Multidisciplinary Medical Center "Kommunarka" of the Moscow City Health Department [2] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University [3] First Moscow State Medical University named after I.M. Sechenov (Sechenov University)

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P - 254	Comparison of Two Antibiotic Combinations for Conservative Treatment of Non-Complicated Acute Appendicitis in Children(3+1 min) *Timurs Zurmutai [1], Arnis Eņģelis [1], Mohit Kakar [1], Astra Zviedre [2], Jurijs Bormotovs [3], Aigars Petersons [1]* [1] Riga Stradins University & Children's Clinical University Hospital, Department of Paediatric Surgery [2] Riga Stradins University, Department of Paediatric Surgery [3] Rigas Stradins University
P - 255	Regional adherence to national GIRFT surgical guidelines on post-operative antibiotic prescribing in paediatric appendicitis: multi-centre multi-cycle audit of clinical practice(3+1 min) Rebecca Murphy Lonergan, Amelia Simenacz, Sharukh Zuberi, Jonathan Gosling, Subramaniam Gurunaidu, Venugopala Kalidindi Royal Free London NHS Foundation Trust
P - 256	Evaluation of Long-Term Efficacy Of Breastmilk Exosome In Experimental Testicular Torsion Model(3+1 min) *Ceren Topsakal, Gül Şalcı, Hatice Sonay Yalçın Cömert, Mustafa İmamoğlu, Haluk Sarıhan* Karadeniz Technical University Faculty of Medicine Department of Pediatric Surgery
P - 257	Pediatric inguinal hernia: Shall we change practices?(3+1 min) Domingas Atouguia, Silviana Ribeiro, Tiago Tuna, Miguel Campos, Angélica Osório Rodrigues Centro Hospitalar Universitário São João, Porto, Portugal
P - 258	Non-surgical Silo for the management of giant omphalocele(3+1 min) *Cecilia Gigena Heitsman 1, Cristobal Abello 2, Constanza Harding 3, Alejandra Rios 3, Miguel Guelfand 1* [1] Cleveland Clinic [2] International pediatric MIS clinic, Barranquilla, Colombia [3] Pediatric Surgery Department, Hospital Dr Exequiel González Cortés, Santiago, Chile
P - 259	Missed at birth: Are mothers equipped to recognize anorectal malformations? A cross sectional study on maternal knowledge and its role in early diagnosis(3+1 min) *AMNA CHOUDRY 1, Batool Fatima 2, Naima Zamir 1, rabbiya salauddin 1* [1] National Institute of child Health, Karachi Pakistan [2] Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan
P - 260	Interval Appendectomy Shortens Hospital Stay, but Severe Complications Are Detected Only After Early Appendectomy in Children with Perforated Appendicitis(3+1 min) *Franziska Cramer, Yannick Schmidt, Oliver Muensterer, Danielle Wendling-Keim* Department of Pediatric Surgery, Dr. von Hauner Children´s Hospital, University Hospital, LMU, Munich, Germany
P - 261	Bile Acid Dysregulation and Gut Microbiome Alterations in Pediatric Sepsis: Therapeutic Potential of Ursodeoxycholic Acid(3+1 min) *Linhua Tan, Yan Ni, Yanfei Wang, Huiying Wang, Zhigang Gao, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine
P - 262	Unspoken Struggles and Emerging Strengths: The Journey of Young Independent Women Pediatric Surgeons in India(3+1 min) *ABIRAMI KRITHIGA JAYAKUMAR* RAINBOW CHILDRENS HOSPITAL, CHENNAI, INDIA
12:00 - 13:30	**Poster Walk 23**
	General III **Chairmen:** Chawintee Puttanapitak, Marzena Kozakievicz **Presentations**
P - 263	Artificial intelligence's involvement in science: a new era of research fraud(3+1 min) *Alinka Nemes-Csertő, Tamás Bűdi, Tamás Prokopp, Zita Sükösd, Zoltán Jenővári* Semmelweis University Pediatric Center, Tűzoltó Street Department, Budapest, Hungary
P - 264	Artificial intelligence and pediatric surgery(3+1 min) *Krasimira Kalinova 1, Kaloyan Georgiev 1, Jivko Jelyazkov 2* 1 Faculty of Medicine, Trakian University, Bulgaria 2 Trakian University, Faculty of Innovation and trhnology,Bulgaria
P - 265	Adenoviral Infections: Are They an Underestimated Cause of Acute Appendicitis?(3+1 min) *Mehmet Metin [1], Hande Afşarlar [2], Sabiha Şensöz [3], Nurcan Çoşkun [4], Djursun Karasartova [2], Çağatay Evrim Afşarlar [1]* [1] Hitit University Faculty of Medicine,Department of Pediatric Surgery [2] Hitit University Faculty of Medicine, Department of Clinical Microbiology [3] Hitit University, Faculty of Health Science, Nutrition and Dietetics [4] Hitit University Çorum Training and Research Hospital, Department of Pediatric Surgery

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P - 266	Immunogenetic Architecture of Hirschsprung Disease: RET Variants, Molecular Crosstalk, and Polygenic Interactions in Enteric Neurocristopathies(3+1 min) *Avriana Pety Wardani, Dito Anurogo* Hospital RSUP Dr Kariadi Semarang
P - 267	Pediatric Perforated Appendicitis: Identifying Risk Factors and Microbiological Determinants of Postoperative Outcomes(3+1 min) *Jurate Pakrosnyte, Nora Visockyte, Dalius Malcius, Ausra Lukosiute- Urboniene* Lithuanian University of Health Sciences, Kaunas clinics
P - 268	Analysis of the Application of Laparoscopic Appendectomy Combined with Hernia Repair in Children with Different Pathological Types of Appendicitis(3+1 min) *Fangfang Chen, Xiao You, Zheng Lu, ZhiDuan Xu, Yu Wang, SuHang Wang* The First Affiliated Hospital of Bengbu Medical University
P - 269	Efficacy and Safety of Rivaroxaban in Neonatal Catheter-related Thrombosis: A Single-center Retrospective Study of 122 Cases(3+1 min) *Rong Zhang, TengHui Zhan* Fujian Maternity and Child Health Hospital
P - 270	Comparative outcomes of laparoscopic versus open appendectomy in pediatric patients at a referral center(3+1 min) *Esther Saguil, Daniel Ernest Florendo* Philippine General Hospital
P - 271	SURGICAL TREATMENT OF CHRONIC APPENDICITIS IN CHILDREN(3+1 min) *Igor Khvorostov [1], Aleksey Sinitsyn [2]* [1] Filatov Children Hospital, Moscow, Russia [2] Volgograd State Medical University
P - 272	ADDITION OF PERITONEAL DISSECTION OR CAUTERIZATION TO PURSE STRING SUTURE DURING INGUINAL HERNIA REPAIR INCREASES PERI-HERNIA SAC NECK COLLGEN FORMATION(3+1 min) *Cansu Kural [1], Oktay Ulusoy [1], Büşra Yücesoy [1], Oğuz Ateş [2], Gülce Hakgüder [2], Safiye Aktaş [3], Mustafa Olguner [2], Feza Akgür [2]* [1] Dept. of Pediatric Surgery, Dokuz Eylül University, Medical School, Izmir, Turkey [2] Department of Pediatric Surgery, Division of Pediatric Urology, Dokuz Eylül University, Medical school, İzmir [3] Department of Basic Oncology, Dokuz Eylul University, Oncology Institute, Izmir, Turkey
P - 273	Inguinal Hernia in Newborns – Can you predict the best treatment path?(3+1 min) *Silviana Ribeiro [1], Carolina Soares-Aquino [1], Leonor Carmo [1], Henrique Soares [2], Mariana Borges-Dias [1]* [1] Department of Pediatric Surgery, Centro Hospitalar Universitário de São João, Porto, Portugal [2] Neonatal Intensive Care Unit, Centro Hospitalar Universitário de São João, Porto, Portugal
P - 274	From Neonate to Adolescent: A Review of Ovarian Mass Management in a Single Center(3+1 min) Asya Eylem Boztaş, Ayşe Demet Payza, Süleyman Perçin, Arzu Şencan Behçet Uz Çocuk Hastalıkları Eğitim ve Araştırma Hastanesi Çocuk Cerrahisi Kliniği, İzmir/ Türkiye
P - 275	The Efficacy of Quality Control Management for Fulminant Myocarditis in Children:Multicenter Experience(3+1 min) Lijun Yang, Ru Lin Children's Hospital, Zhejiang University School of Medicine
P - 276	The Mechanism Study of FOXO1 on The Proliferation and Apoptosis of Chondrocyte in DDH(3+1 min) *Ting Chen [1], Kai Bin Liew [2], Mei Hua Tan [3]* [1] Faculty of Pharmacy, University of Cyberjaya, Persiaran Bestari, 63000 Cyberjaya, Selangor, Malaysia; Department of Pediatric Orthopaedic, Xinhua Hospital Affiliated to Shanghai Jiaotong University School of Medicine, Shanghai 200092, China [2] Faculty of Pharmacy, University of Cyberjaya, Persiaran Bestari, 63000 Cyberjaya, Selangor, Malaysia [3] School of Biotechnology, Mila University, No. 1, Persiaran MIU, 71800 Nilai, Negeri Sembilan, Malaysia
P - 277	Unmasking the challenges: a qualitative study of barriers to training pediatric surgeons in minimally invasive surgery in Pakistan(3+1 min) *Batool Fatima, Zahra Auqil, Zuha Zafar, Kashif Bashir* Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan

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12:00-13:30	**Poster Walk 19**
	Oncology **Chairmen:** *Carlos Garcia Hernandez, Omar Zeinedine* **Presentations**
P - 278	Retrospective analysis of clinical features and identification of prognostic risk factors for neuroblastoma(3+1 min) *Shaowen Liu, Qi Ji, Jianghua Zhan* Tianjin children's hosipital
P - 279	Pediatric colorectal cancer: Surgical challenges and the emerging role of hyperthermic intraperitoneal chemotherapy(3+1 min) *Mhd Faez Alsarraj 1, Ayten Ceren Bakır 1, Nurşah Eker 2, Gürsu Kıyan 1, Kıvılcım Karadeniz Cerit 1* 1 Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul 2 Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul
P - 280	Survival outcomes in Wilms tumor with and without intravascular thrombus: A comparative study(3+1 min) *Betül Dölek [1], Gizem Tanıl [2], Nurşah Eker [3], Dilek Gül [4], Elif Demirbaş [5], Koray Ak [5], Gürsu Kıyan [1], Kıvılcım Karadeniz Cerit [1]* [1] Marmara University Faculty of Medicine, Department of Pediatric Surgery, Istanbul [2] Marmara University School of Medicine, Department of Pediatrics [3] Marmara University School of Medicine, Department of Pediatric Oncology, İstanbul [4] Marmara University School of Medicine,Department of Radiation Oncology [5] Marmara University Faculty of Medicine, Department of Cardiovascular Surgery, Istanbul
P - 280	Indocyanine Green Fluorescence Imaging in Pediatric Renal Tumors: Advancing Standardization for Sentinel Lymph Node Identification(3+1 min) *Anna Dominika Wojtylko [1], Hanna Garnier 2, Edyta Jedrzejak [1], Malgorzata Rapala [1], Maciej Murawski [2], Marzena Kozakiewicz [1], Piotr Czauderna [2], Jan Godzinski [1]* [1] Department of Pediatric Surgery, Marciniak Specialist Hospital, Wroclaw, Poland [2] Department of Surgery and Urology for Children and Adolescents, Medical University of Gdansk. 80- 803 Gdańsk, Nowe Ogrody 1-6, Poland
P - 282	Surgical treatment of proximal femur unicameral bone cysts in children: a retrospective single-center study(3+1 min) *Haibing Li, Xiaofen Niu, Hang Su, Wensong Ye, Xin Tang* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
P - 283	Early Outcomes of Limb Salvage with Endoprosthetic Reconstruction for Pediatric and Adolescent Lower Extremity Osteosarcoma: A Case Series of 6 Patients(3+1 min) *Wenhao Chen* Children's Hospital, Zhejiang University School of Medicine
P - 284	Outcomes of Standardizing Lymph Nodal Sampling for Nephroblastoma(3+1 min) *Shahnoor Islam [1], AKM Amirul Morshed [2], Bibekananda Halder [1], Daanish Arefin Biswas [1], Shahanaz Akter [1], Wahid Akater [1], Tajul Islam [1], Mohammed Mahbubul Hoque [3]* [1] Sir Salimullah Medical College Mitford Hospital [2] Children's Cancer Center, Dr. Azmal Hospital , Mirpur, Dhaka, Bangladesh [3] National Institute Of Laboratory Medicine and Referral Centre
P - 285	Pediatric pancreatic tumors – An audit from a tertiary care centre(3+1 min) *PRIYA MATHEW, Sajid Qureshi* TATA MEMORIAL HOSPITAL, MUMBAI, INDIA
P - 286	Laparoscopy in selected abdominal tumors in children(3+1 min) *Magdalena Lewandowska, Paweł Polityło* Department of Paediatric Surgery and Oncology, Central University Hospital, Medical University of Lodz, Poland
P - 287	Optimizing treatment strategies for pediatric Wilms Tumor with vascular thrombosis: A single-center experience(3+1 min) Hela Oueslati, Yasmine Houas, Fatma Thamri, Senda Houidi, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia

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P - 288	Pediatric Pheochromocytoma and Paraganglioma: A 15-Year Single-Center Experience(3+1 min) *Omar Zeinedine [1], Marcela Pychova [1], Karel Pycha [1], Aleš Vicha [2], Marek Schmidt [3], Jana Pavlickova [4], Michal Rygl [1]* [1] Department of Pediatric Surgery, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic [2] Department of Pediatric Oncology and Hematology, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic [3] Urology Clinic, Charles university and Motol University Hospital, Prague, Czech Republic [4] Department of Anesthesiology and Intensive Medicine, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic
P - 289	A single-center study on nephron sparing surgery for unilateral Wilm's tumor(3+1 min) *Dongfang Lu* Children's Hospital Zhejiang University of Medicine
P - 290	Ovarian granulosa Cell Tumors in Prepubertal Girls: A Retrospective Cohort Analysis(3+1 min) *Qiuxiang Shen [1], Weizhong Gu [1], Liying Sun [1], Leek Mei Lim [2]* [1] Children's Hospital Zhejiang University School of Medicine, Hangzhou, China [2] Hospital Sultan Ismail Johor,Malaysia
P - 291	Comparison of the efficacy and recurrence rate of laser photocoagulation methods with Nd:YAG laser 1064 nm for lobular capillary hemangioma of the skin in children(3+1 min) *Gulnar Zayalova [1], Ildar Nurmeev [1], Dinar Safin [2]* [1] Federal State Budgetary Educational Institution of Higher Education «Kazan State Medical University» of the Ministry of Healthcare of the Russian Federation, Kazan, Russia [2] Separate structural unit Russian Children's Clinical Hospital of the Federal State Autonomous Educational Institution of Higher Education «Russian National Research Medical University named after N.I. Pirogov» of the Ministry of Health of the Russian Federation, Moscow, Russia
P - 292	Epidemiological trends in pediatric renal tumors: A comparative review of two centers in differing economic settings(3+1 min) *Zeenat Bhikhoo, Daffyd Davies* IWK Health Centre, Halifax, Nova Scotia, Canada
12:00 - 13:30	**Poster Walk 20**
	Hepatobiliary **Chairmen:** *Ivan Tverdov, Kohei Kawaguchi* **Presentations**
P - 293	Biliary Atresia in Sudanese Infants: A Multicentre Retrospective Study of Clinical Presentation, Surgical Management, and Short-Term Outcomes(3+1 min) *Marwan Osman [1], Esam Taha [2], Abdelrahman Elnour [3]* [1] Sudan Medical Specialization Board [2] Alribat University Hospital [3] National Centre of Pediateric Surgey
P - 294	Cystic Biliary Atresia: Lessons Learned at a High-Volume Center in Bogota, Colombia(3+1 min) *Laura Camila González-Villarreal [1], Edgar Salamanca-Gallo [2], Santiago Correa-Salazar [2], Felipe Ordoñez-Guerrero [2]* [1] National University of Colombia [2] Fundación Cardioinfantil (FCI) - Lacardio
P - 295	Unexplained chronic desaturation in children: should we look beyond the chest?(3+1 min) *Nedra Zouabi [1], Sabrine Ben Youssef [1], Syrine Laribi [1], Sami Sfar [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
P - 296	Postoperative Complications in Pediatric Pancreatic Surgery: What We Learned in a Decade(3+1 min) *Kübra Öztürk Yüzdemir, Gizem Korkmaz, İdil Rana User, Burak Ardıçlı, İbrahim Karnak, Arbay Özden Çiftçi, Saniye Ekinci* Department of Pediatric Surgery, Faculty of Medicine, Hacettepe University, Ankara, Turkiye

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15 November 2025, Saturday	
P - 297	Diagnostic Accuracy of Ultrasound and Transient Elastography in Biliary Atresia Among Infants with Neonatal Cholestasis(3+1 min) *Rustam Yuldashev [1], Makhmud Aliev [2], Farrukh Nematjonov [3], Golib Tuychiev [4], Anvar Gofurov [3], Roksana Shakirova [1]* [1] Republican specialized scientific practical medical center of pediatrics [2] Tashkent state medical university [3] Andijan state medical institute [4] Kokand university, Andijan branch
P - 298	Bile lake post following Kasai portoenterostomy in biliary atresia (BA): clinical course and clinical implications(3+1 min) *Sujin Gang [1], Ju Yeon Lee [2], Seo-Hee Kim [3], Wooim Baek [4], Jung-Man Namgoong [5]* [1] Division of Pediatric Surgery, Department of Surgery, Ewha Womans University Seoul Hospital [2] Department of Pediatric Surgery, Chonnam National University Hospital [3] Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, Chonnam National University Hospital [4] Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, Asan Medical Center [5] Division of Pediatric Surgery, Department of Surgery, Asan Medical Center
P - 299	ChylousAscitis-Unusual complication in cases of EHPVO after shunt surgery: A single centre experience(3+1 min) *Pooja Prajapati, Vijai Datta Upadhyaya, Kaushal Kulkarni* SGPGIMS, Lucknow India
P - 300	An effective alternative for abdominal wall closure following liver transplantation: adapting an adult surgical technique to a pediatric population(3+1 min) *Pablo María Ruiz Hernandez, Ana Ramirez Calazans, Francisco Javier Murcia Pascual, Alvaro Naranjo Torres, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
P - 301	MASS SPECTROMETRY TO ASSESS MULTI-PLATFORM BIOMARKERS OF LIVER FIBROSIS IN BILIARY ATRESIA: A SYSTEMATIC REVIEW(3+1 min) *Shilpa Sharma, Hanuman P Sharma, Man Singh* All India Institute of Medical Sciences, New Delhi
P - 302	Choledocholithiasis in children: evaluating the efficacy of expectant strategies(3+1 min) Senda Houidi, Fatma Thamri, Oussema Meherzi, Arije Zouaoui, Yosra Kerkeni, Sondes Sahli, Riadh Jouini children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
P - 303	Treatment options and surgical management of non-parasitic spleen cysts in children: A Single-Centre Experience(3+1 min) *İrem Akbaş [1], Ahmet Ertürk [2], Can İhsan Öztorun [2], Elif Emel Erten [1], Süleyman Arif Bostancı [2], Sabri Demir [3], Ezgi Abay [1], Dilara Kısıklı [1], Vildan Selin Çayhan [1], Aslı Nur Abay [1], Müjdem Nur Azılı [2], Emrah Şenel [2]* [1] Ankara Bilkent City Hospital Department of Pediatric Surgery [2] Ankara Yildirim Beyazit University Medical Faculty, Department of Pediatric Surgery [3] Health Science University Ankara Bilkent City Hospital Department of Pediatric Surgery
P - 304	Recurrent hepatic echinococcosis in children(3+1 min) Krasimira Kalinova, Kaloyan Georgiev Faculty of Medicine, Trakian University, Bulgaria
P - 305	Robotic-assisted cholecystectomy in children(3+1 min) *Yury Kozlov [1], Alexander Rozansky [2], Eduard Sapukhin [3], Andrey Marchuk [3], Roman Teschuk [3]* [1] Irkutsk State Medical University, Department of Pediatric Surgery, Irkutsk [2] Irkutsk State Medical Academy of Postgraduate Education, Department of Pediatric Surgery, Irkutsk [3] Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk
12:00 - 13:30	**Poster Walk 21**
	Urology **Chairmen:** *T Vittal Mohan, Can İhsan Öztorun* **Presentations**
P - 306	Pneumovesicoscopic versus Robot-Assisted Ureteral Reimplantation in Children with Primary Obstructive Megaureter: An Age-Stratified Comparative Study(3+1 min) *Wenchang Huang, Guangjie Chen* Children's Hospital, Zhejiang University School of Medicine, Department of Urology, Hangzhou, China.

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P - 307	TESTICULAR ATROPHY AFTER LAPAROSCOPIC ORCHIOPEXY: IS SURGICAL STRATEGY THE KEY FACTOR?(3+1 min) *Alvaro Mayordomo Ruiz, Paulina Vargova, Reyes Delgado Alvira, Yurema Gonzalez Ruiz, Marina Gonzalez Herrero, Carolina Corona Bellostas, Ricardo Escartin Villacampa, Andrea Santino Tenorio, Paolo Bragagnini Rodriguez* Hospital Universitario Miguel Servet
P - 308	A new strategy for robotic-assisted Lich-Gregoir ureteral reimplantation based on the protection of female future fertility(3+1 min) *Chang Tao, Zheming Xu, Long Sun, Daxing Tang* Department of Urology, Children's Hospital, Zhejiang University School of Medicine
P - 309	Analysis of Complications in Pediatric Urology Robot Surgery - Single Center Experience(3+1 min) *Guangjie Chen, Yijun Zhao, Xiaohao Wang, Fan Yang, Linfeng Zhu, Dongyan Zhao* Zhejiang University
P - 310	Robotic heminephroureterectomy for complete duplex system with ureterocele: a case series(3+1 min) *Domenica Villacis-Vasquez [1], Pablo Guaman-Ludeña [2], Paul Astudillo-Neira [2], Giancarlo Sanchez-Salazar [1], Yolanda Galvez [1]* [1] San Francisco de Quito, University [2] Carlos Andrade Marin Hospital, Department of Pediatric Surgery
P - 311	Percutaneous embolization as the first-line treatment for varicocele: still an effective therapeutic strategy?(3+1 min) *Esther Comajuncosas Pérez, Ada Y Molina Caballero, Julio C Moreno Alfonso, Giuseppa Antona, Sara Hernández Martín, Alberto Pérez Martínez* Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain
P - 312	Pushing The Boundaries of Anatomical Repair Under Pneumovesicoscopy; Distal Tunnel Advancement With or Without Other Ureteroneocystostomy Techniques(3+1 min) *Beytullah Yağız, Berat Dilek Demirel* Ondokuz Mayıs University, Faculty of Medicine, Department of Pediatric Surgery, Samsun, Turkey
P - 313	Management of Ureteropelvic Junction Obstruction In Newborns; Decision Making Process and Role Of Laparoscopy(3+1 min) *Beytullah Yağız, Merve Çelenk, Berat Dilek Demirel* Ondokuz Mayis University Faculty of Medicine Department of Pediatric Surgery
P - 314	Sacral Neuromodulation in Children With neurogenic lower urinary tract dysfunction(3+1 min) *Zheming Xu* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center
P - 315	Application of autologous kidney transplantation technology in pediatric urology(3+1 min) *Guangjie Chen, Yijun Zhao, Xiaohao Wang, Fan Yang, Linfeng Zhu, Dongyan Zhao* Zhejiang University
P - 316	Can Refractory Urinary Tract Infections Secondary to Bladder Instability Be Treated with Botulinum Toxin Injections?(3+1 min) *Hammou Benslimane, Fatema Hadjou Belaid* Faculté De Médecine D'oran Algérie
P - 317	SALVAGED BUT LOST: DETORSION, DELAYED ORCHIECTOMY, AND THE LIMITS OF TESTICULAR RESCUE(3+1 min) *Hasan Deliağa [1], Mehmet Özer [2], Hakan Özcan [3], Sefer Tolga Okay [3], Esra Özçakır [3], Mete Kaya [4]* [1] Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital, Department of Pediatric Urology [2] Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital, Department of Pathology [3] Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital, Department of Pediatric Surgery [4] Health Sciences University, Bursa Yüksek İhtisas Training and Research Hospital, Department of Pediatric Urology and Surgery
P - 318	Mitrofanoff Procedure in Children: A 20-Year Single-Center Experience(3+1 min) Malek Mezni, Yosra Ben Ahmed, wiem Hamouda, Mariem Marzouki, Faouzi Nouira, Said Jlidi Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia
P - 319	Pneumovesicoscopic Repair of Paraureteral and Non-paraureteral Bladder Diverticula In Children; Not Ureteroneocystostomy For All(3+1 min) *Beytullah Yağız, Berat Dilek Demirel* Ondokuz Mayıs University, Department of Pediatric Surgery, Samsun, Turkey

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12:00 - 13:30	**Poster Walk 22**
	Lower GI - Colorectal I **Chairmen:** *Joaquin Enrique Villamizar Zuniga, Boshen Shu* **Presentations**
P - 320	Long-Term Outcomes of Intralesional Bleomycin Treatment for Childhood Cystic Lymphangiomas(3+1 min) Maharram Guliyev [1], Ali Ekber Hakalmaz [1], Ceren Uç [2], Ayşe Kalyoncu Uçar [3], Ahmet Baş [3], Süheyla Ocak [4], Rahşan Özcan [1], Gonca Topuzlu Tekant [1] [1] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Pediatric Surgery [2] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine [3] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Radiology [4] Istanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Pediatric Haemotology and Oncology
P - 321	Efficacy of Single-Layer Continuous Suture in Colonic Anastomoses: A Comparative Experimental Study in a Rabbit Model(3+1 min) Dmitry Morozov 1, Maxim Airapetyan 2, Olga Sukhodolskaya 3 [1] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University [2] Moscow Multidisciplinary Medical Center [3] First Moscow State Medical University named after I.M. Sechenov (Sechenov University)
P - 321	Assessment of quality of life in patients with müllerian anomalies at a referral center in Colombia(3+1 min) Daniela Moreno Villamizar, Tatiana Daza Ladino, María José Neira Morales, Juan Javier Valero-Halaby, Fernando Fierro HOMI Foundation, National University of Colombia
P - 323	Should we choose prophylactic surgery in children with megadolichosigma? Experience of two colorectal surgery departments(3+1 min) Olga Shcherbakova [1], Linara Khabibullina [2] [1] Federal Scientific and Clinical Center for Children and Adolescents of the Federal Medical and Biological Agency, Moscow, Russia [2] Russian Children's Clinical Hospital, Moscow, Russia
P - 324	To drain or not to drain? A comprehensive systematic review and pairwise meta-analysis of post-appendectomy abscess management in children(3+1 min) Agata Grochowska 1, Ana Emília Carvalho de Paula 2, Fernando Estima Seabra Neto 3, Alexia Rosas 4, Zarpana Akbari 5, Vyronas Argyris 6, Halima Sah 7, Miguel Eduardo Rodriguez Rodriguez 8, Camila Santos Loor 9, Ashwin Pimpalwar 10 [1] Faculty of Medicine, Medical University of Lodz, Poland [2] Health Sciences Institute, Federal University of Jatai (UFJ), Jataí, Brazil [3] Science and Health University Institute - Héctor Alejandro Barceló Foundation, Argentina [4] Department of Medicine, Federal University of Sergipe, Brazil [5] Kabul University of Medical Sciences, Afghanistan; USA [6] Aretaieion University Hospital, National and Kapodistrian University of Athens, Athens, Greece [7] Faculty of Medicine, Medical Doctor, Bahçeşehir University, Istanbul, Turkey [8] Department of General Surgery, Lincoln Medical Center, Bronx, NY, United States [9] Universidad Católica de Santiago de Guayaquil, Ecuador [10] Department of Pediatric Surgery, Bon Secours Mercy Health System, Richmond, VA, United States
P - 325	Effects of the Polyethylene Glycol Coated Pads On Intestinal Anastomosis Safety: An Experimental Rat Model(3+1 min) *OZLEM ÖZLEM EKİCİ [1], Gülçin Şimşek [2], Çiğdem YÜCEL [3], Sevim Ecem Ünlü Ballı [4], Gökhan Berktuğ Bahadır [4], İlhami Sürer [4]* [1] Department of Pediatric Surgery, University of Health Sciences, Gülhane Training and Research Hospital, Ankara, Türkiye [2] Department of Pathology, Health Sciences University Gulhane Medical Faculty [3] Medical Biochemistry Laboratory, Health Sciences University Gulhane Medical Faculty [4] Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty

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P - 326	Features of intestinal stomas in children with Crohn's disease(3+1 min) *Olga Shcherbakova [1], Elmira Alieva [2], Saidkhasan Bataev [3], Ilya Zyabkin [4], Lenara Khabibullina [5], Oksana Bychkova [1]* [1] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia [2] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center of the FMBA of Russia [3] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center, Pirogov Russian National Research Medical University. Kh. Ibragimov Complex Institute of the Russian Academy of Sciences [4] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center [5] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Pirogov Russian National Research Medical University. Moscow, Russia.
P - 327	Evaluation of Functional Outcomes and Quality of Life Following Constipation Treatment in Patients with Anorectal Malformations(3+1 min) *Şükrüye Demirkaya [1], Elif Emel Erten [2], Fatih Turgul [1], Can İhsan Öztorun [2], Müjdem Nur Azılı [2], Emrah Şenel [2]* [1] Ankara Bilkent City Hospital Department of Pediatric Surgery [2] Ankara Yildirim Beyazit University Medical Faculty, Department of Pediatric Surgery
P - 328	Appendicitis in PCR-Negative Children During the COVID-19 Pandemic: A Retrospective Analysis of Neurogenic Inflammation(3+1 min) *Yavuz Yılmaz [1], Elif Emel Ayar Erten [2], Merve Kıran [3], Düriye Özer Türkay [3]* [1] Department of Pediatric Surgery, Health Sciences University Gulhane Medical Faculty [2] Ankara Bilkent City Hospital Department of Pediatric Surgery [3] Ankara Bilkent City Hospital Department of Pathology, Ankara
P - 329	Optimizing management of intussusception in LMICs: is routine admission always necessary?(3+1 min) *Zara Bhatti [1], Javeria Javed [1], Fatima Arshad [1], Muhammad Osama Khan [1], Humza Thobani [2], Muhammad Aqil Soomro [1], Saqib Qazi [1], Faraz Ali Khan [2], Saleem Islam [1]* [1] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan [2] Division of Pediatric Surgery, Department of Surgery, Stanford University, Palo Alto, California
P - 330	Can histopathological analysis of an appendix be eliminated in resource limited area?(3+1 min) *Sello Machaea, Vincent Adeniyi* Walter Sisulu University
P - 331	Late diagnosis of Hirschsprung disease: causes and outcomes(3+1 min) *Berat Dilek Demirel, Pelin Nur Cinel, Başak Dağdemir Ezber, Sertaç Hancıoğlu, Beytullah Yağız* Ondokuz Mayıs University, Faculty of Medicine, Department of Pediatric Surgery, Samsun, Turkey
P - 332	Identifying Children at Risk of Failed Hydrostatic Reduction: A New Predictive Scoring System(3+1 min) *Muhammad Taufan Fajri, Dewi Novitasari Arifin, Pramana Adhityo, Nabila Ardia Pramono, Rizkia Gustin Nurul Fatimah, Lanang Aditama, Petrus Gandi Purwosatrio, Hesti Gunarti, Akhmad Makhmudi, Andi Dwihantoro, Gunadi Gunadi* Gadjah Mada University
P - 333	The Effect of Preoperative Dexamethasone on increasing the Success Rate of Pneumatic Reduction for Intussusception in Pediatrics: A clinical trial(3+1 min) *Mahmoud Tarek [1], Ahmed Abdelnaby [2], Gamal Eltagy [1], Aly Shalaby [1]* [1] Cairo University Faculty of Medicine, Pediatric Surgical Division, Cairo University Specialized Pediatric Hospital, Egypt [2] Pediatric Surgery Department, Cairo University
12:00 - 13:30	**Poster Walk 24**
	Lower GI - Colorectal II **Chairmen:** *Yavuz Yılmaz, Allahverdi Musayev* **Presentations**
P - 334	A Comparative Study of Surgical Techniques for Dolichocolon in Children: Laparoscopy-Assisted and Open Resection(3+1 min) *Fatih Turgul [1], Can İhsan Öztorun [2], Elif Emel Erten [1], Esra Karakuş [3], Merve Meryem Kıran [3], Vildan Selin Çayhan [1], Ahmet Ertürk [2], Süleyman Arif Bostancı [2], Aslı Nur Abay [1], Sabri Demir [1], Müjdem Nur Azılı [2], Emrah Şenel [2]* [1] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara [2] Ankara Yıldırım Beyazıt Unıversıty Medical Faculty Department of Pediatric Surgery [3] Ankara Bilkent City Hospital Department of Pathology, Ankara

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P - 335	Can Hyponatremia predict Complicated Appendicitis in Children?(3+1 min) *Hassan Mirza [1], Syed Hussnain Sherazi [2], Muhammad Osama Khan [2], Javeria Javed [2], Yusra Tariq [2], Saleem Islam [1], Aqil Soomro [1], Saqib Qazi [1]* [1] Department of Surgery, Aga Khan University Medical College, Karachi, Pakistan [2] Aga Khan University Karachi Pakistan
P - 336	INFLUENCE OF BODY MASS INDEX ON THE OUTCOME OF COMPLICATED ACUTE APPENDICITIS IN CHILDREN.(3+1 min) *Ana Ramirez Calazans, Francisco Javier Murcia Pascual, María Rosa Ibarra Rodriguez, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
P - 337	The Role of Surgery and Adhesion Management in PIPO Cases(3+1 min) *Emine Burcu Çığşar Kuzu [1], Yusuf Alper Kara [2], Bade Toker Kurtmen [1], Gökhan Köylüoğlu [1]* [1] Department of Pediatric Surgery, İzmir Katip Çelebi University School of Medicine, İzmir, Turkey [2] Izmir City Hospital Pediatric Surgery Clinic
P - 338	Diagnosis of anorectal malformations in sub-Saharan Africa: a scoping review and analysis of the impact of the global domestic product(3+1 min) *Florent Tshibwid A Zeng [1], Roland-Fabrice Mbiki Yema [2], Ena Ngandu Keita [3], Gracia Mitonga Kamwangen [4], Nathalie Dinganga Kapessa [1], Sébastien Mbuyi-Musanzayi [1]* [1] University of Lubumbashi, Faculty of Medicine, Department of Surgery, Lubumbashi, Democratic Republic of the Congo [2] Deido District Hospital, Douala, Cameroon [3] Jason Sendwe Provincial Referral Hospital, Department of Surgery, Lubumbashi, Democratic Republic of the Congo [4] Mwangeji Provincial Referral Hospital, Department of Surgery, Kolwezi, Democratic Republic of the Congo
P - 339	Sacral ratio correlates with spinal and sacral anomalies in children with anorectal malformation(3+1 min) *Alberto Gubert [1], Marc Georges [1], Sabine Vasseur Maurer [1], Leonor Trinidad Alamo-Maestre [2], Eleuthère Stathopoulos [1]* [1] Department of Pediatric Surgery, CHUV - Lausanne University Hospital, Lausanne, Switzerland [2] Department of Radiodiagnostic and Interventional Radiology, CHUV - Lausanne University Hospital, Lausanne, Switzerland
P - 340	Pediatric abdominal tuberculosis in an endemic region: clinical presentation, management strategies and outcomes(3+1 min) *Fatima Zahra [1], Rashida Abbas Fakhruddin Lacewala [1], Javeria Javed [2], Muhammad Osama Khan [2], Muhammad Aqil Soomro [2], Saqib Qazi [2], Saleem Islam [2]* [1] Medical College, Aga Khan University, Karachi, Pakistan [2] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan
P - 341	Curative Effect of Single-port Laparoscopy Combined with ERAS in the Treatment of Complex Appendicitis in Children(3+1 min) *Hu Xianchen, Qiu Zhixin, Lin Junshan* The First Affiliated Hospital of Fujian Medical University
P - 342	Diagnosis and treatment of Currarino syndrome: a single-center case series(3+1 min) *Chieko Hisamatsu, Wataru Sasaki, Ayano Uematsu, Shohei Yoshimura, Yuichiro Tomioka, Keisuke Fukui, Taichi Nakatani, Shizu Murakami, Akiko Yokoi, Tadashi Hatakeyama* Kobe Children's Hospital, Department of Pediatric Surgery, Kobe, Japan
P - 343	Meckel's diverticulum in children: laparoscopic technologies.(3+1 min) *Olga Karaseva, Anna Timofeeva, Alexander Gorelik, Denis Golikov* Clinical and Research Institute of Emergency Pediatric Surgery and Trauma - Dr. Roshal's Clinic
P - 344	Evaluating the diagnostic value of contrast enemas in Hirschsprung's disease(3+1 min) *Büşra Murat [1], Gonca Gerçel [1], Sabriye Gülçin Bozbeyoğlu [2], Meltem Çağlar [1], Arzu Canmemiş [3], Ersan Uzun [1], Çiğdem Ulukaya Durakbaşa [1]* [1] Department of Pediatric Surgery, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, Istanbul, Türkiye [2] Department of Radiology, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof. Dr. Suleyman Yalcin City Hospital, Istanbul, Türkiye [3] Department of Pediatric Urology, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof Dr Suleyman Yalcin City Hospital, İstanbul, Türkiye

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P - 345	Anterior Sagittal Anorectoplasty in Girls with Rectovestibular Fistula : Safe, Efficient, and Aesthetically Superior(3+1 min) *Nahla Kechiche, Nouha Boukhrissa, Rachida Lamiri, Mongi Mekki, Lassaad Sahnoun* Department of Pediatric Surgery, Monastir University Hospital, Tunisia
P - 346	Neonatal gastrointestinal perforation; causes, surgical techniques and factors affecting survival(3+1 min) *Muhammed Hamidullah Çakmak, Özlem Balcı, Betül Gürbüz, Sabri Cansaran, Serdar Moralıoğlu, Ayşenur Celayir* University of Health Sciences Turkey, Hamidiye Faculty of Medicine, Department of Pediatric Surgery, Istanbul Zeynep Kamil Women and Children's Diseases Health Training and Research Center
P - 347	Subthreshold HAEC Episodes in Hirschsprung's Disease: Rethinking the Diagnostic Scoring System(3+1 min) *Fahar Sadaf* national Institute of Child Health
P - 348	Complications associated with colostomies in patients with anorectal malformations: experience from a referral center in Colombia(3+1 min) *Maria Moreno, Laura Rodriguez, Oscar Arguello, Fernando Fierro, Ivan Molina, Juan Seba, Juan Valero* Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia
13:30 - 15:00	**Grand Finale Main Hall**
	Women Pediatric Surgeons' Champions League **Moderator(s):** *Gonca Topuzlu Tekant, Çiğdem Ulukaya Durakbaşa* **Speaker(s):** *Asia: Ampaipan Boonthai, Shilpa Sharma | Africa: Yosra Kerkeni, Babalwa Nondela | Europe: Zane Abola, Tabea Schröder*
15:00 - 16:00	**Closing Remarks & Awards Main Hall**
	Poster Displays - Kiosk 1
	Presentations
PD - 1	Costal hydatid cyst in a child with down syndrome: a rare and challenging diagnosis *Syrine Laribi [1], Myriam Ben Fredj [1], Samia Belhssan [1], Afef Toumi [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital.
PD - 2	Intrathoracic ectopic kidney with pulmonary sequestration: clinical and surgical insights: a case report *Mohamed Helali, Isam Taha* National Ribat University Hospital
PD - 3	Tangled Within : A rare presentation of splenic and gastric volvulus in CDH *Meryem Unal, Kuhaendran A/L Gunaseelan, Yvonne Leong, Hazlina Mohd Khalid, Mughni Bahari* *Sabah Woman and Children Hospital (SWACH)*
PD - 4	Total oesophago-gastric dissociation; is there a role for such a procedure? *Sello Machaea, Colin Lazarus* Walter Sisulu University
PD - 5	Truth or dare: a party game as an atypical cause for acute pancreatitis *Ragibe Büşra Usta Erdoğan [1], Gonca Gerçel [1], Sabriye Gülçin Bozbeyoğlu [2], Furkan Ersoy [1], Çiğdem Ulukaya Durakbaşa [1]* [1] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Pediatric Surgery [2] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Radiology
PD - 6	What are the factors influencing the surgical approach in hiatal hernia ? *Senda Houidi, Fatma Thamri, Asma Guitouni, Abir Jouini, Yosra Kerkeni, Riadh Jouini* children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
PD - 7	Epidemiology and risk factors of congenital anomalies managed by the paediatric surgery unit at greater accra regional hospital: a three-year review *Ambe Nana Esi Obbeng [1], Dorinda Norbertha Lee [2], Nana Ama Christian [2]* [1] Greater Accra Regional Hospital (GARH), Ridge, Accra, Ghana [2] Department of Surgery, GARH

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PD - 8	Diagnostic and therapeutic management of biliary atresia: a series of 24 cases *Nedra Zouabi, Sabrine Ben Youssef, Syrine Laribi, Sami Sfar, Myriam Ben Fredj, Samia Belhssan, Amine Ksia, Mongi Mekki, Mohsen Belghith, Lassaad Sahnoun* Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia
PD - 9	The Impact of hospital activity room on the psychosocial well-being of pediatric surgery patients and their parents' anxiety *Sevgi Ulusoy Tangül [1], Onur Batmaz [2], Ahmet Kılıç [2], Derya Esenkaya [2], Yeşim Andıran Şenaylı [3], Atilla Şenaylı [1]* [1] Kırklareli University, School of Medicine, Department of Pediatric Surgery [2] Bozok University Health Services Vocational School [3] Kırkareli University,School of Medicine, Department of Anesthesiology and Reanimation
PD - 10	First national series of pediatric laparoscopic inguinal hernias repairs in Panama: preliminary outcomes and feasibility of implementation Paulette Serrano Fernández [1], Carlos Díaz [2], Emilio Romero [3], Ana Gabriela Barría Rodríguez [4] [1] Pediatric Surgery Department, Gustavo Nelson Collado Hospital. Herrera, Panama [2] Anesthesiology and Reanimation Department, Gustavo Nelson Collado Hospital. Herrera, Panama. [3] Physiology and Animal Behaviour, University of Panama, Panama City, Panama [4] The Panama Clinic Hospital. Panama city, Panama.
PD - 11	Neonatal ovarian cysts: Is surgical management the way to go? A 10 year single center review *Domingas Atouguia, Carolina Soares-Aquino, Leonor Carmo, Miguel Campos, Mariana Borges-Dias* Centro Hospitalar Universitário São João, Porto, Portugal
PD - 12	Intraoperative and postoperative management of duodenal perforations in children: a descriptive case series. *Sara Mohammad Amin, Naima Zamir* national Institute of Child Health
PD - 13	Assessing the utility of routine preoperative complete blood count testing in children scheduled for surgical procedures in Pakistan: a quality improvement study *Zainab Haider [1], Muhammad Osama Khan [2], Humza Thobani [3], Javeria Javed [2], Rafia Durrani [2], Muhammad Aqil Soomro [2], Saqib Qazi 2, Faraz A . Khan [3], Saleem Islam [2]* [1] Medical College, Aga Khan University, Karachi, Pakistan [2] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan [3] Division of Pediatric Surgery, Department of Surgery, Stanford University, Palo Alto, California
PD - 14	The Difficult Decision in Testicular Torsion: Atrophy and Follow-up Insufficiency After Orchiectomy or Orchiopexy *İlayda Ser, Meltem Kaba, Mesut Demir, zeynab Mirhashimli, Nihat Sever, Abdullah Yıldız, Çetin Ali Karadağ* Health Sciences University, Şişli Hamidiye Etfal SUAM, Pediatric Surgery Departmant, Istanbul
PD - 15	Spontaneous pelvis rupture caused by Ureteral calculus in children: a case report and review of the literature
PD - 16	Bladder Exstrophy: The Role of Musculo-Aponeurotic Flaps in Preventing Abdominal and Bladder Wall Dehiscence *Hammou Benslimane, Fatema Hadjou Belaid* faculté de médecine d'Oran Algérie
PD - 17	Comparison of early versus late urinary bladder catheter removal on the outcomes of hypospadias surgery in a tertiary care hospital: A randomized controlled trial *Zuha Zafar, Batool Fatima, Zahra Auqil, Kashif Bashir* Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan
PD - 18	A ruptured umbilical hernia in an infant: a rare case report *Mohamed Helali [1], Maher yousef [2], Mohamed Ibrahim 3* [1] Dongola specialized hospital [2] King Salman Hospital [3] National Ribat University Hospital
PD - 19	Intra-testicular indocyanine green injection for lymphatic mapping during laparoscopic varicocelectomy in children: preliminary experience from a single center *António Moreira, Ana Magalhães, Rafael Bernardo, Elizabete Vieira* Hospital de Santa Maria, Lisbon
PD - 20	Is age at surgery an important determinant in post pyeloplasty anatomical and functional recovery? *Charulata Devidas Naik, Archana Puri* VMMC and Safdarjang Hospital, New Delhi

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PD - 21	Surgical site infections in pediatric appendectomies utilizing a pioneering institutional surveillance program *Esther Saguil, Ismael Ammad* Philippine General Hospital
PD - 22	Too late to catch it? Rethinking routine follow-up after pediatric circumcision *Ana Isabel Barros, Mário Rui Correia, Jorge Cagigal, Joana Sinde, Catarina Sousa-Lopes, Maria Luisa Gaspar, José Banquart-Leitão, Catarina Carvalho* Department of Pediatric Surgery of Unidade Local de Saúde de Santo António
PD - 23	Factors responsible for late presentation of boys with undescended testis Mridul Joshi, Suman Bikram Adhikari Kanti Children's Hospital, Maharajgunj, Kathmandu
PD - 24	Etiologies and clinical outcomes in pediatric acute pancreatitis *Fatma Thamri, Senda Houidi, Bochra Aziza, Yasmine Houas, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi* Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia
PD - 25	Diagnostic Sensitivity of Artificial Intelligence in Detecting Acute Surgical Abdomen on Paediatric Abdominal X-rays compared with Operative Findings *Abdul Mannan, Zahra Auqil, Batool Fatima, Zuha Zafar, Rehman Waheed, Muhammad Kashif Bashir* Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan
PD - 26	Our Approach to Patients Presenting with Button Battery and Sharp Object Ingestion *Atakan Uysal, Nazile Ertürk, Alev Süzen, Ahmet Dursun, Serra Sabuncu, Süleyman Cüneyt Karakuş* Department of Pediatric Surgery, Faculty of Medicine, Mugla Sıtkı Kocman University, Mugla, Turkey
PD - 27	SURGICAL TREATMENT OF STENOSIS OF THE PIELO-URETERAL JUNCTION: EXPERIENCE IN A REFERRAL TERTIARY-CARE HOSPITAL IN ECUADOR. *Jacqueline Olmedo [1], Pablo Guaman-Ludeña [2], Yolanda Galvez [2], Paul Astudillo-Neira [2]* [1] San Francisco de Quito, University [2] Carlos Andrade Marin Hospital, Department of Pediatric Surgery
PD - 28	A Comparative Study Between Two Techniques of Laparoscopic Orchiopexy for Intra-Abdominal Testis *Muhammad Azhar, Shazia Jalil, Parameaswari Parthasarathy Jaganathanb, Omar Abubakr Bajaber, Ghaida Abdullah Alabidia, mishraz Sheikh, saad Al Hamidi, Khalid Alfifi, Tarek Talaat Harb, Abdelbasit E.Ali, Fazal Nouman Wahid* king saud medical city
PD - 29	Controversies and Recent Advances in Management of Biliary Atresia: An Evidence-Based Approach *Muhammad Saleem* Akhtar Saeed Medical & Dental College, Lahore
PD - 30	Comparison of the effectiveness of crystallized phenol and liquid phenol in the treatment of pilonidal sinüs disease in children *Gülenay Korkmaz, Gökhan Berktuğ Bahadır, Sevim Ecem Ünlü Ballı, İlhami Sürer* Gulhane Training and Research Hospital, Department of Pediatric Surgery
PD - 31	Retrospective Analysis of Single-Stage Fowler-Stephens Orchiopexy: Outcomes and Complications *Shaheer Ashraf, Shabbir Hussain* Liaquat National Hospital
PD - 32	Robotic-assisted surgery for duplex kidney in children *Yury Kozlov [1], Alexander Rozansky [2], Eduard Sapukhin 3, Andrey Marchuk [3], Roman Teschuk [3]* [1] Irkutsk State Medical University, Department of Pediatric Surgery, Irkutsk [2] Irkutsl State Medical Academy of Postgraduate Education, Department of Pediatric Surgery, Irkutsk [3] Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk
PD - 33	Robotic-assisted surgery in the treatment of renal pathologies in children *Alexander Rozhansky [1], Yury Kozlov [2], Eduard Sapukhin [1], Andrey Marchuk [1], Roman Teschuk [1]* [1] Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk [2] Irkutsk State Medical University, Department of Pediatric Surgery, Irkutsk
PD - 34	Robot-assisted vesicoureteral reimplantation in children: initial experience in a public tertiary center in Ecuador *Giancarlo Sanchez-Salazar [1], Pablo Guaman-Ludeña [1], Paul Astudillo-Neira [2]* [1] San Francisco de Quito, University [2] Carlos Andrade Marin Hospital, Department of Pediatric Surgery
PD - 35	Minimally invasive management of congenital bladder diverticula: initial pediatric experience with laparoscopy *Boukhrissa Nouha, Sfar Sami, Toumi Afef, Messaoud Marwa, Mani Salma, Krichène Imed, Ksia Amine, Mekki Mongi, Belghith Mohssen, Sahnoun Lassaad* Department of Pediatric Surgery, Monastir University Hospital, Tunisia

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	Poster Displays - Kiosk 2
	Presentations
PD - 36	Oral lead exposure disrupt the cyto-architecture and mucus distribution of the stomach *Dare Olulana [1], G. Sanni 1, kelvin Egbuchulem [2]* [1] University of Ibadan [2] University College Hospital Ibadan
PD - 37	Laser coagulation in the treatment of venous malformation of the penis in children *Oksana Bychkova [1], Saidkhasan Bataev [2], Alina Roshchupkina [3], Ilya Zyabkin [4], Ali Ferzauli [5], Olga Shcherbakova [6], Elmira Alieva [7]* [1] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia [2] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center, Pirogov Russian National Research Medical University. Kh. Ibragimov Complex Institute of the Russian Academy of Sciences [3] Filatov Children Hospital, Moscow, Russia [4] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center [5] Kadyrov Chechen State University [6] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, [7] Federal Scientific and Clinical Center for Children and Adolescents of the FMBA of Russia, Burnazyan Scientific Research Center,
PD - 38	Surgical Evaluation Of Using The Inner Surface Of The Prepuce In Feminizing Genitoplasty In Cases Of Virilized Females With Congenital Adrenal Hyperplasia *Mahmoud Tarek, Hend Mehawed, Ahmed kadri, Khaled Bahaa Eldin* Cairo University Faculty of Medicine, Pediatric Surgical Division, Cairo University Specialized Pediatric Hospital, Egypt
PD - 39	Surgical evaluation of autologous platelets-rich fibrin membrane as a coverage layer in repair of urethro-cutaneous fistula after hypospadias surgeries: a randomized control trial. *Mahmoud Tarek, Alaa Aly, Ahmed kadri* Cairo University Faculty of Medicine, Pediatric Surgical Division, Cairo University Specialized Pediatric Hospital, Egypt
PD - 40	The impact of a surgical geolocation system on humanization and healthcare management *Julio César Moreno Alfonso [1], Esther Comajuncosas Pérez [2], Ada Molina Caballero [2], Belén Montoro Sánchez [3], Alberto Pérez Martínez [2]* [1] Hospital Universitario de Navarra. Department of Pediatric Surgery. Doctoral School. Universidad Pública de Navarra (UPNA). Pamplona; Spain [2] Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain [3] Hospital Universitario de Navarra. Children's operating room and outpatient surgery. Pamplona; Spain
PD - 41	Long-term Outcomes of Left Ventricular Assist Device (LVAD) in Children with Advanced Heart Failure: A Single-center Clinical Experience *Lijun Yang, Ru Lin, Qiang Shu* Children's Hospital, Zhejiang University School of Medicine
PD - 42	Usefulness of high-resolution ultrasonography in the evaluation of perianal abscess and prediction of recurrence *Hideaki Sato, Miri Tominaga, Sei Adachi, shouta kimura, Syunsuke Oosawa, Noriyoshi Nakayama, Ai Tayama, Yu Watarai* Showa medecal university school of medicine, Department of Surgery, Division of pediatric surgery
PD - 43	TRIM29 Facilitates Infantile Hemangioma Progression and Compromises Propranolol Efficacy via STAT3 Signaling *Heng Guo, Qiang Huang, Bin Yang* The Second Affiliated Hospital of Xi'an Jiaotong University
PD - 44	Role of oral gastrograffin in management of adhesive small bowel obstruction in pediatric population *Nabila* Talat, Ehtisham Azmat, Sajid Nayyar, Wajeeh Rehman, Aziz Ahmed Chattha University of child health sciences, The Childrens Hospital, Lahore
PD - 45	"Barriers and breakthroughs in the journey of female doctors pursuing pediatric Surgery in Bangladesh" *Fatema Sayeed [1], Nusrat Momen [2], Kaniz Hasina [3]* [1] Dhaka Medical College Hospital, Bangladesh, Deapartment of Pediatric Urology [2] Directorate General of Health Services, Bangladesh [3] Dhaka Medical College Hospital, Bangladesh, Department of Pediatric Surgical Oncology

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PD - 46	Can a black-bluish ovary recover in case of pediatric ovarian torsion? *Fatma Thamri, Senda Houidi, Arije Zouaoui, Hela Oueslati, Yosra Kerkeni, Sondes Sahli, Riadh Jouini, Said Jlidi* Department of Pediatric Surgery, Children's Hospital, Faculty of medicine of Tunis, Tunis El Manar University, Tunis, Tunisia
PD - 47	Retrospective review of paediatric surgery cancellations over a period of 6 months and impact on patient at Princess Marina Hospital *Malebo Ramatebele, Tariro Mubika, Dane Ramabu, Kagiso Wadikonyana, Nametso Siamisang, Phenyo Tshabang, Tumo Malobola, Kutlo Motlhobogwa* University of Botswana, Department of Surgery, Botswana
PD - 48	Navigating the Extremes: Outcomes of Total Intestinal Hirschsprung Disease and Short Bowel Syndrome in a Specialized Intestinal Rehabilitation Program
PD - 49	Permanent Stoma in Pediatric Hirschsprung's Disease: Clinical Predictors and Review of Institutional Experience *Avazjon Dekhkonboev [1], Viktoriya Kholostova [2], Makhmudjan Aliev [3], Akmal Akhmadjonov [1], Rustam Yuldashev [1], Abdulaziz Tadjibaev [1]* [1] Republican Specialized Scientific Practical Medical Center Of Pediatrics [2] Pirogov Russian National Research Medical University [3] Tashkent State Medical University
PD - 50	Long-Term Outcomes in Children Operated for Anorectal Malformations: Which factors influence the quality of life? *Malek Mezni [1], Yosra Ben Ahmed [1], Abir Jouini [1], Mariem Marzouki [1], Faouzi Nouira [1], Said Jlidi [2]* [1] Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia [2] Department of pediatric surgery B, children Hospital Bechir Hamza, Tunis, Tunisia
PD - 51	Pre-operative mechanical bowel preparation verses no-prep for pediatric patients undergoing elective colorectal surgery: a protocol to change? *Ubaidullah Khan [1], Sayed Salah Ud Din [2], Abdullah Farooq [2], Majid Khan [2], Abdul Hameed [2], İftikhar Ahmed [2]* [1] Lady reading hospital/Farooq hospital Islamabad [2] Lady Reading Hospital
PD - 52	The Role of Urinalysis in the Diagnosis of Appendicitis in Children: Evaluation of Leukocyturia and Other Parameters *Demet YETIMOGLU AYDOGAN, Serpil Sancar, Meryem Anayurt, Sabriye Dayı* Bursa City Hospital, Department of Pediatric Surgery PD - 53 Clinical characteristics and outcomes of pediatric patients with ovarian tumors in a pediatric surgical referral center Esther Saguil, Ronnellee Paclibar Philippine General Hospital
PD - 54	Procalcitonin and CRP as Predictive Biomarkers of Complicated Appendicitis in Children *Teuku Yusriadi [1], Verrell Christopher Amadeus [2], Akhmad Makhmudi [2], Rochadi 2, Gunadi [2]* [1] Pediatric Surgery Division, Dr. Zainoel Abidin Hospital, Banda Aceh 23126, Indonesia [2] Pediatric Surgery Division, Department of Surgery, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr.Sardjito Hospital, Yogyakarta 55281, Indonesia
PD - 55	Evaluation of hypertrophic scars after robotic-assisted laparoscopic surgery *Sevim Ecem Ünlü Ballı, Gökhan Berktuğ Bahadır, Gülenay Korkmaz, İbrahim Yıldırım, Hüseyin Emre Atasever, OZLEM EKICI CANPOLAT, Oğuz Mehmet Çevik, İlhami Sürer, Suzi Demirbağ* Department of Pediatric Surgery, Gulhane Research and Training Hospital
PD - 56	Laparoscopy in management of abdominal cystic lymphangiomas in children. *Olga Karaseva, Anna Timofeeva, Alexander Gorelik, Denis Golikov* Clinical and Research Institute of Emergency Pediatric Surgery and Trauma - Dr. Roshal's Clinic
PD - 57	Role of new serums biomarkers combination of diagnosis for acute appendicitis in childhood *Kaloyan Georgiev, Krasimira Kalinova* Faculty of Medicine, Trakian University, Bulgaria
PD - 58	Congenital volvulus and Ladd's syndrome in neonates and infants - Ten-year experience of our department *Eliska Pajerova, Dagmar Sovadinova, Vojtech Dotlacil, Jiri Snajdauf, Michal Rygl* Department of Pediatric Surgery, 2nd Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic

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PD - 59	Use of the Modified Ransley-Cantwell Technique in Epispadias Surgery in Children *Hammou Benslimane, Fatema Hadjou Belaid* faculté de médecine d'Oran Algérie
PD - 60	Predictive Failure Factors in Pediatric Vesicoureteral Reflux Treatment: An Analysis Of Endoscopic Injection And Ureteroneocystostomy *Tahsin Onat Kamçı [1], Serkan Arslan [2], Erol Basuguy [2], Mehmet Hanifi Okur [3], Bahattin Aydoğdu [3], Mustafa Azizoğlu [4], Murat Kemal Çiğdem [2], Abdurrahman Önen [2]* [1] Dicle Univ Dep Ped Surg, Diyarbakır, Turkey Bitlis Tatvan State Host , Bitlis, Turkey [2] Dicle University, Department of Pediatric Surgery, Diyarbakır, Turkey [3] Department of Pediatric Surgery, Faculty of Medicine Balıkesir University, Balıkesir, Turkey [4] Esenyurt Necmi Kadioglu State Hospital, Dep of Pediatric Surgery, Istinye University, Dep of Stem Cell and Tissue Engineering & 3D Bioprinting, Istanbul, Turkey
PD - 61	Non-neurogenic overactive bladder in children: what can we do if anticholinergic fails ? *Fatma Hadjou Belaid 1, Hammou Benslimane 1, Taher Guezzi 2, Faycel Hamidou 1, Hafida Haouari 1* [1] Etablissement hospitalier spécialisé en pédiatrie de Canastel - Oran Algérie [2] Centre hospitalo -universtaire de Belabess - Algérie
PD - 62	Laparoscopic Management of Hugely Dilated Malrotated Renal Pelvis in Cases of Pelvi-Ureteric Junction Obstruction: Case Series from a Tertiary Care Hospital of India *Rahul Goel, Pooja Prajapati, Vijai Datta Upadhyaya, Anju Verma* SGPGIMS, Lucknow India
PD - 63	Robotic-assisted treatment of simple renal cysts *Yury Kozlov [1], Alexander Rozansky [2], Eduard Sapukhin [3], Andrey Marchuk [3], Roman Marchuk [3]* [1] Irkutsk State Medical University, Department of Pediatric Surgery, Irkutsk [2] Irkutsk State Medical Academy of Postgraduate Education, Department of Pediatric Surgery, Irkutsk [3] Irkutsk State Regional Children's Hospital, Department of Pediatric Surgery, Irkutsk
PD - 64	The Use of the Inlay Technique in Hypospadias Surgery: For Which Patients? *Hammou Benslimane, Fatema Hadjou Belaid, Faycel Hamidou* faculté de médecine d'Oran Algérie
PD - 65	Clinical Evaluation of Ureterocutaneostomy as a Temporary Urinary Diversion in Infants with Complex Obstructive Uropathies *Tunç Tığlı, İdil Rana user kılıç, Burak Ardıçlı, İbrahim Karnak, Saniye Ekinci* Department of Pediatric Surgery, Faculty of Medicine, Hacettepe University, Ankara, Turkiye
PD - 66	Role of hyperosmolar contrast – A game changer in pediatric small bowel obstruction *Abirami Krithiga Jayakumar* RAINBOW CHILDRENS HOSPITAL, CHENNAI, INDIA
PD - 67	Short-term outcomes of Hirschsprung disease in an LMIC: a retrospective review *Rafay Salman [1], Varisha Madni [1], Javeria Javed [2], Muhammad Osama Khan [2], Muhammad Aqil Soomro [2], Saqib Qazi [2], Saleem Islam [2]* [1] Medical College, Aga Khan University, Karachi, Pakistan [2] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan
PD - 68	Correlation of clinical symptoms to positive rectal biopsies in Hirschsprung disease *Lisa Okbe, Till-Martin Theilen, Yannick Braun, Henning Fiegel, Udo Rolle* Department of Pediatric Surgery and Pediatric Urology, University Hospital Frankfurt, Goethe University Frankfurt, Frankfurt, Germany
PD - 69	Red Cross War Memorial Children's Hospital: A Leading Global Center for Pediatric Hepatobiliary Surgery Training and High-Volume Surgical Care *Omar Khamag, Thozama Siyotula* Division of Pediatric surgery, University of Cape Town (UCT); Red Cross War Memorial Children's hospital
PD - 70	"Are we toe-ing the line?" - outcomes of eight years of paediatric ingrown toenail surgery explored. *Shermeen More, Leel Nellihela, Manasvi Upadhyaya* Evelina London Children's Hospital, London, United Kingdom
PD - 71	Closed dome osteotomy technique for pediatric patients with cubitus varus *Xin Tang* Children's Hospital, Zhejiang University School of Medicine, National Clinical Research Center for Child Health, National Children's Regional Medical Center

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	Poster Displays - Kiosk 3
	Presentations
PD - 72	Correlation between Social Determinants of Health and Outcomes in Congenital Paediatric Surgery Esther Harlow Boardman, Juhi Agarwal, Farah Elmi, Ayesha Rahman King's College, London, UK
PD - 73	Rare Cases of Acute Abdomen in Childhood Hakan Aldemir 1, A Güneş Karakurt 2 1 Antalya Education and Research Hospital, Pediatric Surgery Department, Turkey 2 Afyonkarahisar State Hospital Pediatric Surgery Department, Turkey
PD - 74	Handheld vs. Desktop Ultrasound in Neonatal Venous Access: Early Comparative Data on First-Puncture Success and Outcomes Hany Embaby Ahmed Maher Teaching hospital GOTHI Ministry of Health Egypt
PD - 75	Optimizing resource utilization in low- and middle-income country NICUs: a clinical audit of surgical infection screening practices at a high-volume NICU in Pakistan *Humza Thobani [1], Rafia Durrani [2], Sulaiman Sajjad [3], Muhammad Osama Khan [2], Javeria Javed [2], Zahra Iftikhar [2], Muhammad Aqil Soomro [2], Saqib Qazi [2], Faraz A . Khan [1], Saleem Islam [2]* [1] Division of Pediatric Surgery, Department of Surgery, Stanford University, Palo Alto, California [2] Section of Pediatric Surgery, Department of Surgery, Aga Khan University, Karachi, Pakistan [3] Medical College, Aga Khan University, Karachi, Pakistan
PD - 76	EARLY RECOGNITION AND DIAGNOSIS OF THE OHVIRA SYNDROME – 25-YEARS CASE SERIES *Ana Ramirez Calazans, María Rosa Ibarra Rodriguez, Veronica Vargas Cruz, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
PD - 77	Evaluating Single Incision Laparoscopy-Assisted Extracorporeal Biopsy as an Alternative to Frozen Sections in the Management of Hirschsprung Disease *Eko Purnomo [1], Rezza Perdana [2], Yudi Pratama [3], Gita Gabriela [3], Shiefa Qisthi [3]* [1] Pediatric Surgery Division, Departement of Surgery, Faculty of Medicine, Public Health and Nursing/Academic Hospital, Universitas Gadjah Mada, Yogyakarta, Indonesia [2] Pediatric Surgery Division, Department of Surgery, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/Dr.Sardjito Hospital, Yogyakarta 55281, Indonesia [3] Pediatric Surgery Division, Department of Surgery, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada
PD - 78	Bacterial population and antibiotic resistance in peritoneal cultures of complicated pediatric appendicitis: retrospective study from a tertiary center *António Moreira, Ana Magalhães, Diogo Cardoso, Elizabete Vieira* Hospital de Santa Maria, Lisbon
PD - 79	TREATMENT OF EPITHELIAL COCCYGEAL PASSAGE IN CHILDREN *Igor Kirgizov [1], Sergey Minaev [2], Artem Efremenkov [1], Igor Gerasimenko 2, Aleksandar Zykin [1]* [1] Russian Medical Academy of Continuing Professional Education [2] Stavropol State Medical University
PD - 80	Preoperative Parental Anxiety in Pediatric Day Surgery *Sabri Cansaran, Deniz Kaan Balal, Fırat Caner Yalçın, Özlem Balcı, Serdar Moralıoğlu* University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center, Department of Pediatric Surgery, Istanbul
PD - 81	The Rare Entities of Genital Mass in Prepubertal Vaginal Bleeding, a case report of Benign Müllerian Papilloma. *Junwen Zhang, Liying Sun* National Clinical Research Center for Child Health, The Children's Hospital, Zhejiang University School of Medicine, Hangzhou, China.
PD - 82	Wound closure techniques: subcuticular vs. interrupted transdermal sutures in paediatric open appendectomy – a randomized control trial *Rehman Waheed, Batool Fatima, Zuha Zafar, Zahra Auqil, Kashif Bashir* Department of Pediatric Surgery, Mayo Hospital Lahore, Pakistan

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PD - 83	The Importance of Early Diagnosis and Surgery in Children with Hiatal Hernia *Gülbin Yazgan, Sabri Cansaran, Ayşenur Celayir* University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children Diseases Health Training and Research Center, Department of the Pediatric Surgery
PD - 84	Early Postoperative Oral Hydration in Pediatric Ambulatory Surgery: How Much and When? *Feyza Sever [1], Nazmiye Çelik [2], Kahir Güneş [3], Süleyman Arif Bostancı [4], Selman Kürşat Balcı [4], Emrah Şenel [4]* [1] Ankara Bilkent City Hospital Department of Anesthesiology, Ankara [2] Ankara Bilkent City Hospital, Department of Pediatric Surgery Intensive Care, Ankara [3] Polatlı Duatepe State Hospital, Department of Anesthesiology, Ankara [4] Ankara Bilkent City Hospital Department of Pediatric Surgery, Ankara
PD - 85	Spinal dysraphism in children: 3 years experience *AM Shahinoor* Bangabandhu Sheikh Mujib Medical University
PD - 86	EPSIT: A Current Approach to the Treatment of Pilonidal Sinus *Nassim Emaratpardaz, Fatih Akbıyık* Ankara Guven Hospital, Department of Pediatric Surgery
PD - 87	Bilateral synchronous neonatal testicular torsion: case series and literature review *Senda Houidi, Fatma Thamri, Abir Jouini, Melek Mezni, Yosra Kerkeni, Riadh Jouini* children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
PD - 88	Pearls & pitfalls: Primary Transanal Swenson-like pull-through for late diagnosed Hirschsprung disease *Ubaidullah Khan [1], Sayed Salah Ud Din [2], Abdullah Farooq [2], Majid Khan [2], Naseem Khan [2], Dima Batool [2], Abdul Hameed [2], Zahir Shah [2]* [1] Lady reading hospital/Farooq hospital Islamabad [2] lady reading hospital
PD - 89	Five-Years Bowel Management Experience in Pediatric Colorectal Patients with Fecal Incontinence *Aminah AH Al Nafesa* King Abdullah Specialized Children Hospital (KASCH)
PD - 90	Navigating the Storm: Parental Experiences and Needs in Pediatric Emergency Surgery – A Qualitative Descriptive Study. *Hui Lu Lok, Qian Wen Sng, Lydia Yi Xin Chia, Joanne Li Wee Liam, Caroline Choo Phaik Ong* KK Women's and Children's Hospital
PD - 91	Sirolimus Combined With Chemotherapy as a Third-line Regimen for Relapsed or Refractory Yolk Sac Tumours in Children *Yixiang Song* Shandong Cancer Hospital and Institute, Shandong First Medical University and Shandong Academy of Medical Sciences
PD - 92	From Diagnosis To Decision: The Critical Role of Imaging In Neonatal Bowel Obstruction *Senda Houidi, Fatma Thamri, Melek Mezni, Yasmine Karoui, Yosra Kerkeni, Riadh Jouini* Children Hospital Bechir Hamza, Pediatric Surgery Department A Tunis Tunisia
PD - 93	Sclerotherapy of Lymphatic Malformations. What's New? *Dinar Safin, Yurii Polyaev, Roman Garbuzov, Anton Narbutov, Andrei Mylnikov, Ivan Mylnikov* Russian Children's Clinical Hospital
PD - 94	Swenson-Like Pull-Through For Treatment of The Rare Association Between Hirschsprung's Disease And Anorectal Malformation *Mohamed Abdelmalak, Yasmine Ghazaly, Mosatafa Zain, Saber Waheeb* 1 Nile of Hope Hospital for Congenital Anomalies, Alexandria, Egypt
PD - 95	Long-Term and Short-Term Follow-Up After the Malone Procedure: Evaluation of Complications and Quality of Life Compared with a Bowel Management Program *Mehrdad Hosseinpour, Amir Farhang* Isfahan University of Medical Sciences,Departement of Pediatric Surgery,Isfahan, Iran
PD - 96	Repair of Urethrocoele or Megalo-Urethra Following Hypospadias Surgery By Plication Or Inversion- 30 Years Experience *Devesh Misra* The Royal London Hospital, Barts health NHS trust
PD - 97	Management of Dolichocolon In The Pediatric Age Group *Sevgi Ulusoy Tangül [1], Atilla Şenaylı [1], Rezzan Sayar [2], Kübra Taşdan [2]* [1] Kırklareli University, School of Medicine, Department of Pediatric Surgery [2] Bozok University,Health Practice and Research Hospital

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PD - 98	Sedation enhanced success and predictors of failure in hydrostatic reduction of intussusception: A single surgeon experience. *Abirami Krithiga Jayakumar* Rainbow Childrens Hospital, Chennai, India
PD - 99	The impact of the duration of symptoms of intussusception on the success of hydrostatic reduction *Mostafa Abdelatty [1], Mostafa Kotb [1], Ahmed Aboelela [1], Mostafa Zain [1], Mohamed Mansy [2]* [1] Pediatric Surgery Department, Alexandria University, Alexandria, Egypt [2] Lecturer of Pediatric Surgery, Port Said Faculty of Medicine, Port Said, Egypt
PD - 100	FLEXIBLE BRONCHOSCOPY IN CHILDREN WITH LOW SUSPICION OF FOREIGN BODY ASPIRATION *Kutay Bahadır 1, Denizcan İnal 1, Pari Khalilova 2, Ege Ekiyor 1, Mehmet Erdem Altınörgü 1, Ayşenur Çelik 1, Sümeyye Sözduyar 3, Fatmanur Duruk Erkent 4, Özlem Selvi Can 4, Ufuk Ateş 1, Gülnur Göllü 1, Meltem Bingöl-Koloğlu 1, Murat Çakmak 1, Ergun Ergün 1* [1] Ankara University Health Practice and Research Hospital, Department of Pediatric Surgery, Ankara [2] Eskisehir Osmangazi University, Faculty of Medicine, Department of Pediatric Surgery [3] Ege University Medical School, Department of Pediatric Surgery, Division of Pediatric Urology, İzmir, Turkey [4] Ankara University Health Practice and Research Hospital, Department of Anesthesiology and Reanimation
PD - 101	Outcome evaluation of early appendectomy in appendicular lump in children *Md Mahfuzul Haque [1], Md Abdus Sattar [2], A S M Rezbanul Haque 1, Bablu Kumar Saha [1]* [1] Rangpur Medical College Rangpur ,Bangladesh [2] Naogaon Medical College , Bangladeh
PD - 102	Defecation Habits in Children with Rectal Prolapse: a Retrospective Analysis *Mohadeseh Shad [1], Ali Samady Khanghah [2], Reza Shojaeian [1], Khashayar Atqiaee [1]* [1] Mashhad University of Medical Sciences [2] Ardabil University of Medical Sciences
PD - 103	Long-term outcomes of high ligation in adolescent indirect inguinal hernias *Selay Tay [1], Ali Ekber Hakalmaz [1], Ali Sezer [1], Beste Girgin [1], Ayşe Kalyoncu Uçar [2], Rahşan Özcan [1], Gonca Topuzlu Tekant [1]* [1] İstanbul University-Cerrahpasa Cerrahpasa Faculty of Medicine, Department of Pediatric Surgery [2] İstanbul University-Cerrahpasa, Cerrahpaşa Faculty of Medicine, Department of Radiology, Division of Pediatric Radiology
PD - 104	Urinary Incontinence in Children: Etiologies and Psychosocial Impact *Asma Marzouk [1], Rahma Thebti [1], Yosra Ben Ahmed [2], Leila Jallouli [1], Ahlem Kefi [1], Farida Friha [1]* [1] departement pediatrics Ben Arous Tunisia [2] Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia
	Poster Displays - Kiosk 4
	Presentations
PD - 105	A low coast Highly efficient muscle stimulator for Anorectal Malformation Repair *Mohammed Abdallah, Abdelbasit Ali, fazal nomaan, omar elsamahy* king saud medical city
PD - 106	Management of adnexal masses in children and adolescents: a retrospective analysis of a 25-year experience *Hayrünisa Kahraman Esen [1], Y Doruk Bilgili [2], B Haluk Güvenç [3]* [1] University of Health Sciences Faculty of Medicine, Fatih Sultan Mehmet Training and Research Hospital, Department of Pediatric Surgery, Istanbul, Türkiye [2] Bandirma Onyedi Eylul University, Faculty of Medicine, Department of Pediatric Surgery, Balıkesir, Türkiye [3] Istanbul Okan University, Faculty of Medicine, Department of Pediatric Surgery, Istanbul, Türkiye
PD - 107	MODIFIED APPROACH TO DIVIDED SIGMOID COLOSTOMY IN PATIENTS WITH ANORECTAL MALFORMATION: SINGLE CENTER EXPERIENCE *Ana Ramirez Calazans, Francisco Javier Murcia Pascual, Alberto Parente Hernandez, Rosa María Paredes Esteban* Hospital Universitario Reina Sofía- Córdoba- Spain
PD - 108	Frequency of enterostomy complications in pediatric Age - Single Centre Experience *Ivona Djordjevic, Ana Kostic, Nikola Vacic, Radomir Stankovic* Clinic for Pediatric surgery, Orthopedics and Traumatology, University Clinical center Niš, Serbia
PD - 109	Primary Tubercular abscess of thigh in children –case series of 11 patients *Vishal Michael, Megha Chaudhary, Dhruva Ghosh, William Bhatti* Christian Medical College and Hospital, Ludhiana, India
PD - 110	OUR INITIAL EXPERIENCE OF SINGLE STAGE REPAIR OF BLADDER EXSTROPHY BY MODIFIED CPRE IN NEONATES: CONTRADICTING THE CONTRARY. *Ameerjan Shaik [1], Santosh Baburao Kurbet [1], Prashanth P Gowda [2]* [1] KAHER's JN MEDICAL COLLEGE BELGAVI [2] *College of Medicine and Health Sciences, National University of Science and Technology, Al Tareef, Sohar, Muscat, Sultanate of Oman.

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PD - 111	Outcomes of Full-Thickness Skin Grafting in Surgical Reconstruction of Concealed Penis in Children Aged 7–14 Years" Mehrdad Hosseinpour, Davood Moznebi Isfahan University of Medical Sciences,Departement of Pediatric Surgery,Isfahan, Iran
PD - 112	CHALLENGES IN MANAGEMENT OF CAUDAL DUPLICATION SYNDROME *Shilpa Sharma [1], Manish Jain [2], Deepak Mittal [3], Praveen Mathur [4]* [1] All India Institute of Medical Sciences, New Delhi, India [2] SAACHI Children Hospital, Surat [3] Divydeep Children's Surgical Hospital, Hissar [4] Department of Pediatric Surgery, Sawai Man Singh Medical College, Jaipur, India.
PD - 113	Effectiveness of interventions to improve physical activity in children and adolescents with congenital heart disease: a systematic review *Jiajia Zhu, Mengyi Chen, Hongcheng Jin, Jiajia Li, Jihua Zhu* Children's Hospital ZheJiang Univisity School Of Medicine
PD - 114	Behavioral Approach of the Parents and Surgeons in Nuck Canal Cysts: 15 Years of Experience *Gülbin Yazgan, Olga Devrim Ayvaz, Ayşenur Celayir, Sabri Cansaran* University of Health Sciences, Turkey. İstanbul Zeynep Kamil Maternity and Children Diseases Health Training and Research Center, Department of Pediatric Surgery,
PD - 115	Complications of Central Lines in Non-ICU Neonates *Asma Marzouk [1], Rahma Thebti [1], Yosra Ben Ahmed [2], Leila Jallouli [1], Farida Friha [1], Ahlem Kefi [1]* [1] Departement Pediatrics Ben Arous Tunisia [2] Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia
PD - 116	Evaluation of postoperative pain in pediatric inguinal hernia patients using the FLACC scale *Miri Tominaga, Hideaki Sato, Yu Watarai, Noriyoshi Nakayama, Ai Tayama, Shunsuke Osawa, Shota Kimura, Sei Adachi* Showa medecal university school of medicine, Department of Surgery, Division of pediatric surgery
PD - 117	Cystic lymphangioma in the pediatric population: experience and outcomes from a surgical unit *Senda Houidi, Fatma Thamri, Skander Smaoui, Nour El Houda Ben Alaya, Yosra Kerkeni, Riadh Jouini* children hospital Bechir Hamza, Pediatric surgery department A Tunis Tunisia
PD - 118	Functional Bladder Dysfunction in children: About a Tunisian Population *Nahla Kechiche [1], Soumaya Boudokhane [2], Marwa Cherif [2], Houda Migaou [2], Zohra Ben Salah Frih [2], Lassaad Sahnoun [1]* [1] Department of Pediatric Surgery, Monastir University Hospital, Tunisia [2] Department of Physical Medicine & Rehabilitation, University Hospital of Monastir
PD - 119	Improving hypospadias surgical outcomes through protocol Implementation: a retrospective cohort study at a rural teaching hospital in Kenya *Mehret Enaro, Ken Muma* AIC KIJABE HOSPITAL
PD - 120	ROLE OF CONCURRENT SERIAL ULTRASONOGRAPHY AND DYNAMIC RENAL SCINTIGRAPHY IN DIAGNOSING URINARY OBSTRUCTION IN CHILDREN *Zeynep Merve Gökbuget [1], Vefa Salt [2], Ayşe Kalyoncu Uçar [3], Nur Canpolat [4], Haluk Burçak Sayman [5], Mehmet Eliçevik [6], Yunus Söylet [6], Haluk Emir [6]* [1] Department of Pediatric Surgery, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa [2] Department of Radiology, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa [3] Division of Pediatric Radiology, Department of Radiology, Cerrahpaşa Faculty of Medicine, İstanbul University-Cerrahpaşa [4] Division of Pediatric Nephrology, Department of Pediatrics, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa [5] Department of Nuclear Medicine, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa [6] Division of Pediatric Urology, Department of Pediatric Surgery, Cerrahpasa Faculty of Medicine, Istanbul University-Cerrahpasa
PD - 121	Timely assessment and action for surgical management was associated with less bowel loss in infants with NEC *Menglei Wang, Chunbao Guo* Chongqing Health Center for Women and Children
PD - 122	Malrotation, A Rare Cause Of Acute Abdomen: A Retrospective Analysis *Metin Gündüz [1], Samet Ünal [1], Mehmet Sarıkaya [1], Fatma Özcan Sıkı [1], Saime Sündüs Uygun [2], Tamer Sekmenli [1], İlhan Çiftçi [1]* [1] Selcuk University Faculty of Medicine, Department of Pediatric Surgery [2] Selcuk University Medical Faculty Department of Neonatology

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PD - 123	From diagnosis to outcome: managing meconium ileus in cystic fibrosis – A three-patient report *Arije Zouaoui, Fatma Thamri, wiem Hamouda, Yosra Kerkeni, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 124	Emergency laparoscopic surgery in children: a single-center experience *Jamshid Shamsiyev, Zafar Makhmudov, Djamshed Atakulov, Tursun Khudoykulov, Rustam Shamsiev* Samarkand State Medical University Pediatric Surgery Hospital
PD - 125	Effect of adhesive strapping in the management of congenital umbilical hernia in Bangladesh: A prospective comparative study *Ferdausi Akter, Kazi Md Noor-ul Ferdous, Md Aminur Rashid* Bangladesh Shishu Hospital and Institute
PD - 126	Anderson-Hynes Pyeloplasty for pelvi-ureteric junction obstruction in infant in resource limited lower-middle income country. *Suman Bikram Adhikari [1], Surendra Bikram Adhikari [2], Bal Mukunda Basnet [1]* [1] Kanti Children's Hospital, Maharajgunj, Kathmandu [2] Grande International Hospital, Kathmandu
PD - 127	Omental cyst- clinical experience in tertiary care hospital. *Vijai Datta Upadhyaya, Pooja Prajapati, Kaushal Kulkarni* SGPGIMS, Lucknow India
PD - 128	Management of Renal Trauma In Children: A 13-Year Retrospective Study In a Tunisian Pediatric Surgery Department *Syrine Laribi 1, Myriam Ben Fredj [1], Samia Belhssan [1], Sabrine Ben Youssef [1], Sawsen Chakroun 2, Maha Ben Mansour 2, Amine Ksia 1, Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital.
PD - 129	Management of Pediatric Superficial Partial-Thickness Burns with Polyhexamethylene Biguanide: Outcomes and Influencing Factors *Reka Hantos 1, Gergo Jozsa 1, Eniko Molnar 1, Anna Lamberti 1, Krisztina Tiborcz 2, Tamas Kovacs 2, Aba Lorincz 3* [1] Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary [2] Pediatric Surgery Unit, Szent-Györgyi Albert Pediatric Clinic and Children's Health Center, University of Szeged [3] University of Pecs
PD - 130	Herpetic Infections in Pediatric Burn Patients: A Retrospective Analysis from a Tertiary Children Burn Center *Daria Oborkina 1, Ludmila Budkevich 1, Mariia Kozmova 2, Ghena Abou Eljadayel 3* [1] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University [2] First Moscow State Medical University named after I.M. Sechenov (Sechenov University) [3] Patrice Lumumba Peoples' Friendship University of Russia (RUDN University), Department of Pediatric Surgery, Moscow, Russian Federation
PD - 131	Pediatric Pancreatic Trauma: A Case Series Highlighting Diagnostic Challenges and the Role of Minimally Invasive Management *Arije Zouaoui, Ameni Missaoui, Yasmine Houas, Yosra Kerkeni, Riadh Jouini, Said Jlidi* Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 132	Esophageal Replacement in Children: Controversies, Tips, and Technical Pearls from Experience *Muhammad Saleem* Akhtar Saeed Medical & Dental College, Lahore
PD - 133	Laparoscopic pyeloplasty versus open pyeloplasty for ureteropelvic junction obstruction in children *A P, Julian U* Hospital Infantil Rafael Henao Toro Manizales Caldas
PD - 134	Acute use of testicular ultrasound via SAU for testicular pain >24 hours *Umar Daniyal, Jacob Peace, Vikash Patel* London North West University Healthcare
PD - 135	Management of urodynamic outcomes and pelviperineal disorders in children with high anorectal malformation *Senda Houidi, Fatma Thamri, Hela Oueslati, Yasmine Karoui, Yosra Kerkeni, Riadh Jouini* Children Hospital Bechir Hamza, Pediatric Surgery Department A Tunis Tunisia
PD - 136	Assessment of testicular volume at age of presentation in patients with unilateral undescended testes as seen at Kenyatta National Hospital. *Said Osawa, Said Sh Mohamed* Department of Surgery, The University of Nairobi

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PD - 137	Reconstruction of Extensive Tissue Defect Due to Purpura Fulminans *Melis Cevhertaş [1], Hatice Donbaloğlu [1], Ülgen Çeltik [1], Kübra Cebeci [2], Pınar Yazıcı Özkaya [2], Bülent Karapınar [2], Mustafa Orkan Ergün [1]* [1] Ege University Faculty of Medicine Department of Pediatric Surgery [2] Ege University Faculty of Medicine Department of Pediatric Intensive Care
PD - 138	THE CORRELATION OF HISTOPATHOLOGICAL GRADE BASED ON THE TEITELBAUM CLASSIFICATION WITH THE SEVERITY OF ENTEROCOLITIS IN PATIENTS WITH HIRSCHSPRUNG DISEASE *Emiliana Lia, Trifosa Stella Chowindra, Rizki Diposarosa* Department of Pediatric Surgery, Faculty of Medicine, Padjadjaran University
PD - 139	Dopamine D2 Receptor Modulating mPFC-BLA Circuitry Contributes to Chronic Sleep Deprivation-Induced Memory Impairment in Mice *Jiaxuan Yang [1], Xiaodong Liu [2], Yaoqin Hu [1], Jinpiao Zhu [1], Daqing Ma [1]* [1] Department of Anesthesiology, National Clinical Research Center for Child Health, The Children's Hospital, Zhejiang University School of Medicine, Hangzhou, China, [2] Department of Anaesthesia and Intensive Care, The Chinese University of Hong Kong
	Poster Displays - Kiosk 5
	Presentations
PD - 140	Etiological Spectrum and Outcome of Intestinal Obstruction of Neonate *AM Shahinoor* Bangabandhu Sheikh Mujib Medical University
PD - 141	A Preventable Late Complication of Circumcision and Penile Surgery: Penile Skin Bridges *Sabri Cansaran, Serdar Moralıoğlu* University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center, Department of Pediatric Surgery, Istanbul
PD - 142	Staged surgical treatment for cubitus valgus after non-union of lateral condylar humerus fracture in older children *Liu Xin* Sichuan province Orthopaedic Hospital,China
PD - 143	Short-term effect of surgical treatment of femoral neck fracture with OI in adolescents and adults *Yangyang Yao, Yanzhou Wang, Tianyou Li, Jiaqi Wang* Shandong Provincial Hospital, Jinan, Shandong, China
PD - 144	Pediatric opponensplasty – two methods- and their results. *Gergo Jozsa [1], Tamas Kassai [2]* [1] Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary [2] (2) Department of Pediatric Traumatology, Dr. Manninger Jenő National Traumatology Center, Budapest
PD - 145	Rectourethral Anorectal Malformations: The Difficult Surgical Journey in a Resource-Limited Setting in Nepal *Suman Bikram Adhikari, Bal Mukunda Basnet* Kanti Children's Hospital, Maharajgunj, Kathmandu
PD - 146	Minimally invasive elective surgery in pediatrics *Jamshid Shamsiyev, Ilkhom Tagaev, Shukhrat Yusupov, Rustam Shamsiev, Saodat Igamova* Samarkand State Medical University Pediatric Surgery Hospital
PD - 147	Talocalcaneal coalition resection *Andrey Sapogovskiy* H.Turner National Medical Research Center for Children's Orthopedics and Trauma Surgery
PD - 148	What if the situation gets out of control? An application of known and innovative methods of wound treatment *Marta Januszaniec Włodarska, Roksana Barglik, Aleksandra Jasińska* Uniwerysteckie Centrum Kliniczne WUM, Warsaw, Poland
PD - 149	Considerations and Challenges of Resorbable Intramedullary Nailing in Pediatric Forearm Fractures *Gergo Jozsa 1, Zoltan Toth 1, Tibor Molnar 1, Anna Lamberti 1, David Adam 1, Eszter Antal 1, Hermann Nudelman 1, Aba Lorincz 2, Marcell Varga 3, Tamas Kassai 3* 1 Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary 2 Department of Paediatrics, Pulmonology Unit, University of Pécs Medical School, Pécs, Hungary 3 Department of Pediatric Traumatology, Péterfy Hospital, Manninger Jenő National Trauma Center
PD - 150	MANAGEMENT OF ABDOMINAL ORGANS' TRAUMA IN PEDIATRIC PATIENTS: APPROACH TO INJURY AND BLEEDING *Dimitar Dachev, Keti Tokmakova, Penka Stefanova* Medical University of Plovdiv Bulgaria

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PD - 151	Reoperative surgery verses conservative care after initial primary reconstruction failure in Anorectal malformation patients; diversion verses primary repair *Ubaidullah Khan [1], Sayed Salah Ud Din [2], Abdullah Farooq [2], Abdul Hameed [2], Majid Khan [2], Huma Sardar [3], İftikhar Ahmed [2], Sadam Khan [2], Asım Khan [2]* [1] Lady reading hospital/Farooq hospital Islamabad [2] lady reading hospital [3] Farooq Hospital Islamabad
PD - 152	Mid-term outcomes of mechanical pulmonary valve replacement in patients with congenital heart malformations *Runzhang Liang [1], Jiaxiong Wu [1], Jing Ling [2], Zirui Peng [2], Canxin Wang [1], Naijimuding Abudurexiti [2], Haiyun Yuan [2], Shusheng Wen [2]* [1] Department of Cardiovascular Surgery, Guangdong Provincial People's Hospital (Guangdong Academy of Medical Sciences), Southern Medical University, Guangzhou, China [2] Department of Cardiovascular Surgery, Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Guangzhou, China
PD - 153	Artificial Intelligence and Pediatric Surgery: A Way Forward *Muhammad Saleem* Akhtar Saeed Medical & Dental College, Lahore
PD - 154	Pediatric Fractures Treated by Resorbable Implants *Gergo Jozsa, Tibor Molnar, Eniko Molnar, Anna Lamberti, Zoltan Toth* *Department of Paediatrics, Division of Paediatric Surgery, University of Pécs Medical School, Pécs, Hungary*
PD - 155	Laparoscopic-Assisted Modified Soave Procedure with Enhanced Recovery After Surgery (ERAS) in Hirschsprung's Disease: Efficacy Analysis in Infants(within 6 months of age) *Song Tian, Shangjie Xiao* Department of Neonatal Surgery, Guangdong Women and Children Hospital, Guangzhou, China
PD - 156	Bilateral Pudental Artery Embolization in Gross Hematuria *Beyzanur Can [1], Çiğdem Nur Şahin [1], Gül Şalcı [1], Hatice Sonay Yalçın Cömert [1], Şükrü Oğuz [2]* [1] Karadeniz Technical University Faculty of Medicine Department of Pediatric Surgery [2] Karadeniz Technical University Faculty of Medicine, Department of Radiology
PD - 157	Giant omphalocele: first use of absorbable biosynthetic meshes (polyglycolic acid: trimethylene carbonate) in the absence of fascial closure feasibility *Lucas Moratilla-Lapeña, Jose Luis Encinas, María del Carmen Sarmiento, Miriam Miguel-Ferrero, Mercedes Diaz, Juan Carlos Lopez Gutierrez, M. Mar Rodrigo Hierro, Ester Sánchez Muñoz, Francisco Hernandez-Oliveros* Hospital Universitario La Paz
PD - 158	Robot-Assisted Laparoscopic Bladder Diverticulum Excision and Ureteral Reimplantation: Three Case Reports *Ahmet Enes Kartal [1], Abdurrahman Urve Uzun [1], Mehmet Bahadır Çalışkan [1], Sevim Ecem Ünlü Ballı [1], Gökhan Berktuğ Bahadır [1], Bilge Gördü 1, Fatma Bilgecan Şimşek [1], Ömer Barış Yücel [2], İlhami Sürer 1, Suzi Demirbağ [1]* [1] Gulhane Training and Research Hospital, Department of Pediatric Surgery [2] Gulhane Training and Research Hospital, Department of Pediatric Urology
PD - 159	Dual-Shunt Approach for Paediatric Extrahepatic Portal Vein Thrombosis: A Novel Technique for Comprehensive Variceal Decompression *Omar Khamag, Thozama Siyotula* Division of Pediatric surgery, University of Cape Town (UCT); Red Cross War Memorial Children's hospital
PD - 160	An Innovative Infant-Specific Protocol for Giant Nevus Excision: Staged Surgery with Progressive Tension-Relief Sutures *Faliang Wang, Ming Yang* *Children's Hospital Zhejiang University School of Medicine, Hangzhou, China*
PD - 161	Management of a complex abdominal wall malformation in a newborn: a rare case report *Syrine Laribi [1], Myriam Ben Fredj [1], Samia Belhssan [1], Afef Toumi [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
PD - 162	Ileocolic atresia with appendicular duplication, a case report *Dimelsa Luciana Porras Serna, Lorena Rojas Gonzalez, Pierina Rodriguez Gambetta* Sergio E. Bernales hospital
PD - 163	Colonoscopic reduction for intussusception in children: an alternative to surgery after failed enema *Seo-Hee Kim 1, JuYeon Lee 2* [1] Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, Chonnam National University Hospital [2] Department of Pediatric Surgery, Chonnam National University Hospital

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PD - 164	Magnetic Compression Anastomosis in a Toddler with Postoperative Biliary Stricture Following Choledochal Cyst Resection: A Case Report *Kübra Öztürk Yüzdemir [1], Emre Ünal [2], Tutku Soyer [1], Özlem Boybeyi [1]* [1] Hacettepe University, Faculty of Medicine, Department of Pediatric Surgery, Ankara [2] Hacettepe University Medical Faculty Department of Radiology
PD - 165	A rare biliary tree anomaly coinciding with type I choledochal cyst in a pediatric patient: a case report *Polychase Magaoay, Maria Consuela Imelda Lopez-Apeles, Raymond Joseph De Vera* Rizal Medical Center, Pasig City, Philippines
PD - 166	Unusual presentation of pleuropulmonary blastoma: the importance of differential diagnosis and the role of DICER-1 mutation *Perla Bonifazi [1], Anna Morandi [1], Martina Ichino [1], Antonio Di Cesare [1], Giulia del Re [1], Francesco Macchini [2], Ernesto Leva [1]* [1] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy [2] Department of Paediatric Surgery, ASST Grande Hospital Metropolitano Niguarda, Milan
PD - 167	Pelvic lymph node dissection via a totally extraperitoneal approach for rhabdomyosarcoma : a case series *Ge junjie* Shandong Cancer Hospital and Institute, Shandong First Medical University and Shandong Academy of Medical Sciences
PD - 168	Intestinal Prolapse through a Patent Omphalomesenteric Duct Associated with Omphalocele *Gülbin Yazgan, Sabri Cansaran, Ayşenur Celayir* University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children's Diseases Health Training and Research Center, Department of Pediatric Surgery, Istanbul
PD - 169	Mayer-Rokitansky-Küster-Hauser Syndrome Complicated by Hematometra and Hematosalpinx Treated with Laparoscopic Uterine Drain Placement: A Case Report *Uma Mahajan, Marla Sacks, Carlos Reck, Varag Abed, Harry Zinn, Francisca Velcek* SUNY Downstate Health Sciences University
PD - 170	A rare cause of gastrointestinal bleeding in a preterm neonate: diagnostic and therapeutic challenges Maria Manousi, Maria Yvelise De Verney, Panayiota Kafritsa, Maria Klavdianou, Christos Salakos IASO Children's Hospital, Athens, Greece
PD - 171	Is hepatic lobe torsion possible? *Miriam N. Maestre-Martinez, Maria Lopez-Canelada, Irene Diez-Bartolomé, César Oterino, Ane Andres, Alba Sanchez-Galan, Francisco Hernandez-Oliveros* Hospital Universitario La Paz
PD - 172	Surgical planning with 3D models for slide tracheoplasty and tracheal translocation: a case report *Diana Romero, Carolina Zuluaga, Martha Velazco, Laura Suárez, Federico Núñez, Miguel Sánchez, Otto González, Maria Eugenia Gamma, Paul Yuseph Benavides, Emily Angélica Villanueva* *Clínica Shaio*
PD - 173	How to reduce late referral of HALSAN (Hidden And Life threatening Surgical Anomalies in Neonates) *Umar Farooq Ahmad* Nishtar Medical University Multan Pakistan
PD - 174	Duodenal intestine rupture, mesenteric artery injury and traumatic thrombosis of the renal artery. A case report of challenging and high-risk nature of abdominal trauma in pediatric patient. *Sabina Anderson, Agne Mikneviciute, Dalius Malcius* Lithuanian University of Health Sciences, Kaunas clinics
PD - 175	Laparoscopic-Assisted Anorectoplasty and Vaginal Reconstruction for Rectovestibular Fistula with Mayer-Rokitansky-Kuster-Hauser syndrome *Ruijie Zhou [1], Zhen Zhang [1], Ya Ma [2], Qi Li [1]* [1] Department of General Surgery, Capital Center for Children's Health, Capital Medical University, Beijing, China [2] Department of Ultrasound, Capital Center for Children's Health, Capital Medical University, Beijing, China

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	Poster Displays - Kiosk 6
	Presentations
PD - 176	Hepatopulmonary Fusion in Right Congenital Diaphragmatic Hernia: Can Conservative Approach Win? *Silviana Ribeiro [1], Joana Brandão [1], Inês Teixeira [2], José Miguel Campos [1], Leonor Carmo [1]* [1] Department of Pediatric Surgery, Centro Hospitalar Universitário de São João, Porto, Portugal [2] Unidade Local de Saúde de Gaia e Espinho
PD - 177	Treatment of Kaposiform Lymphangiomatosis in a Child Harboring NRAS Q61R Mutation Using Combined Targeted Therapy: A Case Report and Literature Review *Jiajun Xu, Yue Gao, Yunxiang Qiu, Jiajie Fan, Qiang Shu, Zheng Tan, Shanshan Shi* Children's Hospital Zhejiang University of Medicine
PD - 178	Extended cricotracheal resection as treatment for a patient with laryngotracheal cleft, congenital tracheoesophageal fistula, and severe subglottic stenosis: a case report *Diana Romero, Andrea Soler, Carolina Zuluaga, Sergio Romero, Adriana Castrillón, Felipe Romero, Jorge Beltrán, John Páez, Manuel Pacheco* Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia
PD - 179	Bilateral Chondromesenchymal Hamartoma of the Chest Wall in Children: A Case Report and Surgical Strategy *Oleg Pikin [1], Dmitry Morozov [2], Oleg Topilin [3], Maxim Airapetyan [4], Olga Sukhodolskaya [5]* [1] Herzen Research Institute of Oncology – Branch of the National Medical Research Radiological Centre [2] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University [3] Morozov Children's City Clinical Hospital
PD - 180	Laser Coagulation of an Accessory Bronchus in a 5-Year-Old Girl: A Rare Case Report *Girts Aleksejevs [1], Kristina Karganova [1], Viktorija Arnite [1], Zane Abola [2]* [1] Childrens Clinical University Hosptal, Riga, Latvia [2] Childrens Clinical University Hosptal, Riga, Latvia; Riga Stradiņš University, Riga, Latvia
PD - 181	Hepatopulmonary Fusion in Right Diaphragmatic Hernia: Surgical Experience and Outcomes in a Resource-Limited Setting -A Case Series *Zeinab Badri Faris, Musab Mohammed, Esam Taha, Abdelrahman Elnour* Sudan Medical Specialization Board
PD - 182	CLOSING/CLOSED GASTROSCHISIS: THE CHOICE OF SURGICAL TACTICS IN CONDITIONS OF UNIQUE ANATOMY. A SERIES OF CLINICAL CASES. *Dmitrii Morozov, Nadezhda Erokhina, Vasiliy Shumikhin, Olga Mokrushina* Filatov Children Hospital, Moscow, Russia
PD - 183	Management of Focal and Diffuse Forms of Congenital Hyperinsulinemic Hypoglycemia: Two Case Reports *İlayda Ser, Meltem Kaba, Mesut Demir, Nihat Sever, zeynab Mirhashimli, Abdullah Yıldız, Çetin Ali Karadağ* Health Sciences University, Şişli Hamidiye Etfal SUAM, Pediatric Surgery Departmant, Istanbul
PD - 184	Bronchial Artery Embolization in Massive Hemoptysis *Beyzanur Can [1], Çiğdem Nur Şahin [1], Gül Şalcı [1], Hatice Sonay Yalçın Cömert [1], Şükrü Oğuz [2]* [1] Karadeniz Technical University Faculty of Medicine Department of Pediatric Surgery [2] Karadeniz Technical University Faculty of Medicine, Department of Radiology
PD - 185	Aspiration of Hordeum Murinum: An Extremely Rare Case Report *Gökhan Arkan, Gonca Güney Keçeli, Cem Kaya, Özlem Nur Yıldırım, Ramazan Karabulut, Zafer Türkyılmaz, Kaan Sönmez* Department of Pediatric Surgery, Gazi University School of Medicine, Ankara, Turkey
PD - 186	RARE VARIANTS OF URETHRAL DUPLICATION IN BOYS: CLINICAL CASES *Darya Tarasova [1], Dmitriy Morozov [2], Anna Chubykina [1], Eduard Ayryan [1], Maxim Ayrapetyan [3], Nikolay Khvatynets 4, Olga Sukhodolskaya [1]* [1] First Moscow State Medical University named after I.M. Sechenov (Sechenov University) [2] Veltischev Research and Clinical Institute for Pediatrics and Pediatric Surgery of the Pirogov Russian National Research Medical University [3] Moscow Multidisciplinary Clinical Center [4] Children's City Clinical Hospital No. 9 named after G.N. Speransky

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PD - 187	Laparoscopic Extravesical Management of Single-System Ectopic Ureters in Children: A Case Series of Four Patients *Sarra Chennouf, Aida el Gouacem, Hichem Choutri, Amina Bensebti, Zoubir Atrih* Boubnider University constantine3, Faculty of medecine, Department of pediatric surgery SMK Constantine
PD - 188	"Laparoscopic Repair of Vesicovaginal Fistula in a child: A Rare Pediatric Case and Surgical Challenge" *Sarra Chennouf, Aida el Gouacem, Hichem Choutri, Amina Bensebti, Zoubir Atrih* Boubnider University constantine3, Faculty of medecine, Department of pediatric surgery SMK Constantine
PD - 189	Case of the missing liver *Sello Machaea, Milind Chitnis* Walter Sisulu University
PD - 190	Congenital bronchobiliary fistula in an infant: first reported case in Sudan *Mohamed Helali [1], Isam Taha [1], Maher yousef [2]* [1] National Ribat University Hospital [2] King Salman Hospital, Ministry of Health, Riyadh, Saudi Arabia.
PD - 191	Gastric pneumatosis: an unusual complication of noninvasive ventilation *Nedra Zouabi [1], Sabrine Ben Youssef [1], Syrine Laribi 1, Marwa Messaoud [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
PD - 192	Surgical management of complex pediatric hernias: when to consider mesh reinforcement? *Arije Zouaoui, Fatma Thamri, Yasmine Karoui, Yosra Kerkeni, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 193	Pelvic Cyst or Mullerian Anomaly? A Challenging Diagnosis in the Prepubertal Period *Emine Burcu Çığşar Kuzu [1], Dilnur Sevinç [2], Bade Toker Kurtmen [1]* [1] Department of Pediatric Surgery, İzmir Katip Çelebi University School of Medicine, İzmir, Turkey [2] Izmir City Hospital Pediatric Surgery Clinic
PD - 194	Non-ischemic priapism in pediatrics: A rare case managed with selective embolization *Arije Zouaoui, Oussema Meherzi, Yosra Kerkeni, Mariem Boukettaya, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 195	A colorectal enigma: rare combination of anal stenosis, Hirschsprung disease and presacral tailgut cyst *Thozama Siyotula [1], Francesca Maestri [1], Martina Ichino [2], Marion Arnold [1]* [1] Division of Pediatric surgery, University of Cape Town (UCT); Red Cross War Memorial Children's hospital [2] Department of pediatric surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy
PD - 196	RISK FACTORS OF CAUSTIC AGENT INGESTION IN CHILDREN REFERRED TO MOFID CHILDREN'S HOSPITAL IN TEHRAN *Ahmad Khaleghnejad Tabari [1], Amirhossein Hosseini [1], Nasibeh Khaleghnejad Tabari [2], Roseminasadat Moulaei [3], Mehdi Sarrafi [1], Gholamreza Ebrahimi [1], Aramesh Abbasian [1]* [1] Iran [2] Isle of Man [3] imperial college healthcare NHS trust
PD - 197	The enigma of pediatric distal esophageal perforations: A case series *Charulata Devidas Naik, Archana Puri* VMMC and Safdarjang Hospital, New Delhi
PD - 198	Nine Months with a Pin: Thoracotomy After Repeated Bronchoscopic Failures in a 16-Year-Old with Hijab Syndrome - A Case Report *Bahaa Bou Dargham [1], Saad Eddine El Hariri [1], Tarek Omais [1], Dima Moukhadder [2]* [1] Faculty of Medicine, Beirut Arab University, Beirut , Lebanon [2] Hammoud Hospital University Medical Center (HHUMC), Saida, Lebanon
PD - 199	Postoperative Intestinal Obstruction Due to Morgagni Hernia in a Known Case of Anorectal Malformation in a Down's Syndrome Infant: A Rare Presentation *DR. MARIA SARFRAZ, DR. SHAHEER ABDULLAH, DR. SHABBIR HUSSAIN* Liaquat National Hospital
PD - 200	The Diagnostic Detour: Bladder Diverticulum masquerading as Pelvic Inflammatory Disease (PID) in an adolescent Girl- A Case Report and Literature review *Liying Sun, Leek Mei Lim* Children's Hospital Zhejiang University School of Medicine, Hangzhou, China

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PD - 201	Multidisciplinary management of extensive flame burns in a pediatric patient: a case report *Mohit Kakar [1], Liena Gasina [2], Timurs Zurmatai [1], Aleksandrs Mikitins 3, Arturs Viksne [3], Dzintars Ozols [1], Aigars Petersons [2]* [1] Rigas Stradins University & Children's Clinical University Hospital, Department of Pediatric Surgery [2] Rigas Stradins University [3] Children's Clinical University Hospital, Riga, Latvia
PD - 202	Late-Onset Isolated Scrotal Cyst and Testicular Germ Cell Aplasia Following Orchiopexy: A Case Report *Metin Gündüz [1], Fatma Betül Yiğit [1], murat çelik [2], Fatma Özcan Sıkı 1, Mehmet Sarıkaya [1], Tamer Sekmenli [1], İlhan Çiftçi [1]* [1] Department of Pediatric Surgery, Selçuk University School of Medicine, Konya, Turkey [2] Selcuk University Faculty of Medicine Department of Pathology
PD - 203	A case of type 2A-Y urethral duplication mimicking perianal fistula *Özkan Herek, Nergül Çördük* Pamukkale University Faculty of Medicine Department of Pediatric Surgery, Denizli
PD - 204	A new surgical technique: ureterocystoplasty with a vascular pedicled ureteral segment in a single system megaureter *Özkan Herek, Nergül Çördük* Pamukkale University Faculty of Medicine Department of Pediatric Surgery, Denizli
PD - 205	Pediatric pseudo-meigs' syndrome secondary to a sertoli-leydig cell tumor with elevated cancer antigen 125 and alpha-fetoprotein: a case report *Varag Abed [1], Marla Sacks [1], Carlos Reck [1], Anna Kamenieva [2], Yaoping Zhang [3], Francisca Velcek [1]* [1] Department of General Surgery, Division of Pediatric Surgery, State University of New York Downstate Health Sciences University [2] Department of Pathology, State University of New York Downstate Health Sciences University [3] Department of Pediatrics, Division of Pediatric Hematology-Oncology, State University of New York Downstate Health Sciences University
PD - 206	Novel use of a Biliary Stent for Refractory Esophageal Stricture following Esophageal Atresia Repair- A Case Study Aiman Khan, Syed Waqas Ali, Muhammad Arif Mateen Khan Department of Pediatric Surgery, Dow University of Health Sciences / Dr Ruth KM Pfau Civil Hospital, Karachi, Sindh, Pakistan
PD - 207	Herniation from Anterolateral Diaphragmatic Defect and Its Accompanying Dextrocardia: A New Type of Diaphragmatic Hernia, Opposite of Bochdalek *Gül İlayda Sarar, Ayşenur Celayir* University of Health Sciences, Turkey. Istanbul Zeynep Kamil Maternity and Children Diseases Health Training and Research Center, Department of the Pediatric Surgery
PD - 208	Endoscopic Drainage for Esophageal Submucosal Abscess *Ruijie Zhou, Long Li, Chihuan Kong* Department of General Surgery, Capital Center for Children's Health, Capital Medical University, Beijing, China
PD - 209	Congenital rib absence with liver herniation: a case report *Yirgalem Teklebirhan Gebreziher, Feven Mekonenn Tadesse, Berihu Tadishu Gebre* Mekelle University
	Poster Displays - Kiosk 7
	Presentations
PD - 210	Unusual Causes of Pneumoperitoneum in Adolescents: Think Gastric Ulcer! *Malek Mezni, Yosra Ben Ahmed, wiem Hamouda, Mariem Marzouki, Faouzi Nouira, Said Jlidi* Children Hospital Bechir Hamza, Pediatric surgery department B. Tunis, Tunisia
PD - 211	A rare case report of neonatal immature adrenal teratoma *Samir Hasan [1], Ülgen Çeltik [1], Eda Ataseven [2], Tülay Öztürk [3], Burçe Emine Dörtkardeşler [4], Gürdeniz Serin [5], Ahmet Çelik [1]* [1] Ege University Faculty of Medicine Hospital, Department of Pediatric Surgery, İzmir, Turkey [2] Ege University Faculty of Medicine Department of Pediatrics, Division of Pediatric Oncology [3] Ege University Faculty of Medicine Department of Radiology, Division of Pediatric Radiology [4] Ege University Department of Pediatrics [5] Ege University Faculty of Medicine Department of Pathology

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PD - 212	Side-to-side Leno-renal Shunt (Mitra Shunt) in management of EHPVO: A single centre experience *Kaushal Kulkarni, Pooja Prajapati, Rohit Meshram, Vijai Datta Upadhyaya* SGPGIMS, Lucknow India
PD - 213	Laparoscopic cholecystectomy for gallstone disease in children *Fares Chaabouni, Cyrine Saadi, Ahmed Ben Younes, Fatma Trabelsi, Asma Jabloun, Aida Daib, Rabiaa Ben Abdallah, Youssef Hellal* Paediatric Surgery Department, Hospital Habib Thameur, Tunis, Tunisia
PD - 214	A rare case of recurrent ectopic pancreatitis with jejunal duplication and malrotation: a case report *Cheena Kumari, Syed Waqas Ali, Muhammad Arif Mateen Khan, Aiman Khan* Department of Pediatric Surgery, Dow University of Health Sciences / Dr Ruth KM Pfau Civil Hospital, Karachi, Sindh, Pakistan
PD - 215	Navigating the risks: cardiovascular injuries following pediatric blunt thoracic trauma *Y Doruk Bilgili [1], B Haluk Güvenç [2]* [1] Bandırma Onyedi Eylül University, Dept. of Pediatric Surgery, Balıkesir, Turkey [2] Istanbul Okan University, Faculty of Medicine, Department of Pediatric Surgery, Istanbul, Türkiye
PD - 216	Rare pediatric presentation of Frantz tumor: complete resection as prognostic key *Arije Zouaoui, Senda Houidi, Yosra Kerkeni, Skander Smaoui, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 217	Is surgery always necessary? Managing benign pneumoperitoneum in infancy *Arije Zouaoui, Yasmine Houas, Abir Jouini, Yosra Kerkeni, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 218	Late-presenting diaphragmatic and hiatal hernias in children: A report of two cases *Zeenat Bhikhoo, Jessica Mills* IWK Health Centre, Halifax, Nova Scotia, Canada
PD - 219	Recurrent Bilateral Ovarian Teratoma with Wilms Tumor Component: A Rare Case Report and Literature Review *Sarra Aggoun, Guy Brisseau* Sidra Medicine, Qatar
PD - 220	Malignant Gastric Tumors in Childhood: Two Case Reports and a Review of Therapeutic Approaches Armanç Güneş, Hakan Özcan, Sefer Tolga Okay, Mete Kaya Department of Pediatric Surgery, University of Health Sciences, Bursa Yüksek İhtisas Training and Research Hospital
PD - 221	Prenatal hepatic hilar cyst: choledochal cyst or cystic biliary atresia? *Maria Manousi, Maria Yvelise De Verney, Kanavaki Aikaterini, Siafakas Constantinos, Maria Klavdianou, Christos Salakos* IASO Children's Hospital, Athens, Greece
PD - 222	Pancreatic Fistulae as a Rare Presentation of Pancreas Divisum in Young Children: Case Report *Santiago Correa, Edgar Salamanca* Fundacion Cardioinfantil
PD - 223	A rare case of organoaxial gastric volvulus in the setting of omphalocele and Beckwith-Wiedemann syndrome *Ana Isabel Barros, Mário Rui Correia, Maria Luisa Gaspar, Catarina Sousa-Lopes, Jorge Cagigal, Joana Sinde, José Banquart-Leitão, Ana Sofia Marinho* Department of Pediatric Surgery of Unidade Local de Saúde de Santo António
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PD - 226	Perianal and Perineal Embryonal Rhabdomyosarcoma (ERMS) Mimicking Condyloma Acuminatum : A Rare Case Report in Early Infancy Leecarlo Millano Lumban Gaol [1], Yuliana Saraswati Kusuma Prabaningrum [1], Aulia Fitri Swity [2], Gibran Kashogi [3], Yohanes Firmansyah [4], Bryan Anna Wijaya [4], Fiona Valencia Setiawan [4] [1] Department of Surgery, Pediatric Surgery Division, Tarakan General Hospital, Central Jakarta, Indonesia [2] Department of Pediatrics and Child Health, Tarakan General Hospital, Central Jakarta, Indonesia [3] Department of Surgery, Pediatric Surgery Division, Cibinong General Hospital, West Java, Indonesia [4] Faculty of Medicine Tarumanagara University, Jakarta, Indonesia

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PD - 229	Same Organ, Same Diagnosis, Three Different Surgeries *Canan Ceran [1], Abdysamat Uulu [2], Ali İhsan Anadolulu [2]* [1] University of Health Sciences, Hamidiye International Faculty of Medicine, Department of Pediatric Surgery [2] University of Health Sciences, Kartal Dr. Lütfi Kırdar City Hospital, Department of Pediatric Surgery
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PD - 268	Thoracoscopic Talc Pleurodesis for Recurrent Pneumothorax in Children *Nedra Zouabi [1], Sami Sfar [1], Afef Toumi[1], Samia Belhassen [1], Myriam Ben Fredj [1], Marwa Messaoud [1], Sawsen Chakroun [2], Maha Ben Mansour [2], Amine Ksia [1], Mongi Mekki [1], Mohsen Belghith [1], Lassaad Sahnoun [1]* [1] Pediatric surgery department, Fattouma Bourguiba Hospital. [2] Pediatric anaesthesia and intensive care department, Fattouma Bourguiba Hospital, Monastir, Tunisia
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PD - 270	Epigastric heterophagus twin in a full-term neonate: Early diagnosis, multidisciplinary separation, and favorable outcome _ A case report *Faisal Nugud [1], Abdelrahman Elnour [2], Leena Abdelmagid [3], Moataz Idriss [3]* [1] University of Gezira [2] National Centre of Pediateric Surgey [3] Sudan Medical Specialization Board
PD - 271	Aphallia : A rare case report between male and female sex assignment. *Yasmine Ghazaly, Mohamed Mansy, Saber Waheeb, mohamed Abdelmalak* 1 Nile of Hope Hospital for Congenital Anomalies, Alexandria, Egypt
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PD - 274	When thoracic tumors deceive: Pleuropulmonary synovial sarcoma masquerading as diaphragmatic rhabdomyosarcoma *Arije Zouaoui, Asma Guitouni, Sondes Sahli, Yosra Kerkeni, Riadh Jouini* Pediatric Surgery Department, Children's Hospital Bechir Hamza, Tunis, Tunisia
PD - 275	From asymptomatic cyst to intraoperative surprise: a case of neonatal pancreatic cyst and hidden hepatic cirrhosis *Boukhrissa Nouha, Sfar Sami, Toumi Afef, Ben salah Radhwene, Zouabi Nedra, Krichène Imed, Ksia Amine, Mekki Mongi, Belghith Mohssen, Sahnoun Lassaad* Department of Pediatric Surgery, Monastir University Hospital, Tunisia
PD - 276	Fast enlarging immature gastric teratoma in a preterm neonate: a rare and intricate occurrence *Maria Manousi, Maria Yvelise De Verney, Chrysanthi Chlapoutaki, Panayiota Kafritsa, Maria Klavdianou, Christos Salakos* IASO Children's Hospital, Athens, Greece
PD - 277	A variant of adolescent breast disease: Bilateral tubular breast *Oğuz Mehmet Çevik, Ahmet Enes Kartal, Sevim Ecem Ünlü Ballı, Fatma Bilgecan Şimşek, Bilge Gördü, Gökhan Berktuğ Bahadır, İlhami Sürer* Gulhane Training and Research Hospital, Department of Pediatric Surgery
PD - 278	Congenital Anterior Urethrocutaneous Fistula: A Case Series and Surgical Insights into a Rare Urogenital Anomaly *Rachida Lamiri, Nahla Kechiche, Nouha Boukhrissa, Salma Mani, Imed Krichene, Mongi Mekki, Lassaad Sahnoun* department of pediatric surgery , University Hospital of Monastir
PD - 279	Bening behavior of pediatric appendiceal NETs: is there a need for additional surgery? *Duygu Gürel [1], Songül Arabul Aydoğdu [1], Şeymanur Atcı 1, Doğakan Yiğit [1], Nazlı Ecem Kore [2], Mehmet Oğuz Erguvan 2, Oktav Bosnalı [1]* [1] Prof. Dr. Cemil Taşçıoğlu City Hospital, Department of Pediatric Surgery and Pediatric Urology, İstanbul [2] University of Health Sciences Prof. Dr. Cemil Taşcıoğlu City Hospital Department of Pathology
PD - 280	Giant Congenital Thoracic Cyst in an 18-Month-Old Infant : A Diagnostic and Surgical Challenge *Narimane Cheniki, Mohamed Djelad, Samira Amroune, Ouarda Sabri, Nassima Benguedache, Rachid Ouslim* Department of Pediatric Surgery, University Hospital of Oran, University of Oran1

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PD - 282	Endovascular therapy for Kaposiform hemangioendothelioma *TengHui Zhan, Rong Zhang* Fujian Maternity and Child Health Hospital
PD - 283	Synchronous presence of high vaginal atresia associated with urethrovaginal fistula and a separate rectovestibular fistula: an unprecedented combination of congenital malformations. *Maria Petridou, Christos Voskidis, Ioannis Georgakis, George Papouis* Ippokration General Hospital of Thessaloniki, Greece

ORAL PRESENTATIONS

OP - 1

DOES TAPERING ENTEROPLASTY ACCELERATE RECOVERY IN INTESTINAL ATRESIA MANAGEMENT?

Sarper Müftüoğulları[1], İzzet Şevketoğlu[2], Can İhsan Öztorun[3], Elif Emel Erten[2], Vildan Selin Çayhan[2], Ahmet Ertürk[3], Süleyman Arif Bostancı[3], Yağmur Cansu Yıldırım[2], Aslı Nur Abay[2], Sabri Demir[2], Müjdem Nur Azılı[3], Emrah Şenel[3]

[1] Kastamonu State Hospital, Department of Pediatric Surgery, Kastamonu
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Introduction: Tapering enteroplasty is a surgical technique employed to manage dilated proximal bowel segments in intestinal atresia, aiming to improve peristaltic function and expedite recovery. Although previous studies have suggested clinical benefits, the evidence remains limited. This study evaluates the impact of tapering enteroplasty on postoperative outcomes in pediatric intestinal atresia and compares our findings with existing literature.

Methods: We retrospectively reviewed 104 pediatric patients who underwent surgery for intestinal atresia between 2009 and 2025. Patients were categorized into two groups: those who underwent tapering enteroplasty (n=26) and those who did not (n=78). Outcomes assessed included total parenteral nutrition (TPN) duration, time to initiate oral feeding, length of hospital stay, and postoperative complications.

Results: Tapering enteroplasty was associated with significantly shorter TPN duration (p=0.005), earlier initiation of oral feeding (p=0.01), and reduced hospital stay (p=0.026) compared to the non-tapering group. Additionally, the postoperative complication rate was lower in the tapering group. These findings are consistent with recent studies that support the clinical value of tapering enteroplasty in enhancing recovery.

Conclusions: Tapering enteroplasty is a safe and effective surgical adjunct in the management of intestinal atresia, particularly in cases with dilated bowel segments. Our results demonstrate that tapering enteroplasty facilitates faster nutritional recovery and reduces complications, contributing valuable evidence to support its broader adoption in pediatric surgical practice.

Keywords: Keywords: Tapering enteroplasty, Intestinal atresia, Pediatric surgery, Postoperative recovery, Nutritional outcomes

OP - 2

RECONSTRUCTION OF THE PHRENOESOPHAGEAL LIGAMENT: AN ALTERNATIVE TO AVOID POST-FUNDOPLICATION PARAESOPHAGEAL HERNIA IN CHILDREN.

Carlos Garcia-Hernandez, Lourdes Carvajal-Figueroa, Ariadna Alvelais-Arzamendi, Carlos Aguilar-Gutierrez

Universidad Nacional Autónoma de México

Background: Paraesophageal hernia due to migration towards the thorax of Nissen fundoplication is a common complication of antireflux surgery. It occurs in up to 12% of children undergoing fundoplication surgery. This requires that an adequate portion of intra-abdominal esophagus be obtained, so the phrenoesophageal membrane must be incised. The objective is to evaluate the effectiveness of reconstruction of the phrenoesophageal membrane to prevent paraesophageal hernia in children undergoing fundoplication surgery.

Methods: Retrospective cohort study involving 690 children undergoing laparoscopic fundoplication, cohort one without membrane reconstruction (non-exposed group) while cohort two underwent membrane reconstruction. (Exposed group) The outcome was the appearance of a postoperative paraesophageal hernia. Odds ratios (OR) and 95% confidence intervals (CI) were calculated at $p \leq 0.05$. This work was approved by the Hospital's research committee.

Results: A total of 631 patients, 52.1% in Cohort 1 and 47.9% in Cohort 2. Herniation occurred in 7.0% of Cohort 1 and 1.3% of Cohort 2 ($p < 0.001$). Phrenoesophageal reconstruction in Cohort 2 resulted in an 82.1% reduction in the likelihood of migration (OR 0.179, 95% CI 0.06-0.52).

Conclusion: This study highlights the importance of carrying out a reconstruction of the phrenoesophageal membrane, when performing a fundoplication in children, which significantly reduces the appearance of postoperative esophageal hernias.

Keywords: Nissen fundoplication, Paraesophageal hernia, Gastroesophageal reflux, phrenoesophageal ligament

OP - 3

REVISITING VACTERL ASSOCIATION IN PATIENTS WITH ESOPHAGEAL ATRESIA WITH AN EMPHASIS ON SKELETAL ANOMALIES

Gonca Gerçel[1], Ahmet Pirim[1], Sabriye Gülçin Bozbeyoğlu[2], Sibel Sevük Özumut[3], Sinem Aydöner[1], Meltem Çağlar[1], Çiğdem Ulukaya Durakbaşa[1]

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[2] Department of Radiology, Istanbul Medeniyet University, Faculty of Medicine, Goztepe Prof. Dr. Suleyman Yalcin City Hospital, Istanbul, Türkiye
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Purpose: In depth assessment of VACTERL association focusing on skeletal anomalies in esophageal atresia (EA) patients.

Method: 168 EA patients were evaluated as those without a distal fistula (D-TEF), namely Types A and B (9.5%, n=16), those with a D-TEF, namely Types C and D (86.9%, n=146), and Type E (3.6%, n=6). D-TEF patients were subdivided into short-gap (84.2%, n=123) and long-gap (gap length ≥4 vertebrae, 15.8%, n=23) atresias. A single radiologist retrospectively reviewed the radiographs by a standardized protocol.

Results: There were 93 males (55.4%) and 75 females (44.6%). Mean gestational age and birth weight were 36.63±3.07 (28-41) weeks and 2528.17±730.11 g (849-4300), respectively. Long-gap D-TEF patients had lower gestational age and birth weight (p=0.014 and p=0.001). Vertebral anomalies were present in 17.9%, rib anomalies in 14.9%, renal anomalies in 19.8%, limb anomalies in 9.5%, and cardiac anomalies in 38.1% (28.1% were major). There was a significant correlation between vertebral and rib anomalies (p<0.05), and between vertebral anomaly location and EA subtype (p<0.05). 100% of vertebral anomalies were lumbosacral in Type E, 60.0% were combined in Types A and B, and 58.3% were cervicothoracic in Types C and D. Limb anomalies were present in 25% of in Types A and B, and 7.5% of Types C and D, with a significant association between limb anomalies and EA subtype (p=0.047). Anorectal malformations (ARM) were present in 12.5% and more frequent in long-gap D-TEF patients (30.4%, p=0.010). ARM was identified as an independent predictor of long-gap EA (OR=4.455, p=0.007). VACTERL association was observed in 25.6% of patients, without an association with EA type (p=0.211). Overall mortality was 13%, significantly higher in long-gap D-TEF patients (45.5%, p<0.001).

Conclusion: Skeletal anomalies are common in all EA types. Limb anomalies are more frequently observed in Types A and B, whereas cervicothoracic vertebral anomalies predominated in Types C and D, highlighting subtype-specific patterns. A long-gap atresia in D-TEF patients is associated with lower gestational age, lower birth weight, higher ARM prevalence, and increased mortality. Although typically non-lethal, skeletal anomalies may affect long-term function and quality of life. Thus, a standardized screening should be an essential part of evaluation.

Keywords: Esophageal atresia, associated anomalies, rib anomalies, vertebral anomalies, limb anomalies, VACTERL

OP - 4

WHAT HAPPENS WITH COLLIS-NISSEN SURGERY IN CHILDREN IN THE LONG TERM?

Carlos Garcia-Hernandez, Lourdes Carvajal-Figueroa, Ariadna Alvelais-Arzamendi, Carlos Aguilar-Gutierrez

Universidad Nacional Autónoma de México

Introduction: Collis-Nissen surgery is an alternative for the treatment of short esophagus. There is evidence of good short-term results, but it is unknown what happens in children in the long term. In adult patients, serious complications such as peptic ulcers and necrosis are reported. The objective is to determine the outcome of children undergoing the minimally invasive Collis-Nissen procedure more than five years after surgery.

Methods: Patients were included more than 5 years after surgery. Clinical follow-up included reflux symptoms, stricture recurrence, and medication use. Radiological and endoscopic follow-up was performed at 1 and 5 years. This study was approved by the hospital's research committee

Results: From 2005 to 2024, 12 patients were included, with more than 5 years of surgery. Ages ranged from 9 to 20 years; 7 men and 5 women. Currently, 9 children are asymptomatic; two reports occasional pain and the other occasional dysphagia. Contrast showed the same caliber as the native esophagus as the neoesophagus, adequate clearance, and infradiaphragmatic fundoplication. Endoscopy showed a normal appearance of the native esophagus and neoesophagus. The Z line was located 6-8 cm above the diaphragmatic clamping, the cardia was continent, and the fundoplication was efficient in retrospect. Histopathological examination of the native esophagus reported mild esophagitis, and the neoesophagus had mucin-producing epithelium, no metaplasia, and a 10:1 ratio of foveolar cells (which produce mucus) to oxyntic cells (which produce acid).

Conclusion: The laparoscopic Collis-Nissen procedure is effective in the long-term treatment of short esophagus in children. The absence of peptic ulcers is due to the proportion of mucus-producing cells in the portion used to create the Collis-Nissen procedure. The good outcome of our patients is likely because we did not use an acid-producing portion of the stomach.

Keywords: Gastroesophageal Reflux, Collis-Nissen, Short esophagus

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OP - 5

RISK FACTORS FOR GASTROESOPHAGEAL REFLUX IN PATIENTS TREATED FOR TYPE C ESOPHAGEAL ATRESIA: A SINGLE-CENTER RETROSPECTIVE STUDY

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Purpose: Gastroesophageal reflux (GER) is a common complication in patients with esophageal atresia (EA). Factors associated with clinically significant GER remain unclear. We aimed to identify factors associated with the need for GER treatment in EA patients.

Methods: A retrospective review was conducted on patients treated for type C EA at our center between 2015 and 2023. Patients were divided into three groups based on treatment at last follow-up: Group 1 – no therapy, Group 2 – proton pump inhibitor (PPI) therapy, Group 3 – fundoplication. Perinatal data (gestational age, birth weight, prematurity), associated malformations, and surgical variables (multistage repair, stricture, anastomotic leak, recurrent fistula) were analyzed. Statistical analysis was performed using the t-test and Fisher's exact test ($p<0.05$).

Results: 54 patients were included. Mean follow-up was 6.2 ± 2.2 years. At last follow-up, 28% of patients required treatment for GER (Groups 2+3). Compared to Group 1, these patients had lower gestational age (35.7 ± 2.7 vs. 37.2 ± 2.0 weeks; p=0.029), lower birth weight (2165 ± 637 vs. 2603 ± 571 g; p=0.018), higher association with VACTERL anomalies (47% vs. 13%; p=0.024), more frequent need for staged repair (47% vs. 8%; p=0.003), and higher incidence of esophageal stricture (47% vs. 11%; p=0.007). Compared to Group 2, patients in Group 3 were more frequently premature (100% vs. 44%; p=0.044), had more frequently a low birth weight (100% vs. 44%; p=0.044), and congenital heart defects (50% vs. 0%; p=0.044).

Conclusions: Prematurity, low birth weight, VACTERL anomalies, staged repair, and anastomotic stricture seem to be associated with clinically significant GER. Fundoplication is more frequently required in patients with a vulnerable perinatal profile and congenital heart disease. Identification of at-risk patients may guide follow-up and treatment strategies.

Keywords: Esophageal atresia, gastroesophageal reflux

OP - 6

MACHINE LEARNING-BASED PREDICTION OF SURGICAL TIMING AND DISCHARGE IN INFANTILE HYPERTROPHIC PYLORIC STENOSIS

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Aim: This study aimed to develop machine learning models to predict surgical timing and discharge duration in patients with infantile hypertrophic pyloric stenosis(IHPS), using clinical, biochemical, and ultrasonographic data available at admission.

Materials and Methods: A retrospective analysis was conducted on 55 IHPS cases operated between 2015-2025. Demographic, biochemical(blood gas, electrolytes, bilirubin, and urinalysis) and ultrasonographic data (pyloric wall thickness, transverse diameter, length, pyloric index, and pyloric volume) were evaluated. Three datasets were created:(1)demographic and imaging variables, (2)demographic and laboratory variables, and (3)all variables combined. Target outcomes were defined as undergoing surgery within 2 days of admission and being discharged within 3 days postoperatively. Class imbalance was addressed using SMOTE and class weighting. For SVM and RF, four model types were created: standard, SMOTE-enhanced, class weight-adjusted, an ensemble including extra trees. Models were trained using 4-fold cross-validation(10 repeats). Evaluation metrics included F1 score, accuracy, sensitivity, and ROC, AUC. LASSO was used for most predictebl selection.

Results: In predicting surgical timing, the best performance was achieved with the SMOTE-enhanced SVM model using the combined dataset. For discharge prediction, the best results were obtained with the SMOTE-enhanced RF model using the second dataset and the SVM model using the combined dataset. LASSO analysis identified pyloric wall thickness and blood gas pH as the most influential features for early surgery(F1:0.64, Accuracy0.59, Sensitivity %62, Specifity%67), while pyloric transverse diameter and urine specific gravity were most predictive for early discharge(F1:0.64, Accuracy0.59, Sensitivity %62, Specifity %67)(Table-1).

Conclusion: The best performance was seen with SVM models using all data types. LASSO analysis identified pyloric wall thickness and blood gas pH as key predictors for early surgery, and pyloric transverse diameter and urinary specific gravity for discharge. These results support the utility of machine learning in guiding decision-making in IHPS managemenent.

Keywords: infantile hypertrophic pyloric stenosis, machine learning, predictive, pyloric muscle

OP - 7

THORACOSCOPIC STAGED REPAIR FOR LONG-GAP ESOPHAGEAL ATRESIA: OUTCOMES FROM A TERTIARY CARE CENTER

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Purpose: Thoracoscopic staged internal traction repair offers the possibility of preserving the native esophagus in patients with long-gap esophageal atresia (LGEA). This study evaluates the outcomes of this approach in a single tertiary center.

Methods: A retrospective analysis of perinatal characteristics, surgical interventions, postoperative complications and long-term outcomes was conducted in patients with LGEA who underwent thoracoscopic repair between 2018 and 2024.

Results: Of 141 patients operated for esophageal atresia (EA) in the seven-year period, 15 patients had LGEA (13 Gross type A, 2 Gross type B). Of those, prenatal suspicion for EA was documented in 85% (11/13) of followed pregnancies. Eight patients (53%) had associated anomalies. All LGEA patients underwent gastrostomy insertion after birth. The first thoracoscopic stage was performed at a mean age of 2.5 months. Internal traction was applied in 13 patients (87%). The remaining two required gastric interposition due to an extreme long gap identified at initial thoracoscopy. Internal traction patients underwent a mean of 1.8 tractions (range 1–3). Delayed anastomosis was achieved in 77% (10/13) within a mean of 15 days. The remaining three underwent gastric interposition due to persistent long gap. Complications included one recurrent fistula, one anastomotic leak and five anastomotic strictures requiring a mean of 2.0 dilatations (range 1–7). All patients with delayed anastomosis and 60% of gastric interposition patients were tolerating full oral feeds at a mean follow-up of 49 months (range 7.5 – 91).

Conclusion: Of patients undergoing internal traction, 77% achieved successful delayed anastomosis within 15 days on average and with a mean of 1.8 trations. The most common complication was anastomotic stricture, affecting 50% of patients. All patients with delayed anastomosis achieved full oral feeds. Gastric interposition was required in one-third of all patients.

Keywords: long-gap esophageal atresia, thoracoscopy, staged repair, internal traction

OP - 8

NUTRITIONAL AND POSITIONAL THERAPY FOR SMA SYNDROME IN ADOLESCENTS: A CASE SERIES FROM A SINGLE CENTER

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Introduction: Superior Mesenteric Artery (SMA) syndrome is a rare form of partial duodenal obstruction caused by compression of duodenum between the SMA and aorta. Any condition associated with severe acute weight loss can lead to this entity. Here we present our case series with a special emphasis on conservative management.

Case presentation: There were five (four females, one male) patients aged between 15-17 years old presenting with vomiting and weight loss. The median BMI at admission was 17.5, with one patient notably having a BMI of 10.7, indicating severe malnutrition. We used doppler ultrasonography for aortomesenteric angle measurement in two patients and computed tomography in one. Upper gastrointestinal series demonstrated partial duodenal obstruction in four patients. To bypass duodenal obstruction, nasojejunal (NJ) tube was placed in three patients with a median NJ feeding duration of 37 days. Decompression gastrostomy with feeding jejunostomy were created with minimaly invasive method in two patients- one with the history of scoliosis surgery, situs inversus totalis, and the male patient with MNGIE syndrome. Enteral nutrition was established via NJ or jejunostomy tubes with median parenteral nutrition support duration of 18 days. Patients were initially started on low-volume continuous enteral feedings and gradually transitioned to bolus feedings as tolerated. Patients were placed in ‘knee chest position’ just after meals to relieve pressure on duodenum during first weeks of treatment. Median hospital stay was 40 days. Weight gain was achieved in all patients. None of the patients had recurrence and all managed without duodenojejunostomy.

Conclusion: Conservative management of SMA syndrome in adolescents can be effective, even in complex cases provided that enteral nutrition is maintained. Tube jejunostomy and NJ tubes are effective routes for symptom resolution without need for invasive surgery. Close follow-up is essential to monitor clinical and anatomical outcomes.

Keywords: Superior Mesenteric Artery Syndrome, adolescent nutrition, enteral feeding, nasojejunal tube, feeding jejunostomy, conservative management

OP - 9

DISTRACTION ENTEROGENESIS FOR INTESTINAL GROWTH: IS EARLY INTERVENTION OPTIMAL AFTER BOWEL RESECTION?

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Purpose: To evaluate the effects of distraction enterogenesis (DE) on intestinal adaptation following small bowel resection (SBR) and determine whether timing impacts outcomes.

Methods: Eight Vietnamese pot-bellied mini pigs were divided into two groups:

1. Healthy group (n=4): Three compressed biodegradable springs were implanted in the proximal jejunum via laparotomy, secured by reducing lumen diameter by 50% with absorbable sutures. Animals were euthanized on POD 7, 10, 20, and 30.

2. Short bowel syndrome (SBS) group (n=4): A 90% SBR was performed, followed by spring placement (4 per animal) 30 days later. Springs were upsized to accommodate post-resection dilatation. Animals were euthanized 2 months post-DE.

Intestinal segments were analyzed for:

- Morphometry: Villus height, crypt depth, and muscular thickness.

- Proliferation/adaptation: Ki67+ (cellular proliferation), SMA (muscular hypertrophy), and CD34/ERG+ (angiogenesis).

Results: Both groups demonstrated an average 2.5-fold increase in each intestinal segment length. Histology revealed significant villus elongation, muscular hypertrophy, neoangiogenesis, and transmural proliferation. In SBS animals, ERG+ expression confirmed progressive neovascularization, while Ki67+ spiked post-resection (indicating adaptive proliferation) before declining as adaptation plateaued.

Conclusions: Distraction enterogenesis effectively lengthened intestinal segments in both intact and resected bowel. The SBS group's robust proliferative response suggests that post-resection adaptation may promote the bowel's enhanced enterogenesis. Early intervention during peak adaptation could maximize growth potential, offering a strategic window for clinical translation.

Keywords: distraction enterogenesis, short bowel syndrome, intestinal adaptation, biodegradable springs

OP - 10

PREDICTIVE POWER OF A COMBINED MODEL OF CELLULAR INDICES AND FOOD ALLERGIES IN THE SCREENING OF PEDIATRIC EOSINOPHILIC ESOPHAGITIS

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Objective: Eosinophilic esophagitis (EoE) is an emerging pediatric disease that can significantly impact patients' quality of life. Endoscopy with biopsy sampling and histopathological analysis is the gold standard for diagnosing and monitoring EoE. However, its invasive nature, high cost, and potential complications pose significant concerns. This study aims to assess the predictive power of a combined model incorporating cellular indices and the presence of food allergies for screening EoE in children with dysphagia.

Methods: This diagnostic study included pediatric patients (0–15 years) who underwent esophagogastroduodenoscopy due to suspected EoE between 2015 and 2022. Patients were classified into two groups: those with normal histology and those diagnosed with EoE. Logistic regression models were used to compare food allergy history (FAH), peripheral blood eosinophil counts, and various cellular indices, including the eosinophil-to-lymphocyte ratio (ELR) and eosinophil-to-neutrophil ratio (ENR). These indices were calculated as the ratio of the respective cell counts and transformed into binary variables based on their optimal cutoff points determined using Youden's index. Predictive models incorporating different combinations of these variables were developed to assess their sensitivity, specificity, and predictive values for EoE screening. Internal validation was performed using bootstrap techniques (n=1,000). Consent was obtained from the Institutional Review Board.

Results: A total of 24 patients with EoE and 17 with normal histology were included. The best predictive model for EoE included FAH, ELR, and ENR, yielding an AUC of 0.864 (corrected AUC: 0.835), a sensitivity of 79%, and a specificity of 78%. The positive predictive value was 83%, while the negative predictive value was 72%.

Conclusions: The combination of eosinophilic cellular indices (ELR, ENR) and food allergy history could serve as a useful screening tool for children with dysphagia, potentially reducing unnecessary invasive procedures in patients with a low likelihood of EoE.

Keywords: Eosinophilic esophagitis, dysphagia, biomarker

OP - 11

AN EVALUATION OF THE FOLLOW-UP RESULTS OF CHILDREN WHO UNDERWENT ANTIREFLUX SURGERY FOR GASTROESOPHAGEAL REFLUX DISEASE.

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Aim: To evaluate the early, mid-term and long-term results of children who underwent surgery for gastroesophageal reflux disease (GERD) and to compare open and laparoscopic surgery.

Method: Records of patients who underwent antireflux surgery between 2011 and 2022 were retrospectively reviewed.

Results: Of the 117 patients, 64 were males (55%). The most common comorbidities were chronic neurological disease (n=78, 67%) and esophageal atresia (n=19, 16%). Fifteen (13%) patients had no comorbidities. 24-hour pH monitoring (73%), GERD scintigraphy (43%), contrast radiography (47%) and/or endoscopy (64%) were used in the diagnosis of GERD. At least two diagnostic tests were performed in 89 (76%) patients. Twenty-six (22%) patients had hiatal hernia. Laparoscopic fundoplication was performed in 89 (76%) patients (Nissen, n=54 and Nissen-Rosetti, n=35) and open fundoplication was performed in 31 (24%). Simultaneous gastrostomy was performed in 62 patients (53%) and pyloroplasty in 12 (10%). Those who underwent laparoscopic surgery reached an earlier full enteral feeding (2.4±1.5 vs 5.3±7.5 days) and discharge (8.5±13 vs 13±11 days). Minor or major complications occurred in 31 (26%) patients and mortality in five patients (4%) in the first 30 days. Late complications were observed in 7 patients (6%), 3 of whom (2.5%) underwent redo fundoplication. Patients who underwent laparoscopic surgery experienced fewer total complications (38% vs 19%) ($p<0.005$). Antireflux surgery reduced the rates of antireflux medication use (51% vs 19%) and recurrent lung infections (62% vs 31%) ($p<0.05$). There was a trend towards proportional improvement in preoperative and postoperative evaluation with endoscopic Tytgat (n=47) and Knuff & Leape (n=25) classifications ($p>0.05$). Mean follow-up was 3.5±2.6 (0.08-11.8) years. Long-term survival rate was 74.3%.

Conclusions: Unlike adults, children requiring antireflux surgery have a high rate of accompanying comorbidities and, as seen in our study, morbidity and mortality are high compared to other patient groups in pediatric surgery. Although questioned in some studies, the surgery performed on the patients in our study provided improvement in medication use and frequent hospitalizations. In children evaluated for GERD and especially for tube feeding, an objective evaluation and selectivity for the indication for antireflux surgery indication is important. Also, the success of the surgery should be evaluated in a standard manner.

Keywords: Gastroesophageal reflux, Gastroesophageal reflux disease, Antireflux surgery, Fundoplication

OP - 12

EVALUATION OF 193 CASES OF CORROSIVE INGESTION: DOES THE RISK OF ESOPHAGEAL STRICTURE DECREASE?

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Aim: Corrosive ingestion in childhood is a significant cause of home accidents. This study aimed to re-evaluate follow-up and treatment algorithms for patients presenting due to corrosive ingestion.

Methods: Patients who presented due to corrosive ingestion and were admitted for follow-up between January 2018 and May 2025 were retrospectively reviewed. Patients were evaluated for demographic characteristics, presenting symptoms, characteristics of corrosive substances, laboratory tests (neutrophil, leukocyte, platelet, venous blood pH, CRP) and diagnostic imaging methods. The Zargar classification was used for burn grading.

Results: 193 patients presenting with corrosive ingestion were included in the study. 84 patients were female (43.5%) and 109 were male (56.5%). The mean age was 3.04±4.0 years. Patients were categorized according to the substances they ingested: 62 patients (32.1%) had acids, 112 patients (58.0%) had alkaline and 19 patients (9.9%) had ingested ammonia and other substances (unknown/mixed). The most common presenting complaint was vomiting (66 patients, 34.2%). Rigid esophagoscopy was performed in 51 (26.4%) patients. Burns were detected in 17 (33.3%) patients. The burn severity was grade I in 12 patients, grade IIa in 3 patients and grade IIb in 2 patients. pH values were lower than 7.35 in 7 of the 17 patients with burns ($p<0.05$). No significant findings were found in other laboratory tests. Contrast radiography was obtained in 5 of the patients with burns. One of these patients was diagnosed with a stricture and was placed on a dilatation program. The patient who developed a stricture was in the alkaline ingestion.

Conclusion: In our series, it was noted that alkaline ingestion was significantly higher among patients, that acidosis at presentation may be related to esophageal burns and that imaging methods such as esophagoscopy/contrast radiography were used selectively. The high number of patients who ingested alkaline and the low number of patients with high-grade burns and esophageal strictures were interpreted as a negative correlation in our series.

Keywords: Corrosive ingestion, Esophageal burns, The Zargar classification, Contrast radiography

OP - 13

ROBOTIC-ASSISTED HELLER MYOTOMY IN THE TREATMENT OF ESOPHAGEAL ACHALASIA IN CHILDREN

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Purpose: Esophageal achalasia in children is a rare disease. Heller myotomy combined with Dor fundoplication remains the treatment of choice for this disease. Surgical approaches to implement this principle include open, laparoscopic and robotic approaches. This article describes the first experience of performing Heller robot-assisted myotomy in children.

Method: The study presents retrospective data on 3 children who was operated on for esophageal achalasia using a robot-assisted operation. The diagnosis of achalasia was established by contrast study of the esophagus and endoscopy of the upper gastrointestinal tract, as well as esophageal manometry. Heller robot-assisted myotomy was performed using the Versius surgical robot manufactured by CMR (UK).

Results: The average age at the time of surgery was 5.3±3.0 years (median – 6.0 [4.0; 7.0] years), and the average weight at the time of surgery was 17.3±8.7 kg (median – 15.0 [13.0; 21.0] kg). The average duration of the surgery was 140.0±25.9 minutes (median – 15.0 [13.0; 15.0] minutes), of which the main console time was 125.0±26.5 minutes (median – 115.0 [110.0; 135.0] minutes). All procedures were performed fully robotically without conversion to laparoscopy or open surgery. Surgical interventions were performed successfully without intraoperative difficulties and complications. The postoperative period was uneventful. The average length of stay in the intensive care unit was 23.6±0.6 hours (median – 24.0 [23.0; 24.0] hours). The average length of hospital stay was 3.6±0.6 days (median – 4.0 [3.0; 4.0] days). At 6 months after surgery, patients had no problems with urination, infection, and pain.

Conclusion: Robotic-assisted Heller myotomy for esophageal achalasia in children is safe and effective and is a good alternative to open and laparoscopic access.

Keywords: esophageal achalasia, robot-assisted surgery, children

OP - 14

BENEFITS OF CONCURRENT GASTROSTOMY INSERTION DURING FUNDOPLICATION IN CHILDREN WITH NEURODEVELOPMENTAL DISORDERS WHO FEED ORALLY BUT HAVE FEEDING DYSFUNCTIONAL BEHAVIOURS.

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Purpose: Feeding dysfunctional behaviours (FDB), like food refusal or selective eating, are common in children with Autism Spectrum Disorder (ASD), Trisomy-21 (T21), Cornelia de Lange Syndrome (CdLS), and other neurodevelopmental conditions. These children may experience worsening dysphagia after laparoscopic Nissen fundoplication (LNF) for gastro-oesophageal reflux disease (GORD). This study evaluates the impact of concurrent gastrostomy tube insertion (GTi) during LNF in children with FDB who feed orally.

Method: This is a retrospective clinical study conducted between 2014 and 2025. Out of a total of 179 LNF performed, 15 patients (median age: 6.6 years; range: 1–13 years) were identified as having FDB associated with ASD, T21 or CdLS. The primary objective was to assess the impact of GTi on patients and their caregivers, including factors such as acceptance, compliance, and the overall necessity of this additional procedure. The secondary objective was to evaluate the outcomes of patients with FDB who did not receive a GTi.

Results: Eleven patients (79%) received concurrent GTi. At the 12-month follow-up, three of these patients remained dependent on the Gt due to worsened feeding issues. Eight patients returned to their oral intake and had their Gt removed within 12 months postoperatively. Among the four patients who did not receive a GTi, one experienced postoperative feeding difficulties that required five days of intravenous fluids and resulted in a delayed discharge. Two patients resumed oral feeding without any complications. One child with ASD needed a delayed GTi due to worsened FDB.

Conclusion: Concurrent GTi during LNF proved beneficial for a limited subset of FDB patients, with justification in only 3 out of 11 (27%). While GTi may aid recovery in specific cases, it is not recommended as a routine procedure. A thorough multidisciplinary preoperative assessment and individualized planning are crucial to prevent unnecessary interventions and achieve the best possible outcomes.

Keywords: Gastrostomy, Fundoplication, Feeding Dysfunctional Behaviours, Neurodevelopmental Disorders

OP - 15

EARLY VERSUS LATE DUODENAL ATRESIA REPAIR IN PRETERM AND LOW BIRTH NEONATES - A SINGLE CENTRE EXPERIENCE

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Background: Duodenal atresia (DA) is a mainstay of the acute neonatal surgical take; duodenoduodenostomy is an essential procedure for the attending paediatric surgeon. However, management of DA in extremely low birth weight (ELBW, <1.5 kg) and very preterm neonates (<32 weeks gestation) is a topic of controversy, some surgeons advocate for delayed repair to minimise risks of bile duct injury, others prefer early repair, to avoid risks associated with long term parenteral nutrition.

Purpose: This study aims to compare the outcomes of early versus late surgical intervention for duodenal atresia in preterm infants weighing less than 1.5 kg and/or born before 32 weeks of gestation.

Methods: A retrospective 20-year case review (2004-2024) was undertaken of all preterm and/or low birth weight DA patients undergoing surgery at a single tertiary centre. Patients undergoing surgery within the first week of life were compared to those operated after 1 week. Key outcome measures included postoperative complications, time to full enteral feeding, length of hospital stay, and mortality.

Results: Sixteen neonates were identified with a median gestational age of 30+5 weeks and birth weight of 1.42kg. Infants born ≤32weeks represented 14.8% the cohort. Increasing corrected gestational age at surgery was associated with decreased morbidity, while decreasing DOL at surgery was associated with increased morbidity. In the propensity score matched analysis of premature neonates, delayed repairs were associated with increased postoperative ventilation

Conclusion: Management of DA repair in preterm and low birth weight neonates is controversial. While delaying surgery does not appear to mitigate the risks associated with prematurity, it may lead to prolonged ventilation, hospitalisation and long term parenteral nutrition. The study suggests that surgical repair around 32 weeks gestational age may be reasonable for neonates without prohibitive risk factors.

Keywords: DOL = Day of life

OP - 16

INTRAGASTRIC BALLOON AS A BRIDGING THERAPY IN CHILDREN AND ADOLESCENTS BEFORE ORTHOPEDIC SURGERY

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Purpose: The current work aimed to test thefeasibility of Intra gastric balloon (IGB) as a bridging therapy in old children and adolescents with obesity before orthopedic surgery.

Methods: A retrospective review of medical records was performed from January 2021 to December 2022. Included patients were old children and adolescents with body mass index (BMI) greater than or equal to the 95th percentilefor age and sex in association with orthopedic pathology. They were managed by endoscopic guided insertion of IGB.

Results: Eleven males and seven females were enrolled. Their mean age was 127/12 years (±1 3/12 SD). Before IGB,their mean BMI percentile was 98.88 (±0.56 SD). The mean operative time was 28.28 min (±3.64 SD). At the time ofballoon retrieval, eight patients were below the 95th percentile for age and sex, three patients reached the 95th percentile,while seven patients remained above the 95th percentile. There was a significant difference between the mean values ofBMI and percentiles before and after IGB (P value <0.001).

Conclusion: IGB can serve as a bridging therapy for children and adolescents with obesity before orthopedic surgery,facilitating the restoration of their regular physical activity levels.

Keywords: Intragastric balloons, obesity, orthopedic surgery

OP - 17

MICROSURGICAL ANASTOMOSES IN VARICOCELE REPAIR IN ADOLESCENTS: A NEW FRONTIER?

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Background: Conventional varicocele treatments show consistent outcomes but have limitations in nutcracker syndrome and venous hypertension. Microsurgical venous anastomosis offers a promising alternative by addressing hemodynamic challenges.

Objective: To explore the potential advantages of microsurgical venous anastomosis in the treatment of varicocele and to compare early clinical results with conventional Marmar procedures.

Methods: We present a retrospective analysis of 68 patients who underwent microsurgical varicocele repair with end-to-end, end-to-side, or side-to-side proximal venous anastomosis between 2015 and 2025. Of these, 27 patients underwent primary repair, while 37 were treated for recurrent varicocele following previous interventions, including Ivanissevich surgery (n=14), sclerotherapy (n=9), laparoscopic varicocelectomy (n=7), and Marmar procedure (n=7). Anastomosis was performed using proximal the left testicular vein and the great saphenous vein in 58 cases and the inferior epigastric vein in 10 cases. Outcomes were compared with a matched group who underwent conventional Marmar procedures.

Results: Microsurgical anastomosis demonstrated significant potential advantages:

1. No need for angiographic studies, unlike embolization techniques.
2. Hemodynamic redistribution: The creation of an anastomosis may reduce renal vein pressure and address nutcracker-like physiology by creating a bypass for venous outflow.
3. Intraoperative flexibility: In case of unfavorable anatomy, conversion to standard Marmar technique remained feasible.
4. Across the entire anastomosis cohort, no varicocele recurrences were observed during follow-up.

Postoperative hydrocele developed in 2 patients (2.9%).

Conclusion: While preliminary, these findings suggest that microsurgical venous anastomosis is a safe and physiologically promising evolution in varicocele management. This approach may be particularly advantageous in patients with coexisting nutcracker anatomy or high venous pressures.

Keywords: varicocele, children, adolescents, microsurgery, anastomosis, bypass, shunt

OP - 18

LAPAROSCOPIC ASSISTED VAGINAL PULL-THROUGH FOR PERSISTENT UROGENITAL SINUS IN CASES WITH CONGENITAL ADRENAL HYPERPLASIA: A COMPREHENSIVE EVALUATION

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Background: Surgical management of the high urogenital sinus (UGS) is challenging. Presence of a short urethra is a contraindication for UGS mobilization as this is likely to affect urinary continence. In addition, vaginal reconstruction of the high supra sphincteric confluence is complex and prone to complications and failure.

Purpose: To assess the outcome of laparoscopic assisted vaginal pull through in cases with high UGS.

Methods: This is a prospective single arm exploratory clinical trial (pilot study) that was conducted on 16 cases. They underwent laparoscopic assisted vaginal pull through. The outcome was evaluated (success of pull through – presence of complication).

Results: Sixteen cases were included in this study. All were diagnosed with “21-hydroxylase deficiency” salt loosing type. All cases had virilised external genitalia ranged from Prader 3 to 5. The median age at the surgical intervention was 32.5 months (range 9-96 months). 13 cases (81.3%) had patent, well vascularised vagina with good calibre during the whole period of follow up. Three cases (18.7%) had obliterated vagina; one with the vaginal injury and using skin flaps, the second one was under extreme tension and the third one who did not dilate the vagina and missed the follow up. Three cases had remnant of original connection (diverticulum). Two cases (16.6%) had urethrovaginal fistula with patent vagina at the perineum.

Conclusion: The laparoscopically assisted vaginal pull-through approach provides optimal exposure that is lacking in perineal approaches. The incidence of complication (fistula, the need to redo surgery) is comparable to what is mentioned in the literature.

Keywords: persistent UGS, CAH, Vaginoplasty, laparoscopic, DSD

OP - 19

THE MECHANISM OF TREM2 IN MACROPHAGES PROMOTING RENAL FIBROSIS VIA ACTIVATION OF B-CATENIN SIGNALING PATHWAY IN CONGENITAL OBSTRUCTIVE NEPHROPATHY

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Aims: This study aimed to investigate the mechanism of Triggering Receptor Expressed on Myeloid Cells 2 (TREM2) in macrophages promoting renal fibrosis in obstructive nephropathy, providing rationale for intervention.

Methods: Renal tissue biopsies from patients with obstructive nephropathy and normal controls were collected for immunohistochemistry and immunofluorescence staining. In vivo, unilateral ureteral obstruction (UUO) models were established in *Trem2* knockout (*Trem2*$^{-/-}$) mice and C57BL/6J (WT) mice. After successful modelling, transdermal glomerular filtration rate (tGFR) measurement system was used to evaluate real-time renal function in mice. Some WT UUO mice received daily intraperitoneal injections of the TREM2 inhibitory peptide sequence IA9 or vehicle. Renal tissues from both normal and obstructed kidneys were harvested on day 14 after the UUO operation to analyse alterations in renal interstitial fibrosis and macrophage polarization. In vitro, bone marrow-derived macrophages (BMDMs) from WT and *Trem2*$^{-/-}$ mice were cultured and stimulated with Interleukin-4 (IL-4) and IL-13, and the β-catenin agonist lithium chloride(LiCl) was administered to *Trem2*$^{-/-}$ BMDMs for compensatory treatment. Biomarkers associated with macrophage fibrosis, polarization, proliferation, and migration were analyzed.

Results: TREM2 expression was significantly elevated in obstructed kidneys of patients and UUO mice. Immunofluorescence showed that TREM2 was co-localized in macrophages. UUO mice exhibited a marked reduction in GFR compared to sham-operated controls, while *Trem2*$^{-/-}$ attenuated GFR decline. RNA-Seq and Gene Ontology (GO) enrichment analysis revealed upregulated *Trem2* expression in obstructed kidneys. *Trem2*$^{-/-}$ or IA9 administration attenuated renal interstitial fibrosis and M2 macrophage polarization in obstructed kidneys. In vitro, *Trem2*$^{-/-}$ suppressed macrophage M2 polarization, proliferation, and migration. Mechanism-wise, *Trem2*$^{-/-}$ inhibited β-catenin expression. LiCl restored macrophage polarization, proliferation, and migration, impaired by *Trem2* deficiency, via β-catenin activation.

Conclusions: TREM2 promotes obstructive nephropathy progression by activating the β-catenin signaling pathway, driving M2 macrophage polarization, proliferation, migration, and fibrogenic gene expression.

Keywords: Triggering Receptor Expressed on Myeloid Cells 2 (TREM2), Obstructive nephropathy, Renal fibrosis, Macrophage

OP - 20

THE ROLE OF KIF4A IN THE PATHOGENESIS OF WILMS CARCINOMA

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Objective: It is planned to further study the specific mechanism of action of KIF4A in the pathogenesis of Wilms cell carcinoma, in order to provide effective therapeutic targets for the development of new therapeutic drugs in the future.

Method:

TCGA Data Analysis: Firstly, the genetic data of Wilms carcinoma patients in the tumor database TCGA were analyzed by using the online analysis tool UALCAN, and the significance of KIF4A for Wilms carcinoma patients was explored.

Cell Experiments: The mature commercial cell lines 786-O, A498, OSRC-2, CaKi-1 and normal human kidney proximal convoluted tubular cells HK-2 were selected for cell experiments, and the expression of KIF4A in Wilms cell carcinoma cells compared with normal cells was explored at the level of protein and mRNA. According to the results of WB and qPCR experiments, lentiviral vectors were used to transfect cells to construct a stable cell line of Wilms cell carcinoma with KIF4A knockout or overexpression, and WB and qPCR experiments were used to verify whether KIF4A was successfully knocked out or overexpressed.

Outcome: The data of Wilms carcinoma patients in the TCGA database were analyzed using the online analysis tools GEPIA and UALCAN, and it was found that the expression level of KIF4A in Wilms carcinoma patients was significantly increased. With the increase of cancer grade and stage, the expression level of KIF4A increased significantly. With lymph node metastasis of cancer cells, the expression level of KIF4A increases significantly.

Conclusion: The results of TCGA database analysis showed that the expression of KIF4A was positively correlated with the occurrence and development of Wilms carcinoma, suggesting that KIF4A may be a pro-tumor gene of ccRCC, and the results of cell function experiments preliminarily proved that KIF4A did promote the occurrence and development of Wilms carcinoma cells.

Keywords: KIF4A, Wilms cell carcinoma

OP - 21

NON-INVASIVE QUANTITATIVE ASSESSMENT OF URETHRAL COMPLIANCE IN RABBIT TUBULARIZED INCISED PLATE MODEL USING ULTRASOUND AND UROFLOWMETRY

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Purpose: Low urinary flow rates are frequently observed following tubularized incised plate urethroplasty in pediatric patients. The underlying cause is not yet fully understood and may be associated with low urethral compliance. As most currently reported methods for assessing urethral compliance are invasive, their clinical application remains limited. The purpose of this study is to non-invasively evaluate the urethral compliance in a rabbit model.

Methods: Ten male New Zealand rabbits were randomly divided into a control group and a tubularized incised plate urethroplasty group. At 7 weeks postoperatively, ex vivo urethral compliance was assessed using both the previously reported invasive method by Jesus (ΔVolume/ΔPressure via air insufflation) and a novel non-invasive method developed in this study (ΔDiameter/Δmaximum urinary flow rate via ultrasound and uroflowmetry). Group differences were analyzed using the Mann-Whitney U test, and the agreement between the two methods was evaluated using Bland-Altman plot. A p-value < 0.05 was considered statistically significant.

Results: The Jesus method indicated median urethral compliance was 0.141 [interquartile range (IQR) 0.137, 0.149] ml/cmH_2O for the control group and 0.182 (IQR 0.173, 0.192) ml/cmH_2O for the urethroplasty group, with no significant difference. The median urethral compliance measured by non-invasive method in the control group was 0.247 (IQR 0.241, 0.257) mm•s/ml, and it was 0.269 (IQR 0.263, 0.270) mm•s/ml in the urethroplasty group, with no significant difference. A strong correlation was found between the two methods (Spearman's rho = 0.878), and Bland-Altman analysis demonstrated good agreement without systematic bias.

Conclusion: In the rabbit model, urinary flow rate and anterior-posterior diameter serve as non-invasive indicators that can effectively reflect urethral compliance, and tubularized incised plate urethroplasty has no significant impact on urethral compliance. The effectiveness of non-invasive methods for assessing urethral compliance in pediatric patients requires further validation.

Keywords: Urethra, Compliance, Hypospadias, Ultrasonography, Uroflowmetry

OP - 22

BIPLANAR EXTRA- AND TRANS-PERITONEAL URETEROCUTANEOSTOMY BY LAPAROSCOPY (BETUL)

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Despite brilliant developments in modern medicine and increased availability and access to medical care, incontinent diversions still has a place in the management of challenging conditions. Ureterocutaneostomy (in refluxing or non-refluxing moieties) is a viable option for relief of obstruction. Conventionally, it is performed in an open fashion. As with many surgical procedures, laparoscopic ureterocutaneostomy has also been reported. Here we report our laparoscopic technique of extraperitoneal cutaneous ureterostomy with the help of transperitoneal laparoscopy.

Seven patients are enrolled in the study with a mean age of 60,57± 26,53 (12 days-16 years). Indications were bladder outlet obstruction, VUR and obstructing megaureter. Six patients received unilateral, 1 patient bilateral diversion. Sober Y ureterostomy was performed in 6 patients and loop ureterostomy in 1. One patient 1 unilateral Y ureterostomy needed stoma revision surgery for stenosis.

One 5mm optical port was inserted from the umblicus. After inspection and deciding the stoma site, another port (3 or 5mm) was inserted staying outside the peritoneum if possible. This port is directed to the ureter bluntly. If necessary, another 3 or 5mm assistant port is introduced. The ureter is grasped and taken out through the port site and stoma is reconstructed outside. For Y ureterostomy; ureter is divided, one end is reserved for stoma and the other is anastomosed the the other limb in an end-to-side fashion. For loop ureterostomy, one side of the ureteral wall is opened and reconstructed as standard loop stoma.

Uretero-cutaneostomy is not a common procedure in children and surgical approach should be individualised for each patient as indications vary significantly as well as the anatomy of every single patient. Transperitoneal laparoscopic approach provides evaluation of the anatomy of the patient, extended vision and magnification, and guiding the decision of the proper site for the stoma.

Keywords: uretero-cutaneostomy, laparoscopy, megaureter, VUR,

OP - 23

RESEARCH ON VISUALIZED DIGITAL TWIN-DRIVEN INTELLIGENT AGENT FOR PRECISION LITHOTRIPSY IN PEDIATRIC UROLITHIASIS

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Objective: To develop a digital twin-driven robot-assisted extracorporeal shock wave lithotripsy (ESWL) system, address the challenges of difficult localization and energy-induced damage in traditional ESWL for pediatric urolithiasis treatment, and construct an integrated solution for "precision diagnosis - intelligent treatment - full-cycle management".

Methods: Optical motion capture technology, ultrasound AI recognition algorithms, and renal digital twin models were integrated. A coupled digital twin of "anatomy-physiology-metabolism" was constructed through 3D reconstruction of CT/MRI. Precision localization and tracking were achieved by combining a six-degree-of-freedom robotic arm with a spatiotemporal convolutional neural network. Preoperative metabolic simulation predicted recurrence risk, real-time metabolic indicators optimized energy parameters during surgery, and intelligent follow-up management was implemented postoperatively.

Results: The lithotripsy system showed a localization error <2mm, a 40% improvement in lithotripsy efficiency, 92% energy focusing accuracy, a recurrence rate reduced from 30% to below 10%, a 60% simplification of the operation process, a learning cycle shortened to 1 month, compatibility with mainstream devices, and support for remote operation.

Conclusion: Visualized digital twin technology promotes the shift of pediatric urolithiasis prevention and treatment from "experience-dependent" to "digitally-driven", providing radiation-free, high-precision individualized treatment solutions for children and patients with complex urolithiasis. It is of great significance for promoting the downsinking of hierarchical medical resources.

Keywords: Digital Twin,Extracorporeal Shock Wave Lithotripsy, Intelligent Navigation,Individualized Treatment,Full-Cycle Management

OP - 24

VENTRAL LENGTHENING IS PREFERABLE TO COMBINED VENTRAL LENGTHENING AND DORSAL PLICATION FOR PENILE LENGTH IN HYPOSPADIAS WITH SEVERE VENTRAL CURVATURE

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Purpose: This study aims to compare the effects of ventral lengthening (VL) versus ventral lengthening combined with dorsal plication (VL + DP) techniques on penile length in hypospadias.

Materials and Methods: Clinical data were retrospectively collected from patients who underwent hypospadias repairs with urethral plate transection between March 2017 and June 2023. Patients were divided into VL group and VL + DP group based on the curvature correction techniques. Two novel parameters—penile lengthening ratio (PLR) and curvature-adjusted penile lengthening ratio (CPLR)—were introduced to evaluate the effectiveness of penile lengthening.

Results: A total of 103 male patients with hypospadias and severe ventral curvature were included. In patients with a curvature degree after degloving (CDAD) greater than 45°, the CPLR was significantly higher in the VL group compared to that in the VL + DP group (0.0101 ± 0.0028 vs 0.0085 ± 0.0024, $p = 0.026$). Among patients with proximal hypospadias, the CPLR in the VL group was significantly higher than that in the VL + DP group (0.0106 ± 0.0024 vs 0.0093 ± 0.0026, $p = 0.041$).

Conclusions: In patients with CDAD > 45° or proximal hypospadias, VL demonstrated superior penile elongation compared to VL + DP.

Keywords: Hypospadias; Curvature correction; Urethral plate transection; Ventral lengthening; Dorsal plication; Penile length

OP - 25

MTORC2 PATHWAY DISRUPTION IN THE DUAL OCCURRENCE OF HYPOSPADIAS AND ANORECTAL MALFORMATIONS: EVIDENCE FROM WES

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Background: Hypospadias and anorectal malformations (ARM) are common congenital anomalies that frequently co-occur but have poorly understood genetic mechanisms. Both conditions arise from caudal mesodermal derivatives during early embryogenesis. The mTORC2 signaling pathway, in which RICTOR is a critical component, plays essential roles in cell survival, cytoskeletal organization, and epithelial remodeling processes necessary for urethral and cloacal development.

Objective: To identify functionally relevant genetic variants contributing to the co-occurrence of hypospadias and ARM using whole exome sequencing (WES).

Methods: WES was performed on six unrelated male patients presenting with both hypospadias and ARM. Variants were prioritized based on population frequency, predicted pathogenicity, and relevance to urogenital development.

Results: We identified a heterozygous missense variant in RICTOR (NM_152756.5: c.5084C>T; p.Thr1695Ile) in four of six patients (67%). All four patients with the RICTOR variant presented with proximal hypospadias (Types II-III) and severe ARM (imperforate anus or rectourethral fistula). The two patients without the RICTOR variant both carried a missense variant in MMP17 (NM_016155.7: c.C386G; p.A129G), a downstream target of the mTORC2-AKT pathway, along with distinct variants in SOX30, a testis-specific transcription factor. This pattern suggests genetic convergence where disruption at different levels of the mTORC2-AKT signaling cascade contributes to defective mesodermal patterning and urogenital morphogenesis.

Conclusion: This study identifies recurrent variants in RICTOR, MMP17, and SOX30 among patients with coexisting hypospadias and ARM, implicating the mTORC2-AKT signaling pathway as a shared developmental mechanism. These findings support including these genes in diagnostic panels and highlight the need for functional validation studies to confirm their roles in genitourinary and hindgut development.

Keywords: Hypospadias, Anorectal Malformation, RICTOR, MMP17, SOX30, mTORC2, AKT pathway, Whole Exome Sequencing, Cloacal Development

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ACUTE KIDNEY INJURY BIOMARKERS BASED EVALUATION OF NEPHROPROTECTIVE THERAPY EFFECTIVENESS IN SHOCK WAVE LITHOTRIPSY IN CHILDREN.

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Purpose: Shockwave lithotripsy (SWL) is considered to be a "gold standard" for treatment of kidney stones in children. Despite its minimal invasiveness SWL is known for acute renal damage. The aim of the study was to evaluate the efficacy of prednisolone nephroprotection.

Methods: A total of 108 stone patients were treated with SWL. 54 of them comprised a control group and 54 were treated with prednisolone (0,5 mg/kg.) twice: 2 days and 2 hours before SWL . We sampled acute kidney injury biomarkers concentration in urine (neutrophil gelatinase-associated lipocalin (NGAL), kidney injury molecule-1 (KIM-1), tissue inhibitor of metalloproteinase-2 (TIMP-2)) and in serum (interleukin-18 (IL-18)) before SWL (point 1), 45 minutes after (point 2) and 24 hours after (point 3) the procedure.

Results: All biomarkers increased after SWL. Highest concentrations were recorded at point 2 and for interleukin-18 - at point 3. NGAL level at point 2 in control group was 48.3 (24.5; 117.0) ng/mL - significantly higher ($p=0.044$) than in treatment group - 28.4 (16.0; 71.8) ng/mL. KIM-1 concentration at point 2 in control group was 0.57 (0.45; 0.70) ng/mL. and in treatment group 0.48 (0.25; 0.91) ng/mL, which was not statistically different ($p=0.344$). TIMP-2 level at point 2 in control group (12.3 (9.23;20.2) ng/mL) was significantly higher ($p<0.001$) than in treatment group (6.75 (5.2; 12.1) ng/mL.). IL-18 level at point 3 in control group (164.7 (113.7; 217.1) pg/mL) was significantly higher ($p=0.042$), than in treatment group (130.3 (89.7;186.1) pg/mL).

Conclusions: We identified highly sensitive biomarkers for SWL-induced acute kidney injury and assessed their level changes in prednisolone treatment setting. According to our data prednisolone is effective for acute kidney injury prophylaxis during SWL in children.

Keywords: Shockwave lithotripsy, children, urolithiasis, biomarkers, nephroprotection.

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ARTIFICIAL INTELLIGENCE FOR OBJECTIVE ASSESSMENT OF PEDIATRIC UROFLOWMETRY CURVES

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Purpose: Uroflowmetry is a key diagnostic tool for assessing bladder bowel dysfunction in children, with voiding curve shape being the most critical parameter. However, subjective interpretation leads to low inter-observer agreement. This study evaluates the potential of artificial intelligence (AI) and machine learning (ML) to objectively classify uroflowmetry curves, aiming to reduce variability and enhance diagnostic accuracy.

Methods: This cross-sectional study analyzed 586 uroflowmetry curves from children aged 5–17 years, excluding tests with voided volumes below 50% of expected bladder capacity. Curves were standardized per ICS recommendations (1 mm = 1 s on x-axis, 1 ml/s on y-axis) and classified by three pediatric urology specialists into bell, tower, plateau, staccato, or interrupted patterns per ICCS definitions. The YOLOv5x6 algorithm was trained on 85% of the dataset, with 15% for validation, using a high-performance system. Performance was assessed via accuracy, precision, recall, F1-score, and mean Average Precision (mAP).

Results: Inter-rater agreement was high (Fleiss' kappa: 0.948 ± 0.007). The AI model achieved 85.8% accuracy, with 96% success in identifying bell-shaped curves. Plateau curves showed the highest precision (1.00), while staccato had the lowest (0.64). mAP@0.5 reached ~90%, stabilizing after 50 epochs.

Conclusions: AI-driven classification of uroflowmetry curves offers high accuracy and reduces observer variability. Future work should focus on multi-center datasets and standardized reporting to enhance clinical utility and integration into uroflowmetry devices for real-time analysis.

Keywords: artificial intelligence, uroflowmetry, voiding dysfunction

OP - 28

ELECTIVE ORCHIDOPEXY AFTER MANUAL DETORSION IN PEDIATRIC SPERMATIC CORD TORSION: AN 8-YEAR RETROSPECTIVE STUDY

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European pediatric urology guidelines recommend immediate bilateral orchidopexy after successful manual detorsion (MD) of testicular torsion. In our tertiary center, elective orchidopexy is performed after successful detorsion rather than immediate surgery. This study aimed to evaluate the safety of delayed orchidopexy following MD.

A retrospective study was conducted over eight years (2017–2024), including pediatric patients with testicular torsion. Group A included patients who underwent successful MD (confirmed by pain relief, physical exam normalization, and Doppler ultrasound) followed by elective orchidopexy. Group B included patients undergoing urgent orchidopexy after diagnosis. Cases requiring orchiectomy were excluded. Variables analyzed included demographic data, torsion side, symptoms duration, surgical approach, operative time, follow-up duration and results. For Group A, time to surgery were also evaluated.

Of 267 cases, 86 were included in Group A and 89 in Group B. No significant differences were observed in age (p=0.069), torsion side (p=0.573), or symptoms duration (p=0.240). The median interval between MD and elective orchidopexy was 25 days (IQR 15–49; range 3–295). One retorsion case occurred in Group A, 208 days after MD, requiring urgent surgery. No testicular loss occurred in Group A. Postoperative complications were higher and more severe in Group B, though not statistically significant (p=0.168 for frequency; p=0.150 for severity). During follow-up no difference in testicular symmetry was found (p=0.010).

Delayed orchidopexy after successful MD appears safe, with no testicular loss cases and minimal retorsion risk when surgery performed within four weeks. Although statistical significance was not reached, complication rates tended to be lower and less severe in the elective surgery group, possibly due to operating outside of the acute inflammatory phase. These findings support the non-inferiority of this approach, though multicenter prospective studies are needed to confirm its safety.

Keywords: Testicular torsion; Manual detortion; Delayed orchidopexy

OP - 29

ROBOT-ASSISTED END-SIDE URETEROURETEROSTOMY COUPLED WITH LICH-GREGOIR URETERAL REIMPLANTATION FOR THE TREATMENT OF DUPLEX KIDNEY IN CHILDREN

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Objective: To evaluate the efficacy of robot-assisted end-side ureteroureterostomy combined with Lich-Gregoir ureteral reimplantation in the treatment of children with duplicated renal anomalies.

Methods: Clinical data of patients with duplicated collecting systems who underwent robot-assisted end-side ureteroureterostomy coupled with Lich-Gregoir ureteral reimplantation from May 2019 to May 2023 were retrospectively analysed. All children presented with lesions in both ipsilateral upper and lower ureters, and the contralateral ureter was normal. Operative time, postoperative stay, pre and post operative renal pelvic anteroposterior diameter (APD) and ureteral diameter, complications were recorded.

Results: A total of 12 patients underwent the surgery. Clinical presentations included urinary tract infections (9), urinary incontinence (2), and abdominal pain (1).Pathological types included ureterocele(7 cases, 3cases with vesicoureteral reflux), ectopic ureter (5 cases, 2cases with vesicoureteral reflux) in the upper pole system. Ureterostenosis (4 cases) and vesicoureteral reflux(8 cases) in the lower pole system. The average surgical time was 221.83±41.64 minutes, and the average hospital stay was 7.7±3.0 days. There were statistically significant differences in pre- and postoperative APD and ureteral diameter in upper pole system (22.92±9.07 min vs. 7.33±5.03 mm, 11.08±3.15 vs. 5.83±2.41 mm) and pre- and postoperative APD and ureteral diameter in lower pole system (14.00±6.25 mm vs. 5.25±3.02 mm, 7.75±2.26 mm vs. 4.75±1.36 mm). One patient suffered UTI, which resolved after conservative anti-inflammatory treatment.

Conclusion: Robot-assisted ureteroureterostomy coupled with Lich-Gregoir ureteral reimplantation is a safe and effective approach for children with duplicated collecting systems.

Keywords: duplex kidneys, ureteral reimplantation, child

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OP - 30

IN WHICH CASES OF PROXIMAL HYPOSPADIAS DETAILED INVESTIGATIONS ARE NECESSARY

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Objective: The aim of this study was to evaluate the differences in physical examination and radiologic findings of patients with proximal hypospadias in terms of Disorders of Sex Development (DSD) groups.

Materials and Methods: The ages, physical examination and radiological findings and diagnoses of the cases aged 0-18 years who were admitted to our hospital due to proximal hypospadias between 2005-2022 and whose male gender was determined as a result of their evaluation for DSD were evaluated.

Results: There were 43 patients with a median age of 4 months (1 day-14 years). Nineteen of the patients had penoscrotal (44.2%), 13 had scrotal (30.2%), and 11 had perineal (25.6%) hypospadias. All patients had severe ventral curvature, and penile length was below 2.5 standard deviations for age in 33 patients (76.7%). Bifid scrotum was detected in 28 cases (65.1%) and penoscrotal transposition was detected in 13 cases (30.2%). Twenty of the patients (46.5%) had bilateral and 12 had unilateral (27.9%) undescended testes. There were 46,XY DSD in 33 patients (76.7%), Sex chromosome DSD in 5 patients (11.6%), 46,XX Ovotesticular DSD in 2 patients (4.7%) and karyotype anomalies other than DSD groups were detected in 3 patients (7%). Undescended testis and/or micropenis were present in 37 patients (92.5%) in DSD groups (p=0.709). Uterine remnant was detected in 7 cases in the DSD groups (16.3%), 5 of these cases had perineal and 2 had scrotal hypospadias (p=0.008). Penoscrotal hypospadias was found only in the 46,XY DSD group (p=0.022).

Conclusion: Patients with proximal hypospadias accompanied by undescended testis and/or micropenis should be evaluated in detail before any surgical intervention. We believe that especially in cases with scrotal and perineal hypospadias should be investigated for possible uterine remnants.

Keywords: DSD; Differences of sex development, Proximal hypospadias, Micropenis

OP - 31

URETHRAL TRAUMA IN CHILDREN: A NARRATIVE REVIEW

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Purpose: Urethral trauma in children is a rare condition. The majority of the literature is derived from studies on adult populations. To better understand this topic, we conducted a narrative review of the existing literature in children.
The objective of this study was to assess the effects of conservative management versus endoscopic management versus open reconstruction in children after urethral trauma. Primary outcomes are: continence, sexual function, stricture rate. Secondary outcomes are: need for redo surgery and quality of life

Material and methods: A systematic analysis of the available literature was conducted by reviewing Pubmed, EMBASE, Scopus, Web of Science and Cochrane databases for articles using the search terms “pediatric urethral trauma”, with limits: age <18yr; time limit 1990-november 2023; language English, Dutch, German, French, Turkish, Russian and Romanian; with a follow-up of at least 3 months. Exclusion criteria were hypospadias and iatrogenic urethral trauma, case reports and studies with n<5. After full text read, a total of 31 articles including 787 patients were selected for final analysis.

Results and discussion: The quality of the available literature was low, primarily due to the retrospective design of most studies. Data about management and outcomes were inconsistent, often confusing, and difficult to interpret with no standardized reporting of the results. Open surgery was more often performed than endoscopic management. Stricture rate was around 20%. No conclusion can be drawn regarding redo surgeries. Continence rates and sexual function were generally favorable with problems often transient. Quality of life was not properly investigated due to lack of validated questionnaires in children.

Conclusion: Due to the significant inconsistencies in existing literature, definitive conclusions regarding the optimal management of children after urethral trauma remain elusive. To address these gaps, we propose recommendations in the reporting of future research.

Keywords: Child, Treatment outcomes, Urethral stricture, Urethra /injury, Urethra / surgery

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LATE PRESENTATION OF BOYS WITH POSTERIOR URETHRAL VALVES IN UGANDA AND THEIR ESTIMATED SURVIVAL BASED ON SERUM CREATININE LEVELS

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Purpose: This study aimed to evaluate the prevalence of chronic kidney disease (CKD) based on serum creatinine levels in boys with posterior urethral valves (PUV) diagnosed late and previously untreated. We also sought to estimate their survival time in Uganda, where dialysis is limited and kidney transplantation is unavailable.

Methods: We retrospectively reviewed data from boys with PUV treated between 2021 and 2024. Serum creatinine levels on admission prior to endoscopic valve incision were converted to estimated glomerular filtration rate (eGFR) using the classic Schwartz formula. Follow-up creatinine levels were compared with baseline values using a paired t-test. CKD staging was based on eGFR, and median time to end-stage renal disease (ESRD) was estimated by extrapolating from large-scale published studies.

Results: Of 64 patients identified, 22 were excluded due to prior valve incision or vesicostomy performed elsewhere. The remaining 42 boys, aged 5 months to 13 years (median 37 months), presented late with symptoms such as dribbling, straining, or urinary tract infections. Among 32 patients with available follow-up, serum creatinine on admission ranged from 0.21 to 6.24 mg/dL (mean 0.82 ± 1.12; median 0.48), while follow-up values ranged from 0.19 to 2.02 mg/dL (mean 0.65 ± 0.46; median 0.50). The change was not statistically significant ($p = 0.254$). Seventeen boys (40%) were classified as having CKD: stage 2 (n=7), stage 3a/3b (n=6), stage 4 (n=2), and ESRD (n=2). The estimated median time to progression from CKD stages 2–4 to ESRD was under 4.5 years.

Conclusion: In boys with late-diagnosed PUV, creatinine levels did not significantly improve after valve ablation, and 40 % developed CKD. Their estimated median time to ESRD was less than 4.5 years, underscoring the need for earlier detection and improved renal support in low-resource settings.

Keywords: Posterior urethral valves, chronic kidney disease, serum creatinine, estimated glomerular filtration rate.

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EFFICACY OF PELVIC FLOOR REHABILITATION AND TENS IN PEDIATRIC PATIENTS WITH REFRACTORY FUNCTIONAL CONSTIPATION: A RANDOMIZED CONTROLLED STUDY

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Purpose: To evaluate the clinical outcomes of pelvic floor rehabilitation (PFR) and/or transcutaneous electrical nerve stimulation (TENS) in children with refractory functional constipation (FC).

Method: This prospective, randomized, controlled trial included 46 children aged 5–18 years diagnosed with refractory FC. All participants continued medical treatment and were randomly assigned to four groups: PFR (n=10), TENS (n=14), combined PFR+TENS (n=10), and control (n=12). PFR and TENS were administered for six weeks. Assessments were done before treatment, at 6th week, 3rd and 6th months post-treatment. Outcome measures included number of symptoms meeting the Rome IV criteria, Constipation Severity Instrument (CSI), Constipation Quality of Life Questionnaire (CQLQ) and Leech score. Data were analyzed using SPSS 27.0, with $p<0.05$ considered statistically significant.

Results: Of the patients, 56.5% were female (n=26) and 43.5% male (n=20). The mean age was 10.9 ± 3.3 years. Comparisons were made with pre-treatment values. In the PFR group, symptoms decreased at 6th week and 6th month, while CQLQ scores improved at 6th week and 3rd month ($p<0.05$). In the TENS group, symptoms and CQLQ scores improved at all follow-ups ($p<0.05$). In PTR+TENS group, symptoms and CSI scores were reduced at all assessments and CQLQ scores at 6th week and 6th month ($p<0.05$). In the control group, only symptoms improved. No significant changes were observed in Leech scores in any group.

Conclusion: PFR and TENS both reduce symptoms and improve quality of life in children with FC. Combined therapy is superior to monotherapy because it improves symptoms, reduces constipation severity, and provides a long-lasting therapeutic effect. Both PFR and TENS can be regarded as safe and effective alternative treatment options for selected patients.

Keywords: Functional constipation, children, transcutaneous electrical nerve stimulation, TENS, neuromodulation, pelvic floor rehabilitation

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ASSING FAECAL LOAD WITH BEDSIDE ULTRASOUND IN CHILDREN WITH COLORECTAL PATHOLOGY: REKISO STUDY

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Purpose: Children with congenital colorectal disorders like Anorectal Malformation (ARM) or Hirschsprung Disease (HD) often face constipation or soiling after surgery. Bowel management (BM) is key for achieving continence and is typically monitored via repeated abdominal X-rays, despite concerns about radiation exposure in young children. X-rays are still used for assessing fecal load in functional constipation (FC), though their value is limited and not guideline-recommended. Abdominal ultrasound has emerged as a safe alternative, but data for ARM and HD are lacking. This study evaluates Point-of-Care Ultrasound (POCUS) measurement of transverse rectal diameter (TRD) for monitoring BM in these patients.

Methods: A prospective case-control study (04/2023–04/2024) included children with HD, ARM, and FC, plus controls without abdominal symptoms. TRD was measured using the Klijn method with a curved probe angled ≥15° over a moderately full bladder. Fecal load was assessed retrogradely, with follow-up at 1, 3, and 6 months. Clinical data were collected from records. Sample size was calculated a priori; analysis was performed using SPSS 26.0.

Results: Post-surgical ARM and HD patients (excluding total colonic aganglionosis) showed significantly increased TRD with constipation or soiling, similar to findings in FC. TRD decreased with successful BM ($p < 0.05$). Sensitivity was 95.89%, specificity 72.84%. Controls showed no rectal fecal load; asymptomatic cases had minor colonic load. TRD strongly correlated with fecal load ($p < 0.0001$) and was sufficient for BM monitoring, without needing X-rays.

Conclusion: POCUS is a reliable, radiation-free tool for assessing fecal load and managing BM in children with or without colorectal pathology. A TRD cut-off of 3 cm effectively distinguishes symptomatic from asymptomatic children. This is the first study to validate its use in ARM and HD patients.

Keywords: bowel management, Point of Care Ultrasound, Colorectal, Faecal Load

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COMPARISON OF EARLY AND LONG-TERM OUTCOMES BETWEEN LA-TEPT AND TEPT IN LEFT-SIDED HIRSCHSPRUNG DISEASE: IDENTIFICATION OF RISK FACTORS FOR POSTOPERATIVE STRICTURE, ENTEROCOLITIS, AND REDO SURGERY

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Purpose: This study aimed to compare early and long-term outcomes of Laparoscopy-assisted transanal endorectal pull-through (LA-TEPT) and TEPT in left-sided Hirschsprung disease (HD) and identify risk factors for postoperative stricture, postoperative enterocolitis, and redo surgery.

Method: Between January 2010 and September 2024, a total of 151 patients with HD underwent surgery at our clinic. Patients who underwent LA-TEPT or TEPT for left-sided colonic HD were included. Early and long-term outcomes were evaluated.

Results: A total of 75 patients (LA-TEPT:36, TEPT:39) were included. No statistically significant differences were observed between the LA-TEPT and TEPT groups in terms of the following complications: constipation (LA-TEPT:n:14, 38.9%; TEPT:n:14, 35.9%; p:0.789), encopresis (LA-TEPT:n:10, 27.8%; TEPT:n:15, 38.5%; p:0.327), growth retardation (LA-TEPT:n:9, 25%; TEPT:n:7, 17.9%; p:0.456), stricture (LA-TEPT:n:12, 33.3%; TEPT:n:7, 17.9%; p:0.126), dermatitis (LA-TEPT:n:5, 13.9%; TEPT:n:2, 5.1%; p:0.193), enterocolitis (LA-TEPT:n:3, 8.3%; TEPT:n:4, 10.3%; p:0.775), soiling (LA-TEPT:n:4, 11.1%; TEPT:n:6, 15.4%; p:0.586), distension (LA-TEPT:n:2, 5.6%; TEPT:n:2, 5.1%; p:0.978), and the need for redo surgery (LA-TEPT:n:4, 11.1%; TEPT:n:3, 7.7%; p:0.611). In left-sided HD, postoperative stricture (OR:24.5, p:0.032) and growth retardation (OR:18.9, p:0.023) were significant predictors of redo surgery. Postoperative distension (OR:12.8, p:0.021) was significant in univariate but not in multivariate analysis (OR:11.43, p:0.105). Three-stage surgery (OR:3.636, p:0.042) was an independent risk factor; ileus (OR:3.9, p:0.060) showed a borderline association for postoperative stricture formation. Univariate analysis identified ileus (OR:15.6, p:0.004) and three-stage surgery (OR:6.4, p:0.027) as significant risk factors for postoperative enterocolitis.

Conclusions: LA-TEPT and TEPT showed comparable outcomes in left-sided HD. Postoperative stricture, growth retardation, ileus, and three-stage surgery were significant predictors of enterocolitis and need for redo surgery.

Keywords: LA-TEPT, TEPT, Left Colon Hirschsprung

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ROBOT-ASSISTED SURGERY IN PEDIATRIC PATIENTS WITH INTESTINAL DUPLICATION

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Background: Intestinal duplication is a common congenital gastrointestinal duplication malformation, and its treatment method is resected by surgery, laparoscopic assisted surgery is currently the most common surgical procedure. With the development of technology, Da Vinci robotic surgery system has assisted the further development of minimally invasive surgery by facilitating more delicate and precise procedures. the aim of this study was to present a study of robot-assisted resection of the Intestinal duplication and to discuss the technical points

Methods: A total of 123 patients who were diagnosed with intestinal duplication in the Children's Hospital, Zhejiang University School of Medicine, from June 2020 to February 2024 were retrospectively analyzed. The collected data included the clinical information of the patients, intraoperative conditions, operative details, and postoperative outcomes.

Results: A total of 58 patients underwent laparoscopic assisted surgery and 75 patients underwent robot-assisted surgery. For the laparoscopic assisted surgery group, the diseased intestinal was pulled out of the body through the umbilical incision and subjected to local intestinal resection and anastomosis. For the robot-assisted surgery group, all the cysts were peeled off by complete endoscope, the integrity of the intestine was preserved, and even if there was rupture, local suturing can be performed without the need for intestinal resection and anastomosis. There was no significant difference in surgical time between the two groups ($P > 0.05$), But the postoperative feeding time and hospitalization time of the robot assisted surgery group were significantly shorter ($P < 0.05$)

Conclusion: Robot-assisted surgery in pediatric patients with intestinal duplication is safe and feasible. It does not require pulling the intestinal out of the abdominal cavity or removing the local intestinal tract, resulting in significantly improved postoperative outcomes.

Keywords: Key words: Robot-assisted, Intestinal duplication, Pediatric

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ROBOTIC-ASSISTED PULL-THROUGH PROCEDURES FOR HIRSCHSPRUNG'S DISEASE - A SYSTEMATIC REVIEW.

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Aim: To study the published literature on robotic-assisted pull-through procedures for Hirschsprung's disease

Method: A PubMed search was done on 10th April 2024 with the words "robotic AND Hirschsprung's disease". The articles were screened for relevance. Data was compiled on the role of robotic-assisted pull-through procedures in complex Hirschsprung's surgeries, comparison with laparoscopic-assisted procedures, benefits of one over the other, with emphasis on safety and feasibility of robotic-assisted procedures in children below one year of age. The search was updated on 10th July 2025.

Results: The first; updated search gave 22;28 articles. 21 duplicated articles were excluded. 21 relevant studies were selected for the study. The most common robotic-assisted pull-through was Soave's while Swenson's was popular among Chinese studies. There were two studies with more than 100 cases in each. Mean age was less than 12 months in 7 studies. The most anomaly operated was classical rectosigmoid Hirschsprung's disease. Few studies had long segment Hirschsprung's while one study also treated total colonic aganglionosis robotically. All studies except one had a primary pull-through while the exception reported the use of robotic assistance in redo cases. There were no major intraoperative complications reported in any of the studies and no conversion to open laparotomies. The follow-up duration was less than 12 months in 4 studies. Incontinence scores were reported in the follow-up period among 4 studies.

Conclusion: The current advancement in robotic surgeries reflects continuous improvement in safety, efficacy, and patient outcomes. The transition to minimally invasive robotic surgery underscores not only a reduction in operative times and postoperative complications but also a notable enhancement in the quality of life for pediatric patients.

Keywords: HD, Robotic Surgery, Colorectal

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CORRELATION BETWEEN LONG-TERM FOLLOW-UP ADHERENCE AND FUNCTIONAL OUTCOMES IN CHILDREN WITH ANORECTAL MALFORMATIONS: A RETROSPECTIVE-PROSPECTIVE STUDY AT A RURAL TERTIARY CENTER

Muma Nyagetuba

AIC KIJABE HOSPITAL

Purpose: Anorectal malformations (ARMs) require specialised surgical correction. It usually requires multidisciplinary care and long-term follow up in order to achieve optimal functional outcomes. Despite this, there is paucity of data pertaining to long-term follow up in in low- and middle-income countries (LMICs). To correlate long-term adherence to follow-up with long-term outcomes in children treated for ARM at a rural tertiary facility in Kenya.

Methods: A mixed-methods retrospective-prospective study evaluated ARM cases managed between 2004 and 2022. Quantitative chart reviews (n = 179) were corroborated by caregiver interviews (n = 136). Outcomes of interest that were evaluated were faecal incontinence, constipation, and urinary incontinence. Adherence was classified as complete, partial, or non-adherence. Data were analysed using descriptive statistics, chi-square tests, and logistic regression models (STATA v18.0).

Results: Full adherence was documented in 28.7% of patients, while 43.4% showed partial and 27.9% non-adherence. Constipation was the most prevalent long-term outcome (57.4%) [4,24], followed by faecal incontinence (41.2%) [13,36] and urinary incontinence (21.3%) [14]. Fully adherent children had significantly lower odds of faecal incontinence compared to their non-adherent peers (OR 0.33, 95% CI 0.14–0.78, p=0.011). Adherence was independently associated with both bowel function (χ^2=13.92, p=0.001) and urinary continence (χ^2=6.01, p=0.049). Key predictors of non-adherence included lack of insurance, single-guardian care, and lower parental education.

Conclusion: High complication rates and suboptimal adherence underscore the need for structured follow-up models tailored to the realities of rural LMICs. The disparity between documented clinic visits and patient-reported care underscores the need for proactive, protocolized follow-up systems that ensure structured transitions and minimize loss to follow-up—especially in low-resource settings.

Keywords: ANORECTAL MALFORMATION, LONGTERM ADHERENCE, CONSTIPATION, FOECAL CONTINENCE, URINARY CONTINENCE

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MANAGEMENT AND LONG-TERM OUTCOMES OF CLOACA PATIENTS: QUALITY OF LIFE, INTESTINAL AND URINARY FUNCTION AT A LATIN AMERICAN PEDIATRIC CENTER

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Purpose: Present the management experience of cloaca patients from 2008 to 2022, evaluating intestinal and urinary function and long-term quality of life.

Method: Retrospective case series of patients with cloaca surgically corrected between 2008 and 2022. Follow-up assessed intestinal and urinary function plus quality of life using the PEDsQL scale. Ethics committee approval was obtained.

Results: 23 patients were included. 52.1% had a short common channel, 47.9% a long channel. In the short channel group (11 patients), 81.8% had associated malformations, mainly renal (72.7%). Sacral ratio average was 0,5. Total urogenital mobilization via posterior sagittal approach was performed in 63.6%; 36.4% needed an abdominal approach. Follow-up was performed in 90.9%. Constipation affected 63.6%, with 60% adherence. Fecal incontinence occurred in 54.5%, 33.3% were accident-free. Urinary incontinence was 45.5%, and 18.1% required catheterization. PEDsQL was applied to 9 patients; average score was 67.92 (parent report) and 85.87 (patient report)

In the long channel group (12 patients), 91.6% had associated anomalies, mainly renal (83.3%). Sacral ratio average was 0,5. Urogenital mobilization with abdominal approach was done in 58.3%; vaginal replacement in 16.7%. Follow-up included 83.3% patients. Constipation affected 50%, with 35% adherence. Fecal incontinence was 50%, 20% were accident-free. One patient had a Malone procedure. Urinary incontinence was 66.6%, 30.2% needed catheterization. PEDsQL was applied to 8 patients; average score was 68.91 (parent report) and 68.66 (patient report)

Conclusion: Cloacal malformation is a rare, complex anomaly often linked to other defects (mainly renal). Surgery requires multidisciplinary care, making specialized centers essential. Long-term follow-up shows half have fecal incontinence; urinary continence is more common with long channels. Quality of life improves in milder cases.

Keywords: Cloacal malformation, intestinal function, urinary function, quality of life

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UNRAVELING THE MOLECULAR BASIS OF CLINICAL HETEROGENEITY IN HIRSCHSPRUNG DISEASE THROUGH GENE EXPRESSION ANALYSIS

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Background: Hirschsprung disease (HSCR) can increase morbidity and mortality in children because it causes a functional blockage. Data on the epidemiology and genetics of HSCR in the Acehnese ethnic group in Indonesia are still limited, despite a higher incidence rate in Aceh compared to national and global averages. We aimed to explore the association between *RET, NRG1, SEMA3,* and *RarB* genes and the phenotypes of HSCR patients, including sex, HSCR type, age at diagnosis, and complications, in the Acehnese ethnic group.

Methods: This study employs an observational analytical design with a cross-sectional approach. A total of 57 HSCR patients who underwent surgery at Dr. Zainoel Abidin Hospital in Aceh were included in the study. Demographic, clinical, and histopathological data were collected systematically. Both aganglionic and ganglionic tissues from the colon or rectum were sampled from HSCR patients, along with control samples from each patient with anorectal malformation. mRNA expression of *RET, NRG1, SEMA3*, and *RarB* genes was measured using real-time PCR, and statistical analysis was performed to assess the relationship between gene expression, genotypic profiles, and clinical phenotypes.

Results: Among the 57 patients, the majority were male (70.2%), and most had short-segment HSCR (98.2%). Clinical signs included abdominal distension (100%), delayed meconium passage (86%), and a positive squirt sign (77.2%). Treatments for HSCR included transanal endorectal (87.9%), transanal Swenson-like (38.6%), transabdominal Soave (1.8%), and Duhamel (1.8%) pull-throughs. The expression of *NRG1* showed a significant decrease in aganglionic colon tissue compared to control colon (2.84-fold; p=0.02). The expression of *RET* showed a substantialdecrease in both aganglionik and ganglionic tissue (3.23-fold; p=0.02 and 3.89-fold, p=0.02, respectively). While *SEMA* and *RarB* showed variable expression. The expression of the *SEMA3*gene showed a significant decrease in aganglionic tissues (3.05-fold; p=0.03) and also in ganglionic tissues (2.94-fold, p=0.04) compared to the control colon. The expression of *RARB* also showed a significant decrease in agalionic tissues (3.14; p<0,01), and also ganglionic tissues (2.60-fold;

p=0.03). The *SEMA3* and *RarB* genes are significantly more expressed in female HSCR patients. The *NRG1* is more highly expressed in male HSCR patients. Age significantly influences *NRG1* gene expression, with the lowest levels observed in individuals under 1 year old. Significant associations were found between family history, HSCR type, and delayed diagnosis, as well as complications.

Conclusions: Our study indicates that *RET, NRG1, SEMA3*, and *RarB* expressions play a significant role in the development and influence the phenotype of HSCR patients within the Acehnese population. These findings further confirm the complexity of HSCR pathogenesis. Additionally, our study is the first to report *RarB* expression in patients with HSCR and their association with the phenotypes.

Keywords: Hirschsprung disease; gene expression; RET; NRG1; SEMA3; RarB; Acehnese; pathogenesis; phenotypes

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ASSESSMENT OF EFFICACY, COMPLICATIONS, AND QUALITY OF LIFE IN PATIENTS UNDERGOING ANTEGRADE CONTINENCE ENEMA (ACE) PROCEDURES

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Purpose: The study aimed to evaluate efficacy, complications, and quality of life in patients undergoing antegrade continence enema procedures in managing chronic constipation and fecal incontinence.

Patients and Methods: The records of patients between 2000 and 2024 were retrospectively reviewed. Data on demographics, diagnoses, surgical techniques, complications, revision surgery, fecal continence status, and quality of life scores (KINDL) were collected from archives and telephone interviews. Statistical analyses were conducted using IBM SPSS Statistics 27.

Results: A total of 68 patients (M/F: 43/25) were included. Median age of 9 ± 4.9 years. Diagnoses included meningomyelocele (36), anorectal malformations (26), Hirschsprung's disease (3), sacrococcygeal teratoma (1), and chronic constipation (7). Twenty-one patients underwent laparoscopic surgery. An appendiceal conduit was used in 42 patients, and a cecal/colonic conduit in 26 patients (appendiceal stump lengthened in 16, cecal conduit in 7, transverse colonic conduit in 1 Descending colonic conduit in 2). Cecal imbrication was performed in 29, and the Mitrofanoff procedure in 40 patients. The mean follow-up was 92 ± 80 months overall, 90 ± 75 months for appendiceal conduits, and 26 ± 20 months for cecal/colonic conduits. Complications and the need for a second surgery are summarized in Table 1.

Fecal continence was achieved in 89% of patients during the follow-up period. And the mean total score of QoL was 72.7 ±15.8.

Conclusion: The efficacy of ACE procedures in achieving fecal continence has been demonstrated, with certain complications. In patients without an appendix, a cecal tube may be a suitable alternative. An anti-reflux mechanism could be added to prevent stomal reflux. The total Qol score seems to be good in most patients.

Keywords: ACE, Fecal incontinence, Constipation

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THE PODCAST-QUESTION: POSTOPERATIVE DILATION VERSUS CALIBRATION AFTER SURGICAL TREATMENT OF HIRSCHSPRUNG'S DISEASE – WHAT IS NECESSARY?

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Purpose: Postoperative anal dilations following surgery for Hirschsprung disease (HD) remains a common practice. Our aim was to critically evaluate the benefit of routine dilation between groups who received either continuous anal dilations or a single postoperative calibration.

Methods: Patients who underwent surgery for HD at the University Children's Hospital Zurich (Switzerland) or the University Hospital Frankfurt am Main (Germany) within the first year of life were reviewed. The two cohorts were compared regarding anal dilation performed routinely (PD) or as a single postoperative calibration (PC). The primary outcomes were the development of anastomotic stricture, Hirschsprung-associated enterocolitis (HAEC) and constipation / fecal incontinence.

Results: A total of 91 patients were included in this study, with 46 patients (51%) in the PD group with regular postoperative anal dilation and 45 (49%) in the PC group with a single postoperative calibration. Anorectal stricture was noted in 5 patients (10.9%) in the PD group and in 9 patients (20%) in the PC group (p=0.259). Regarding the incidence of HAEC 5 children (10.9%) of the PD group and 6 children (13.3%) of the PC group developed HAEC (p=0.718) postoperatively. The constipation / fecal incontinence rates were similar with 14 patients (32.6%) in the PC group and 16 patients (34.8%) in the PD group (p=0.67).

Conclusion: Regular postoperative anal dilation after HD surgery does not reduce the rates of postoperative stricture and HAEC as well as constipation / fecal incontinence. A single postoperative calibration is sufficient to decide whether further regular dilations are necessary.

Keywords: Hirschsprung disease, anal dilation, anastomotic stricture, Hirschsprung associated enterocolitis

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NEGATIVE APPENDECTOMY RATE IN RESOURCE RESOURCE-LIMITED REGIONS

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Background: Appendicitis remains one of the most common surgical emergencies worldwide with a lifetime risk of 8.6% in males and 6.7% in females. The incidence rate is on the decline in high-income countries compared to low to medium-income countries, but remains stagnant in patients aged 0-4 years. In South Africa, where access to free health care is limited and most of the inhabitants are using public healthcare, a huge disparity exists in the presentation and outcome of appendicitis between the public and private sectors. Patients in the private sector have been shown to present early and with far fewer complications in comparison to those in the public sector.

Method: Retrospective cross-sectional study in three tertiary hospitals managing paediatric appendicitis.

Results: 1520 patients were included in this study. Only 8 (0.5%) of the patients had a normal appendix with an even distribution between male and female and a mean age of 7.8 years. Only 1 of the 8 had undergone laparoscopic appendectomy due to the low number of laparoscopic appendectomies performed during this period. 75.5% of the patients presented with perforated appendicitis (grade 3,4 and 5 as per AAST grading).

Conclusion: The negative appendectomy rate is remarkably low in our setting compared to the 9.5% globally. This is eclipsed by the high number of patients presenting with complicated/perforated appendicitis. Delayed health seeking behaviour may attribute to these high numbers along with limited resources at referral centres

Keywords: Negative appendectomy

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IMPLEMENTATION OF THE ERAS PROTOCOL IN CHILDREN UNDERGOING INTESTINAL STOMA CLOSURE: A MULTICENTRE STUDY.

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Purpose: To evaluate the outcomes of implementing a modified 22-element Enhanced Recovery After Surgery (ERAS) protocol in paediatric patients undergoing intestinal stoma closure across multiple tertiary centres in Poland.

Methods: This multicentre prospective cohort study was conducted between 2022 and 2025 in six Polish paediatric surgical centres. Children under 18 years undergoing elective intestinal stoma closure were included, regardless of underlying diagnosis. Patients hospitalised outside paediatric surgical units or receiving total parenteral nutrition were excluded. A modified 22-element ERAS protocol was applied. A total of 206 patients (60,68% boys, 39,32% girls), aged 2 months to 17 years and 11 months, were included. Of these, 103 patients were managed according to the ERAS protocol (ERAS group). The control group (pre-ERAS group), also comprising 103 patients, was selected from the database using 1:1 propensity score matching.

Results: In the ERAS group, 96,12% of patients avoided preoperative fasting compared with 24,27% in the pre-ERAS group. The "zero fluid balance" strategy, previously used in 6,8%, was adopted in 87,38% of ERAS patients. Parenteral nutrition use in postoperative period decreased from 74,51% to 27,18%. Median day of full oral tolerance was postoperative day 2 (ERAS) vs 5 (pre-ERAS). The first postoperative stool occurred on day 2 (ERAS) vs 3 (pre-ERAS). Median length of stay was reduced from 10 days (pre-ERAS) to 7 (ERAS). Similarly, the day of discharge postoperatively was reduced from 7 to 5 days (median).

Conclusions: The implementation of the ERAS protocol in paediatric stoma closure surgery is both feasible and safe. The protocol led to measurable clinical improvements, including faster return of bowel function, reduced use of parenteral nutrition, shorter hospital stays, and earlier discharge.

Keywords: Enhanced recovery after surgery protocol, paediatric, multicentre study, stoma closure, colorectal

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COMPARISON OF THE OUTCOMES OF LAPAROSCOPIC-ASSISTED ANORECTOPLASTY AND POSTERIOR SAGITTAL ANORECTOPLASTY IN MALE PEDIATRIC PATIENTS WITH INTERMEDIATE AND HIGH VARIETY OF ANORECTAL MALFORMATIONS AT A SINGLE CENTER IN A LOW- AND MIDDLE-INCOME COUNTRY

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Background: Male babies with intermediate and high variety of anorectal malformations (ARMs) are typically treated using a staged approach (3 stages). Two effective surgical techniques for addressing ARMs are Posterior Sagittal Anorectoplasty (PSARP) and Laparoscopically Assisted Anorectoplasty (LAARP). This study is based on our experience, comparing postoperative complications and long-term outcomes to evaluate the effectiveness of two different approaches.

Methods: This study was conducted in the Department of Pediatric Surgery at Chattogram Maa-O-Shishu Hospital Medical College over a decade, from January 2013 to October 2024. A total of 154 male children with intermediate and high variety of ARMs who underwent anorectoplasty were divided into two groups: Group A (LAARP) and Group B (PSARP) by simple randomization. The functional outcomes of children older than 3 years were assessed using the Krickenbeck scoring system, which was applied by interviewing their parents.

Results: The median age at anoplasty was 10 months (IQR: 7 to 15 months). The post-operative complications were slightly higher in the PSARP Group than in the LAARP Group, although the difference was statistically insignificant. Specifically, post-operative wound infection and dehiscence were developed in twenty-one patients (9 vs 12), retraction of the rectum in seven patients (2 vs 5), anal stenosis in five patients (3 vs 2), and rectal prolapse in seven patients (2 vs 5). In Group A, no urological complications occurred post-operatively. However, in Group B, four patients suffered from urinary incontinence, which was managed by CIC (Clean Intermediate Catheterization).

During the follow-up period, the rate of voluntary bowel movement was 85.7% (66/77) in Group A and 80.5% (62/77) in Group B (P=.12). Soiling and pseudo-incontinence were affecting 6.5% of patients in Group A compared to 9.1% in Group B. Grade III constipation was less common in the LAARP group (3.9%) than in the PSARP group (5.2%).

Conclusions: The LAARP demonstrated a reduction in postoperative complications and improved functional outcomes compared to the PSARP for the treatment of intermediate and high variety ARMs.

Keywords: ARMs, LAARP, PSARP, Postoperative complications, Krickenbeck scoring system

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PEDIATRIC INGUINAL HERNIA REPAIR WITH LAPAROSCOPY (PIHRL)-TRIAL: A MULTICENTER STUDY COMPARING EXTRA-CORPOREAL PERCUTANEOUS INTERNAL RING SUTURE (PIRS) AND INTRA-CORPORAL PURSE-STRING SUTURE FOR INGUINAL HERNIA

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Introduction: Techniques for inguinal hernia repair (IHR) in children are continuously being improved. Open repair is increasingly giving way to laparoscopy, with two possible approaches for laparoscopy: extra-peritoneally (Percutaneous Internal Ring Suturing, PIRS) or intra-peritoneally (conventional laparoscopy with purse-string suture). The aim of this trial is to compare outcomes, e.g. recurrence and anesthesia times, of PIRS with intra-corporeal laparoscopy using a purse-string suture (LIHR).

Methods: Subjects were prospectively included in the 'Pediatric Inguinal Hernia Repair with Laparoscopy' (PIHRL)-trial, to undergo surgery with PIRS or LIHR. Follow-up was conducted one year after surgery. Data concerning post-operative complications and anesthesia times were collected. Parents were asked to complete two questionnaires (POSAS and TAPQoL/TACQoL) to assess cosmetic results and quality of life.

Results: 177 subjects were included (PIRS n=126, LIHR n=51). There was a baseline difference in age between the groups from the different centers. Total anesthesia time was significantly shorter with PIRS (62.1±24.6min vs. 84.7±21.7min, p=0.001). One readmittance within 30 days occured in the LIHR group due to hemorrhage. This resolved spontaneously without the need for intervention. There was a significant difference in recurrence rate (PIRS n=2, LIHR n=4, p=0.038). One patient in the PIRS group suffered from testicular atrophy (p=0.523) and five re-interventions were necessary after PIRS due to wound complications (p=0.984).

Discussion: PIRS is safe and effective for pediatric IHR, with shorter anesthesia times and a lower recurrence rate compared to LIHR at one year follow-up. Longer follow-up and a larger sample size are necessary to confirm these results.

Keywords: Pediatric Inguinal Hernia Repair; Surgical Techniques; PIRS (Percutaneous Internal Ring Suture); Laparoscopy; Recurrence; Surgical Times; Cosmetic; Quality of Life

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RETHINKING PRIMARY REPAIR IN COLORECTAL ATRESIAS: LESSONS FROM A SIX-YEAR CLINICAL EXPERIENCE

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Background:

Colorectal atresias are rare congenital anomalies (1.8-5% of intestinal atresias) that present significant surgical challenges, especially in resource-limited settings. This study aims to give insight into the incidence, anatomical distribution, surgical management strategies, outcomes, and association with Hirschsprung's Disease (HD) in patients managed at our center over six years.

Methods:

A retrospective descriptive case series was conducted of patients diagnosed with colonic or rectal atresia from 2018 to 2024. Data were collected on type and location of atresia, surgical approach (primary vs staged), biopsy practices, outcomes, and follow-up status. Associations between procedure type and outcomes were analyzed using Chi-square tests.

Results:

Thirty-six patients were included (58.3% male). Rectal atresia accounted for 36.1% of cases, followed by Type I (22.2%), Type II (19.4%), and Type III (19.4%) colonic atresia. Sigmoid (33.3%) and ascending colon (27.8%) were the most common atretic sites. Only 3 patients (8.3%) underwent primary repair, while 91.7% received staged procedures. Definitive procedures were completed in 25% of patients. Mortality was 13.9% (5/36), all within colonic atresia patients. The surgical approach significantly affected outcomes (p=0.047), with primary repair associated with higher mortality (3/3 patients). Only 6 patients underwent rectal biopsy, with HD confirmed in 2 cases.

Conclusion:

Colorectal atresias require individualized surgical planning. Staged management appears safer, especially for colonic atresia, given the poor outcomes with primary repair. Rectal atresia had excellent prognosis, with no deaths. The low biopsy rate highlights a potential oversight in excluding Hirschsprung's Disease. Our findings support routine rectal biopsy in all colorectal atresia cases to ensure appropriate management. Early recognition, a cautious staged approach, and attention to associated anomalies are key to improving outcomes in these complex patients.

Keywords: Colonic atresia, Pediatric surgery, Hirschsprung's disease, rectal atresia

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ROBOTIC-ASSISTED REDO PULL-THROUGH PROCEDURES OF HIRSCHSPRUNG'S DISEASE FOR COMPLICATIONS : A SINGLE TEAM EXPERIENCE IN CHINA

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Objective: To evaluate the safety and effectiveness of robotic-assisted redo pull-through procedure (RAPT) due to complications after primary pull-through procedure (PT) for Hirschsprung's disease (HSCR), analyze the reasons for reoperation and summarize surgical experience.

Methods: The clinical data of 16 patients who underwent RARPT for complications after primary PT for HSCR from November 2022 to July 2024 in the Department of Gastrointestinal Surgery, Women and Children's Medical Center of Guangzhou Medical University were retrospectively analyzed. Among them, 10 were male and 6 were female. The reasons for reoperation were: recurrence of constipation in 7 cases (1 case of acquired aganglionosis, 2 cases of residual rectal muscle cuff, 4 cases of residual aganglionic segment or transitional zone), and 6 cases of anastomotic fistula (2 cases of rectovaginal fistula) and anastomotic stenosis (3 cases). Reoperation methods included RARPT (Deloyers + Swenson) in 7 cases, RARPT (Swenson) in 7 cases (including simultaneous residual muscle sheath resection in 2 cases, and removal of scar granulation tissue around the anastomotic fistula in 5 cases), 2 cases of RARPT (Swenson) and repair of rectovaginal fistula.

Results: The median operation time was 315 minutes (200-510 minutes), the bleeding volume was less than 20 ml, the postoperative recovery time for eating and drinking was 2-7 days, the first postoperative defecation time was 1-3 days, and the postoperative hospital stay was 8-14 days. There were no serious complications during the operation and no conversion to laparotomy. One patient developed incomplete intestinal obstruction while in the hospital and improved after conservative treatment and was discharged. Postoperative follow-up was from 2 to 21 months. Among them, 1 case had returned to the hospital for incomplete intestinal obstruction, 1 case developed enterocolitis, which improved after enema, and 6 cases of soiling.

Conclusion: RARPT is safe and effective for postoperative complictions of Hirschsprung's disease.

Keywords: Hirschsprung's disease, Postoperative complications, Reoperation, Robotic-assisted surgery, Child

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POSTERIOR TRACHEOPEXY IN CHILDREN WITH SEVERE TRACHEOMALACIA: INSIGHTS FROM A COLOMBIAN MULTICENTER STUDY

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Purpose: Severe tracheomalacia causes dynamic airway collapse, leading to disabling respiratory symptoms and ventilatory dependence. This study presents the outcomes of posterior tracheopexy in pediatric patients across multiple centers, highlighting the procedure's transformative impact on patient recovery and family life.

Methods: A retrospective study evaluated the experience of an airway surgery group led by a single surgeon who performed posterior tracheopexy across four centers in two cities in Colombia, from May 2018 to March 2025. Clinical history, associated malformations, surgical approaches, and postoperative outcomes were analyzed. All patients underwent posterior tracheopexy, with additional procedures performed based on bronchoscopy and intraoperative findings.

Results: Twenty-seven children were included in the study, with a median age at tracheomalacia diagnosis of 9 months. The most common associated malformation was esophageal atresia, followed by tracheal diverticulum. The most frequent preoperative symptom was a barking cough, present in 100% of patients, which improved in all cases postoperatively. Before surgery, 40% of the patients had experienced BRUE (brief resolved unexplained events); none recurred after the intervention. Patients who had between 1 and 22 respiratory infections per month showed complete resolution of these episodes postoperatively, resulting in a marked reduction in hospitalizations. Most no longer required inpatient care following surgery. Mortality was associated with complex comorbidities unrelated to the surgical technique itself.

Conclusion: Posterior tracheopexy provides more than anatomical correction—it offers a dramatic clinical turnaround for children with severe tracheomalacia. When performed early by a multidisciplinary team, this procedure can restore function, reduce complications, and significantly improve daily life for both patients and their families.

Keywords: Posterior tracheopexy, severe tracheomalacia, multicenter study, bronchoscopy

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SURGICAL TREATMENT OF CONGENITAL TRACHEAL STENOSIS

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Introduction: Congenital Tracheal Stenosis (CTS) with complete cartilaginous rings is a rare but potentially life-threatening condition in pediatric patient.

Materials and methods: from 2019 to 2025 22 children with CTS were treated in the surgical thoracic department. Age at the time of surgery - 1.5 months - 12 years. Weight 2980 g - 54 kg.

Results: 9 patients (40.9%) were admitted to the hospital on mechanical ventilation. According to CT data, the cross-sectional area of the trachea was 0.0065-0.12 cm2 (mean 0.052±0.036 cm2). The length of stenosis was 30-75% of the trachea length. Congenital defects of the great arteries and heart were detected in 11 patients. We used ECMO in 17cases and artificial circulation in 5. Circular resection of the trachea was performed in 1 case, sliding tracheoplasty - in 21. Congenital heart disease correction was performed simultaneously in 8 children: Duration of mechanical ventilation was 2 -5 days. Discharged from the hospital on - 16.3 ± 5.14 p / o day.

After surgery unilateral paresis of the vocal cord without respiratory failure was detected in 2 patients (9.1%), In 1 case (4.5%) we performed laser vaporization of tracheal granuloma. A good result was obtained in 20 (90.9%) patients. In all cases the lumen of the trachea increased from 1.5 to 2 times. According to CT data, the cross-sectional area of the trachea was 0.052 cm2 - 0.42 cm2 (average 0.213 ± 0.144 cm2). Two children died due to sepsis and multiple organ failure. These children were admitted to hospital on artificial ventilation due to aspiration pneumonia.

Conclusions: successful reconstructive operations on the trachea are possible with the use of artificial circulation. Sliding tracheoplasty allows increasing the tracheal lumen by 1.5 - 2 times. Artificial lung ventilation is a prognostic unfavorable factor in the outcome of treatment for CTS.

Keywords: congenital tracheal stenosis, children, ECMO, complete cartilaginous rings, sliding tracheoplasty

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OUTCOMES AND PROGNOSTIC FACTORS IN NEONATAL CONGENITAL DIAPHRAGMATIC HERNIA: LESSONS LEARNED OVER 18 YEARS

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Aim of the Study: This study evaluates the outcomes of neonates treated for congenital diaphragmatic hernia (CDH) at our centre over an 18-year period.

Method: A retrospective case note review of neonates with CDH, admitted between January 2006 and December 2024. Demographic and outcome data were collected: survival, recurrence, complications, surgical approaches, and factors influencing prognosis. Analysis was conducted using the JASP application, and significance was assessed using Chi-Squared (p-values <0.05 were considered significant). Data are presented as median [interquartile range (IQR)].

Results: Ninety-four neonates were identified, of whom 77 were left-sided CDH, 73 survived to operation, and the overall survival was 74%. Following surgery, right-sided CDH was associated with a higher incidence of needing a patch (40%) and a higher mortality (30%). The figures for left CDH were 7.9% and 0%, respectively. Recurrence was recorded to be in four (6.3%) left-sided CDHs and one (10%) right-sided CDH.

Factors negatively impacting survival included pulmonary hypertension, inhaled nitric oxide (50% mortality, $p<0.001$), and high-frequency oscillatory ventilation (63% mortality, $p<0.001$). A preoperative oxygenation index greater than seven was associated with mortality ($p = 0.002$). Long-term complications included gastroesophageal reflux (14%), chronic lung disease (1%), and long-term pulmonary hypertension (1%).

Conclusion: CDH repair in a moderate-volume centre is associated with acceptable outcomes for operated patients. Neonates requiring advanced ventilation strategies, including Nitric oxide, high-frequency oscillatory ventilation, and inotropes, are associated with worsened survival.

Right-sided CDH was associated with a higher incidence of needing a patch and a higher mortality. Further optimisation of management protocols and long-term follow-up is essential.

Keywords: congenital diaphragmatic hernia, repair, survival, recurrence, pulmonary hypertension.

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INVESTIGATION OF THE GENETIC ETIOPATHOGENESIS OF CONGENITAL AIRWAY LESIONS

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Objective: Congenital lung lesions are increasingly being diagnosed prenatally, resulting in a growing population of asymptomatic patients encountered by clinicians. However, the etiopathogenesis of these lesions remains unclear, and their malignant potential is not fully understood. We aimed to investigate the genetic alterations in congenital pulmonary airway malformations (CPAM) and assess their potential for malignant transformation.

Methods: This study included patients under 18 years of age who underwent surgery for congenital lung lesions at our institution between 2010 and 2023. Demographic and clinical characteristics were retrospectively analyzed. Lung resection specimens of patients diagnosed with CPAM were re-evaluated, and tissue sections were obtained. For patients operated on before 2018, real-time PCR was performed using paraffin-embedded tissue blocks, while next-generation sequencing was employed for cases after 2018 to detect mutations in the *KRAS* gene.

Results: Among 35 patients operated on for CPAM, mutations in the *KRAS* gene were detected in 8 patients (22.8%). The majority of cases with mutations were diagnosed with type 1 CPAM, and their mean age at surgery was significantly lower ($p<0.05$). No evidence of malignant transformation was observed in any case. The antenatal diagnosis rate was higher among patients with type 1 CPAM, and these patients underwent surgery at an earlier age compared to those without a prenatal diagnosis. Symptomatic patients were more likely to undergo emergency surgery, had a younger average age at operation, and experienced higher rates of postoperative complications; all of these differences were statistically significant ($p<0.05$).

Conclusions: The presence of *KRAS* mutation alone may not serve as a reliable prognostic marker. The long-term implications and malignant potential of these mutations in pediatric lung tissue warrant further investigation in larger cohorts. Routine inclusion of genetic analysis alongside histopathological evaluation is recommended to improve diagnostic and prognostic precision in congenital lung malformations.

Keywords: CPAM , KRAS gene

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FETO AND OUTCOMES IN CONGENITAL DIAPHRAGMATIC HERNIA: DOES THE PRENATAL PROCEDURE INCREASE THE RISK OF RECURRENCE?

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Background: Fetoscopic endoluminal tracheal occlusion (FETO) is known to improve survival in neonates with severe congenital diaphragmatic hernia (CDH). However, its potential association with an increased risk of hernia recurrence remains uncertain.

Objectives: To investigate a possible correlation between FETO and CDH recurrence.

Methods and Materials: Retrospective single-center study conducted on neonates who underwent surgical repair between 2012 and 2022. Data analyzed included FETO intervention, birth weight, defect size, and patch use. Patients with insufficient data were excluded. Subjects were divided into two cohorts: FETO vs. non-FETO, and recurrence rates were compared using Chi-square and Fisher's exact tests.

Results: A total of 99 neonates met the inclusion criteria, 31 (31%) underwent FETO. The FETO group had a significantly lower mean birth weight (2499±540g vs. 3001±527g, $p<0.001$) and a higher prevalence of larger defects (types C and D: 84% vs 43%, $p<0.001$).

Overall, 24 patients (24%) experienced hernia recurrence, with no significant difference between FETO and non-FETO groups (29% vs. 22%, $p=0.46$). Recurrence was significantly associated with larger defect size (C + D: 59% vs. A + B: 10%, $p<0.001$). Of all the relapses, 2/15 were type A (13%), 5/29 type B (17%) both in non-FETO group ($p=0.5$); 7/26 were type C (27%), 1 FETO and 6 non-FETO ($p=0.63$), 10/29 type D (34%), 8 FETO and 2 non-FETO ($p=0.4$).

Patch repair was more common in the FETO group (84% vs 34%, $p<0.001$). Among the recurrences, 14 were repaired with patch (14/24, 58%), 8 FETO and 6 non-FETO ($p=0.03$).

Conclusion: no significant association between FETO and an increased recurrence rate was found. However, relapses were more frequent in larger defects - an established risk factor for recurrence - which were more prevalent in the FETO group. Further multicenter studies with larger cohorts could provide insight into the relationship between the two variables.

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HIGH FIDELITY SURGICAL SIMULATION FOR TRACHEOESOPHAGEAL FISTULA SURGERY

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Aim: A high-fidelity surgical simulator for thoracoscopic tracheoesophageal fistula(TEF) surgery training was developed.

Method: The model was made using multiple polymers like polyurethane, PEG and PVA. Phase segregation via solvent evaporation/nonsolvent precipitation/thermal treatment (40–80°C, 30 min–4 h) was done. 0–10 wt.% TiO_2/collagen fibers were added to modulate tear strength (0.5–11.6 MPa) and elastic recovery (72–97%). Fabrication was done with patient-specific molds (DICOM-derived) with laparoscopic ports (3 mm) and hinged ribcage. The model was put to practice in 4 workshops and conferences. 7 candidates did home practice. 25 subjects who practiced on the model were given a feedback questionnaire. 25 pediatric surgeons answered a questionnaire with ratings including: Quality of esophageal suturing (elasticity), Fidelity of the esophagus, Tissue feedback (tensile strength) of the esophagus, Assessment of procedure performance, Tissue feedback of the Azygous vein and design of the model. Feedback was taken for remarks for shortcomings and needed improvements and whether the model will help improve surgical skills for critical operations.

Results: Mechanical properties were composition (15–19 wt.% HWP5 + 5–10 wt.% LWP1), Tensile strength: 7.48 ± 0.62 MPa (vs. literature neonatal esophagus: 1–5 MPa, $p < 0.001$) and Elastic modulus: 1.58 ± 1.56 MPa (vs. native tissue: 0.8–2.2 MPa, $p = 0.12$).The suturability was Grade 5 (excellent, comparable to cadavers $p > 0.05$).TiO_2 nanoparticles (1 wt.%) reduced LWP leaching by 3–5% ($p = 0.03$).Surgical validation (Type-C TEF repair):Collapsibility/elasticity ratings: 4–5/5 (vs. commercial models: 2–3/5, $p < 0.01$). Anisotropy: Hysteresis <15% at 50% strain (matching native tissue, $p = 0.08$). The average ratings by the surgeons out of 5 were as follows: Quality of Suturing (Esophagus): 4.4 ;Fidelity of Esophagus: 4.0 ;Tissue Feedback (Esophagus): 3.8; Assessment of Procedure Performance: 4.6; Tissue Feedback (Azygous vein): 4.2 ;Design of the Model: 4.8 . Additionally, 100% of the respondents who answered the question believe that this model will help in improving surgical skills needed for critical operations.

Conclusion: The device offers a biomimetic, tunable platform for pediatric training, validated against native tissue metrics ($p < 0.05$ for key parameters). The model was well accepted by the surgeons.

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DEVELOPMENT OF A RISK STRATIFICATION MODEL FOR COMPLICATIONS ASSOCIATED WITH BRONCHIAL BLOCKERS VERSUS ENDOBRONCHIAL INTUBATION IN ONE-LUNG VENTILATION FOR INFANTS AND YOUNG CHILDREN

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Objective: This study aimed to establish a risk stratification model for complications related to bronchial blockers (BB) and endobronchial intubation (EBI) during one-lung ventilation (OLV) in infants and young children (2 months to 3 years), using multicenter retrospective data to inform evidence-based individualized airway management.

Methods: A total of 104 pediatric patients undergoing thoracic surgery (BB group: n=60; EBI group: n=44) were included. Propensity score matching was applied to balance baseline characteristics. Moderate and severe airway complications (e.g., tube obstruction, isolation failure, hypoxemia requiring intervention) were defined. A dynamic risk stratification system was developed using machine learning algorithms incorporating multimodal parameters, including age, preoperative SpO_2, OLV duration, surgical laterality, and intraoperative tidal volume.

Results: The EBI group exhibited significantly higher rates of severe complications compared to the BB group (5.8% vs. 2.1%, P=0.035), primarily due to complete endotracheal tube obstruction (4.3% vs. 0.4%) and intraoperative reintubation (3.4% vs. 1.1%). Core risk factors included age <1 year, preoperative SpO_2 <98%, right-sided surgery (risk increase: 2.33-fold), and OLV duration >60 minutes. Model validation demonstrated an AUC of 0.82 (95% CI: 0.76–0.89) for predicting severe complications, with 84.6% sensitivity.

Conclusion: BB significantly reduces severe complications such as airway obstruction in young children undergoing OLV, particularly for left-sided or shorter-duration surgeries, while EBI remains preferable for older subgroups (>2 years) requiring right-sided procedures. The proposed risk stratification model guides anesthesiologists in selecting optimal lung isolation strategies based on patient profiles and surgical demands, though its clinical utility warrants further validation through prospective multicenter studies.

Keywords: One-Lung Ventilation, Endobronchial Intubation, Bronchial Blockers, ınfants, Children

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APPLICATION OF DA VINCI ROBOT-ASSISTED THORACOSCOPIC TECHNOLOGY IN PEDIATRIC GENERAL THORACIC SURGERY

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Objective: To investigate the feasibility, practicality, and safety of Da Vinci robot-assisted thoracoscopic technology in the treatment of pediatric thoracic diseases.

Methods: From May 2020 to May 2025, 716 cases underwent robot-assisted thoracoscopic surgery, with ages ranging from 3 months and 11 days to 16 years (median age: 1 year and 4 months) and weights from 5.2 kg to 100 kg (median weight: 11.5 kg). The procedures included 556 pulmonary surgeries, 135 mediastinal tumor resections, and 25 diaphragmatic surgeries.

Results: Except for 2 cases (0.2%) converted to open thoracotomy, the remaining 714 cases were successfully completed with robot assistance; no surgical deaths occurred in the entire group. Intraoperative and postoperative complications occurred in 12 cases (1.6%). The average indwelling time of postoperative drainage tubes was 1.5 days, and the average hospital stay after surgery was 6.5 days.

Conclusion: Robot-assisted thoracoscopic surgery can be applied to most pediatric thoracic surgeries, featuring minimal trauma, rapid recovery, and proven safety and feasibility.

Keywords: Robot; Pediatric; Thoracic surgery

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PULMONARY ARTERIOVENOUS MALFORMATION IN PEDIATRIC PATIENTS: A SINGLE-CENTER EXPERIENCE

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Objective: This study aims to elucidate the surgical management of pulmonary arteriovenous malformation (PAVM) in pediatric patients.

Methods: A retrospective analysis was performed on the medical records of 30 patients diagnosed with PAVM at the Russian Children's Clinical Hospital from 2012 to 2025. The cohort comprised 16 boys (53.3%) and 14 girls (46.7%), aged between 1 and 17 years, with a mean age of 11.5 ± 4.2 years. Presenting symptoms included dyspnea (10, 33.3%), cyanosis (6, 20%), fatigue (6, 20%), hypoxemia (12, 40%), hemoptysis (3, 10%), epistaxis (2, 6.6%), seizures (1, 3.3%). Diagnosis was confirmed in all patients via contrast-enhanced computed tomography (CT) of the lungs.

Results: Imaging studies indicated that PAVM was predominantly located in the right lung (20, 66.6%), followed by the left lung (8, 26.6%), and multiple lesions were observed in two cases (6.6%). Simple PAVMs were identified in 16 patients (53.3%), whereas complex PAVMs were present in 14 patients (46.6%). Initial therapeutic interventions included percutaneous transcatheter embolization (PTE) in 10 patients (33.3%); among these, five patients (16.6%) with complex PAVM experienced recurrence and subsequently underwent surgical intervention. Surgical procedures included open lobectomy (8, 26.6%), bilobectomy (1, 3.3%), thoracoscopic surgery (TS) lobectomy (4, 13.3%), TS anatomical segmentectomy (S8 right) (1, 3.3%), and TS resection of PAVM (2, 6.6%). In 14 cases (46.6%), PAVMs were identified as smaller than 1.5 cm in diameter and asymptomatic, leading to a management strategy involving dynamic observation and biannual CT imaging.

Conclusions: PTE is recognized as primary treatment modalities for PAVM; however, they are associated with certain complications, including incomplete embolization, recanalization, embolus migration, hemorrhage, persistent arteriovenous fistula, and recurrence. For patients with complex PAVM, surgical resection is associated with improved long-term outcomes. TS is established as a safe and effective technique for the management of complex PAVMs in the pediatric population.

Keywords: Pulmonary arteriovenous malformation, thoracoscopic surgery, percutaneous transcatheter embolization, minimally invasive surgery, anatomical segmentectomy, lobectomy

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THE RELATIONSHIP BETWEEN UPPER ESOPHAGEAL WIDTH AND LENGTH AND OROPHARYNGEAL DYSPHAGIA IN CHILDREN WITH ESOPHAGEAL ATRESIA

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Aim: Insufficient airway closure and bolus residuals are common signs of oropharyngeal dysphagia (OFD) in esophageal atresia (EA). The dilated upper segment may cause delayed passage of bolus and increase the risk of penetration. Retrospective study was performed to evaluate the relationship between upper segment width and length and OFD in children with EA.

Methods: Patients operated on EA with a videofluoroscopic swallowing evaluation (VFS), and their healthy peers included. In addition to demographic features, VFS parameters were evaluated for bolus residue, penetration-aspiration (PAS) and dynamic imaging grade of toxicity (DIGEST) scores. Esophagographies were used to measure the upper-lower segment width, lengths according to the predetermined anatomical landmarks. Patients with (PAS>5) and without (PAS<6) OFD were compared for VFS findings and esophagography measurements. The width and length of upper-lower segments in EA patients were compared with healthy controls (HC).

Results: Nineteen EA patients and 23 HC included. The median age was 92 months (50-101) in OFD patients (n=7, 37%), whereas it was 93.5 months (68-103) in non-OFD group (n=12) ($p>0.05$). There was no difference between groups for bolus residuals, upper-lower segment widths and lengths ($p>0.05$). EA patients with and without OFD had significantly wider diameter in upper and lower segments than HC ($p>0.001$, $p=0.002$, respectively). Patients with gastroesophageal reflux (GER) had wider and longer lower segments than patients without GER (width; $p=0.017$, length; $p= 0.05$).

Conclusions: Although, EA patients had wider upper and lower esophageal segments than healthy peers, wider upper esophageal segment measurements did not significantly relate with OFD.

Keywords: esophageal atresia, tracheoesophageal atresia, oropharyngeal dysphagia, esophagus, children

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PARAPNEUMONIC PLEURAL EMPYEMA: A THERAPEUTIC DILEMMA

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Purpose: Parapneumonic pleural empyema (PPE) is common in children, however, the most appropriate treatment is not yet well established in literature. Our aim was to analyse and compare the cases of PPE in our institution, in order to guide the most appropriate treatment.

Method: Retrospective analysis of the cases of PPE from 2012-2024. Collected data: demographics, time from diagnosis to treatment, failure, alternative treatments, treatment duration, complications and follow-up. Lung necrosis contraindicated intrapleural fibrinolysis. Simple effusion and bilateral pneumonia were excluded. The time until treatment was considered only after diagnosis of PPE. Statistical significance was established as 0.05.

Results: We identified 77 cases, with a median age of 5 years. 39% were females. Initial treatment was: simple drainage (D) in 13%; intrapleural fibrinolysis (F) in 58%; and thoracoscopic decortication (T) in 29%. Failure happened on 10/10 submitted to D; 10/45 submitted to F; 2/22 submitted to T. Alternative treatment was F in 23%; T in 64%; and classic decortication in 14%. There was no difference between F and T in terms of failure (p=0.310), however, treatment time was superior in F (17 versus 13 days, p=0.004). Excluding the cases of failure, there was no difference between F and T in terms of treatment time, postoperative fever and complications. Median follow-up was 6 months.

Conclusion: According to our data, while simple drainage of parapneumonic pleural empyema should not be attempted, both thoracoscopic decortication and fibrinolysis are appropriate treatments, without a difference in failure rates; however, there was a shorter treatment time in thoracoscopic decortication when compared to fibrinolysis. Both treatments are effective and safe, but thoracoscopic decortication should be employed straight away in cases when fibrinolysis is contraindicated, as in necrotizing pneumonia, as there was no increase in complication rate.

Keywords: parapneumonic pleural empyema, fibrinolysis, thoracoscopy

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THE NEED FOR POSTNATAL IMAGING IN CONGENITAL LUNG MALFORMATIONS AND SURGICAL TIMING: A RETROSPECTIVE STUDY

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Purpose: This study examines the impact of surgical timing and the necessity of advanced imaging in congenital-lung-malformations (CLM).

Method: Medical records of CLM patients operated between 2008-2024 were retrospectively reviewed. Demographic data, age-at-diagnosis, associated anomalies, radiological findings, symptoms, age-at-surgery, histopathological results, complications, hospitalization duration, and follow-up were evaluated.

Results: Of forty-nine patients, 51% were female-49% male. Lesions were left-sided in 57.1%, right-sided in 42.9%. Prenatal diagnosis rate was 81.6%, median-age-at-prenatal-diagnosis was 23-weeks (Range: 8-34, IQR: 21-25). Fetal-magnetic-resonance-imaging (MRI) was performed in 35%. Prenatally, lesions increased in 62.1%, unchanged in 3.4%, decreased in 24.1%, and were invisible at the end in 10.3%. Postnatally, all cases underwent chest-radiographs, and 42.5% computed-tomography (CT). All had positive findings on chest-radiographs and CT. Surgery was performed in 44.9% during the neonatal period, 22.4% between 1-4 months and 32.7% 4-months onward. Lobectomy (n: 19), segmentectomy (n: 28), and cystectomy (n: 2) were performed via thoracotomy. Intraoperative-lesion-volumes were found to be higher than prenatal-ultrasound (USG)-volumes ($p<0.001$). Histopathology reported CPAM(n:25,51%), BPS(n:17,34.7%), BC(n:3,6.1%), and CLE(n:4,8.2%). Imaging and histopathological diagnoses were consistent in 62.5% of prenatal-USG and 85.7% of fetal-MRI. Preoperative infection rates were higher in patients operated after 3-months (p: 0.016).

Conclusion: The risk of preoperative respiratory infection is low in CLMs operated within the postnatal 3-month. Prenatal regression should be confirmed with advanced imaging postnatally. If early surgery is planned for asymptomatic CLMs with positive postnatal radiographic findings, preoperative advanced imaging should be limited to selected cases to reduce radiation exposure.

Keywords: Congenital Lung Malformation; Postnatal Imaging; Surgical Timing; Prenatal Diagnosis

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ASSOCIATION BETWEEN PERICONCEPTIONAL EXPOSURE TO ENVIRONMENTAL FACTORS AND PARTICULATE MATTER AND THE RISK OF ESOPHAGEAL ATRESIA: A CASE-CONTROL STUDY

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Aim: Aim is to investigate the relation between periconceptional exposure to environmental risk factors and ambient air Particulate Matter (PM) 2.5 and 10 concentrations (μg/m^3) and the occurence of esophageal atresia (EA).

Methods: A 43-item survey was used to collect data on the demographic characteristics and periconceptional environmental factors. Data on ambient air PM2.5 and PM10 concentrations (μg/m^3) in mothers' residential areas during the periconceptional period were obtained from the National Meteorology database. Healthy and EA groups were compared.

Results: Totally 70 EA patients and 118 healthy controls were included which were similar in terms of mean age (4.1±2.1 and 4.5±1.6 years), gender, and maternal age. Conception during spring was significantly more common among EA cases, while autumn was the least common (p=0.039). The percentages of paternal age ≥35 years at conception, maternal periconceptional hormone use, and first-trimester hyperemesis were significantly higher in cases than controls (p=0.001,p=0.006, and p=0.009). Periconceptional PM2.5 and PM10 concentrations were not significantly different between the groups. In logistic regression analyses, it was found that paternal age ≥35 years at conception increased the risk of EA development 7.15-fold, maternal periconceptional sex hormone use 6.41-fold, and first-trimester hyperemesis 2.84-fold. In multiple logistic regression analyses adjusting for confounding factors related to the general and environmental characteristics, no significant association was found between the increase in each interquartile range in PM levels and EA risk.

Conclusions: In our two-center study, we found that EA development in children is significantly associated with the season of conception, paternal age, maternal periconceptional sex hormone use, and hyperemesis in the first trimester. However, periconceptional exposure to PM2.5 and PM10 does not seem to be associated with an increased risk of EA.

Keywords: esophageal atresia, environmental exposures, periconceptional exposure, particulate matter, air pollution

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STAGED THORACOSCOPIC INTERNAL TRACTION APPROACH FOR REPAIR OF LONG GAP ESOPHAGEAL ATRESIA WITH DISTAL TRACHEOESOPHAGEAL FISTULA

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Introduction: Long-gap esophageal atresia (LGEA) poses significant challenges for primary esophageal anastomosis, particularly in cases with or without tracheoesophageal fistula (TEF). This series evaluates a novel, staged thoracoscopic internal traction approach to reduce anastomotic tension during repair of LGEA with distal TEF.

Methods: A retrospective review (2018–2022) was conducted across three tertiary centers to identify patients with LGEA and distal TEF managed with staged internal traction. The procedure began with rigid bronchoscopy, followed by thoracoscopic ligation of the tracheoesophageal fistula and inferior dissection of the distal esophagus. The proximal esophageal pouch was mobilized superiorly, and internal traction sutures were employed when direct anastomosis was deemed unsafe or excessively tensioned. Definitive primary anastomosis was performed after a short interval.

Results: Seven patients underwent this approach. Median gestational age was 34 weeks, with a mean birth weight of 1997.1 ± 626.4 g. The average age at initial surgery was 2.3 ± 1.0 days, and definitive anastomosis occurred at 15.9 ± 13.2 days. No cases of anastomotic leak or esophageal dehiscence were reported. Three patients required esophageal dilations, and six required treatment for gastroesophageal reflux (GERD).

Conclusion: Staged thoracoscopic internal traction is a minimally invasive, effective technique for LGEA with distal TEF, enabling safe repair under reduced tension and minimizing complications associated with traditional long-gap anastomotic techniques

Keywords: Long gap, Esophageal atresia, thoracoscopy, traction, minimally invasive surgery

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SURGICAL TREATMENT OF ACHALASIA IN CHILDREN

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Relevance: In the world literature, the standard treatment for achalasia is balloon dilation of the cardia, and surgical treatment is secondary.

Materials and methods: A retrospective analysis of the results of surgical treatment of achalasia was performed in 27 children operated on in the surgical thoracic department 2019 - 2025. The average age is 12.5 ± 5.3 years. 16 (59.3%) patients had stage III achalasia, 11 (40.7%) - stage II. 8 patients (29.6%) had previously undergone surgical treatment (3 - cardiomyotomy/balloon dilation, 5 patients - dilation), in all patients the effect was short-term, relapse in 100% of cases. Radiography of the esophagus with contrast, fibroesophagogastroduodenoscopy, and the Eckardt scale were used for preoperative examination and evaluation the effectiveness of the treatment. All patients underwent laparoscopic Heller capdiomyotomy with Dor fundoplication

Results: All children achieved good results of surgical treatment, dysphagia and regurgitation were eliminated. After surgery 13 (48.1%) patients required a single balloon cardiodilation due to relapse of dysphagia. Triple balloon dilation was performed in 3 patients (11.1%) who had previously undergone surgical treatment at the place of residence. In all patients, a reduction in the size of the esophagus was noted during the control examination; in 12 (44.4%) patients, the diameter of the esophagus decreased to the age norm. After cardiomyotomy gastroesophageal reflux wasn't detected in the X-ray contrast study. A decrease in the total score on the Eckardt scale was noted after surgical treatment, which indicates the high efficiency of surgical treatment of achalasia using laparoscopic Heller cardiomyotomy and Dor fundoplication.

Conclusion: Methods of cardiodilation give a short-term effect and can only be used in addition to surgical treatment, laparoscopic Heller cardiomyotomy with Dor fundoplication allows to obtain a good treatment result, a significant improvement in the quality of life and can be considered as a standard of treatment in children.

Keywords: Achalasia, Heller cardiomyotomy, balloon dilation, regurgitation.

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IMPROVED MINIMALLY INVASIVE SURGERY IN NEWBORNS WITH CONGENITAL DIAPHRAGMATIC HERNIA

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Introduction: According to the European Epidemiological Investigations into Congenital Anomalies, the reported incidence of CDH in 2019 among all pregnancy outcomes starting at 20 weeks was 3.11 per 10,000 and 2.15 per 10,000 live births. Research focuses on neonatal CDH cases as it is one of the most challenging conditions to treat surgically. Many experts confirm the high relevance, medical and social significance of this developmental defect in modern medicine.

The aim of this study was to assess and present the outcome of thoracoscopic surgery for quality of life indications in newborns with congenital diaphragmatic hernia.

Materials and methods: The study included 70 newborns diagnosed with congenital diaphragmatic hernia. Depending on the method of surgical intervention, the children were divided into 2 groups. The comparison group included 44 newborns operated on using the traditional open method, and the main group - 26 newborns operated on using a new minimally invasive surgical technique - endosurgery. The effects of early surgical intervention on recovery outcomes were substantiated by the QUALIN - children's quality of life survey.

Results: The study showed that, in the opinion of both parents and pediatricians, the quality of life of the examined children before treatment was significantly lower for all indicators of the QUALIN scale than the data before treatment - $p < 0.05$. A thorough statistical analysis of the obtained data demonstrated certain advantages of minimally invasive thoracoscopic surgery over traditional methods of open surgery. There were no statistically significant differences between the parents' and the doctor's indicators. In both cases, statistically significant differences were revealed in the parameters "Ability to remain alone" (ARA) and and "Psychological and somatic well-being" (PSWB). Thus, according to the results of the QUALIN questionnaire, an improvement in all indicators in the postoperative period was noted in the main and control groups. Also, in the main group, the indicators were high for all parameters according to both parents and doctors. However, statistical reliability was achieved for ARA and PSWB parameters.

Conclusions: As a result of description the surgical technique and early results of thoracoscopic repair of CDH in children, it was possible to achieve positive dynamics in quality of life. The obtained results demonstrate the need to monitor quality of life indicators as a criterion for surgical outcome assessment for children born in critical condition, and can serve as a basis for consensus recommendations for improving the quality of surgical care for this category of patients.

Keywords: Keywords: congenital diaphragmatic by hernia, newborns, minimally invasive surgery, thoracoscopy, laparotomy, QUALIN questionnaire

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OPTIMAL LAPAROSCOPIC APPROACH FOR SURGICAL RESIDENTS: COMPARISON OF THREE DIFFERENT TECHNIQUES IN PEDIATRIC APPENDECTOMY

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Purpose: Laparoscopic appendectomy (LA) is suitable for laparoscopic training of junior surgical residents because of the difficulty level of the surgical procedure. However, to improve trocars have been reduced in size relative to those used in conventional LA, increasing the difficulty level of the surgical procedure for surgical residents. We aimed to compare surgical outcomes and educational values among the three laparoscopic approaches for pediatric LA performed by junior surgical residents.

Method: We retrospectively reviewed 367 patients who underwent LA at two institutions from 2016 to 2024, categorized into conventional three-port (CTPLA), two-site (TSLA), and transumbilical laparoscopy-assisted appendectomy (TULAA) groups. TULAA involves exteriorization of the appendix through the umbilical incision. We reviewed medical records to analyze surgical outcomes, comparing the three surgical procedures in patients with simple and complicated appendicitis.

Results: For simple appendicitis (TULAA, n=89; TSLA, n=79; CTPLA, n=45), TULAA showed significantly shorter operative time (56.5 ± 19.6 min) compared to TSLA (88.0 ± 32.9) and CTPLA (68.6 ± 13.9) ($p<0.001$). Pneumoperitoneum time was also significantly reduced with TULAA. Postoperative hospital stay was also significantly shorter in TULAA (3.9 ± 0.3 days) than in TSLA (5.8 ± 2.7) ($p<0.001$). For complicated appendicitis (TULAA, n=51; TSLA, n=72; CTPLA, n=31), TULAA demonstrated significantly shorter operative time (83.1 ± 35.1 min vs. 104.5 ± 38.8 vs. 89.1 ± 25.7, $p<0.05$). Postoperative hospital stay was significantly shorter in CTPLA (6.3 ± 1.9 days) compared to TSLA (9.8 ± 4.6) ($p<0.01$). No significant differences in perioperative complications were observed among the three approaches.

Conclusion: TULAA showed favorable outcomes as an ideal initial approach for surgical training. Sequential transition to TSLA enables surgical residents to develop advanced laparoscopic skills.

Keywords: appendicitis, pediatric patients, laparoscopic surgery, surgical residents

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DEVELOPMENT OF A LOW-COST PAEDIATRIC LAPAROSCOPIC SIMULATION BOX USING A RECYCLED SHOE BOX: AN INNOVATIVE APPROACH TO SURGICAL TRAINING

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Aims: Access to laparoscopic training tools remains limited in many paediatric surgical centres, particularly in resource-constrained settings. Commercially available simulation trainers are often cost-prohibitive. To address this gap, we developed a novel, low-cost paediatric laparoscopic simulator using a recycled shoe box and commonly available materials.

Methods: A standard cardboard shoe box was repurposed to create a compact laparoscopic training device. Instrument ports were fashioned using rubber grommets, and a smartphone was adapted as an internal camera to simulate a laparoscopic view. Internal task modules—such as bead transfer, pegboard exercises, and suture practice—were developed using inexpensive household items. The box was designed to mimic the reduced working space typical of paediatric laparoscopic procedures. The total cost of materials per box was under £10. Usability and effectiveness were evaluated through feedback from paediatric surgical trainees, using a standardized questionnaire assessing realism, ergonomics, and educational value. Summary statistics were conducted.

Results: A total of 12 trainees participated in initial testing. 83% reported that the simulator provided a realistic sense of intracorporeal instrument handling and depth perception. The device was rated highly for ease of use (mean 8/10, range 6/10-10/10), , portability (9/10, range 8/10-10/10), and cost-effectiveness (10/10). Improvements in task completion time and instrument coordination were noted after repeated practice.

Conclusion: This innovative simulation box offers an affordable and accessible alternative for basic paediatric laparoscopic skills training. Its simple design and use of recycled materials make it particularly valuable for institutions with limited resources. Further validation and incorporation into structured training curricula may enhance early surgical skill acquisition and confidence among paediatric surgery trainees.

Keywords: Laparoscopic simulation, shoe box, surgical training, recycled, resources

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THE EFFECT OF INTRAOPERATIVE NEURAL MONITORING IN PREVENTING NERVE DAMAGE IN PEDIATRIC THYROIDECTOMY PROCEDURES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aim: Recurrent laryngeal nerve (RLN) injury and subsequent vocal cord paralysis (VCP) are significant complications of pediatric thyroid surgery. It has been suggested that intraoperative nerve monitoring (IONM) lowers the risk of nerve injury. Nevertheless, there is an ongoing discussion regarding its efficacy in preventing the nerve damage. This systematic review and meta-analysis aimed to evaluate the effect of IONM on RLN injury rates in pediatric thyroidectomy patients.

Methods: The study protocol was drafted under PRISMA guidelines and registered on PROSPERO (CRD42025642797). A systematic literature search was conducted on PUBMED, Medline and EMBASE databases covering the period between 2000 (January) and 2024 (December). Inclusion criteria were studies reporting pediatric patients (<18 years) undergoing thyroid surgery with documented RLN monitoring and postoperative vocal cord function assessment. Data regarding the occurrence of VCP in pediatric patients who underwent thyroidectomy with or without IONM was extracted and the results were compared. Meta-analysis was performed using JAMOVI software.

Results: Among 1183 articles, 599 abstracts were screened for inclusion criteria. Full texts of selected articles (n=42) were assessed for eligibility (n=11). The subgroup analysis was performed in 4 articles for IONM. Subgroup analysis revealed that not using IONM is associated with increased RLN injury risk, with OR of 3.27 (95% CI: 0.88–12.25, p=0.078). Kendal's Tau test and Egger's tests were performed revealing that there was no publication bias for all data.

Conclusions: By systematically reviewing the literature; we found that there is no sufficient data to conclude that IONM significantly reduces the risk of nerve damage, even though it helps defining the RLN intraoperatively and may prevent nerve injury in pediatric thyroidectomy. This study also highlights the need for further high-quality prospective studies with standardized VCP assessment to confirm these findings.

Keywords: nerve monitoring, thyroid surgery, recurrent laryngeal nerve, vocal cord paralysis, nerve injury

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OUTCOMES AFTER DAMAGE CONTROL LAPAROTOMY (“CLIP-AND-DROP” SURGERY) COMPARED TO PRIMARY SURGERY IN NEONATAL NECROTIZING ENTEROCOLITIS

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Background: Damage control laparotomy—also known as “clip-and-drop” (C&D) surgery—may improve survival in neonates with necrotizing enterocolitis (NEC) by allowing physiological stabilization prior to definitive surgery. However, outcomes are not well documented.

Aim: To compare mortality and morbidity following C&D versus primary surgery (PS) in neonates with NEC.

Methods: A retrospective review was conducted of neonates who underwent laparotomy with bowel resection for NEC at a tertiary pediatric surgery center between 1 January 2015 and 31 December 2022. Inclusion: laparotomy for NEC. Exclusion: incomplete records, gestational age >44 weeks, no bowel resection, or pan-intestinal necrosis. Patients were grouped by initial approach (C&D vs PS). Descriptive statistics (Excel 2010) and comparative tests (SPSS v30, IBM 2024: Mann-Whitney U, Chi-square, odds ratio) were used. Statistical significance was set at $p<0.05$.

Results: Of 144 patients, 102 met inclusion criteria (C&D: 35; PS: 67); 42 were excluded. Patients in the C&D group had significantly higher baseline serum lactate (mean 4.6 vs 2.5 mmol/L; p=0.009), indicating worse preoperative status. Type of definitive surgery in survivors was similar: stoma formation [C&D: 21/35 (77%) vs PS: 44/67 (65%)] and primary anastomosis [C&D: 6/35 (22%) vs PS: 23/66 (34%); p=0.3]. Mortality was higher in the C&D group: 30-day [10/35 (28%) vs 10/67 (14%); p=0.1] and 6-month [17/35 (48%) vs 15/67 (22%); p=0.001].

Conclusion: Despite higher early mortality likely due to poorer physiological status, C&D survivors had comparable surgical outcomes to PS. C&D may be a useful option in unstable NEC patients. Further multicenter studies are warranted.

Keywords: Necrotizing enterocolitis, Damage control surgery, Clip-and-drop, Neonatal laparotomy, Surgical outcomes

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ROBOTIC-ASSISTED SURGERY WITH MODIFIED THREE-PORT MULTICHANNEL SYSTEM: INITIAL EXPERIENCES IN CHILDREN WITH CHOLEDOCHAL CYST

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Purpose: The experiences of children with choledochal cyst (CDC) who undergo modified three-port multichannel robotic-assisted surgery are limited. We presented the experiences of 33 consecutive children with CDC to evaluate the efficacy and safety of this procedure.

Method: A total of 33 children who diagnosed with CDC and underwent modified three-port multichannel robotic-assisted excision combined with Roux-en-Y hepaticoenterostomy between 2022 and 2025 were enrolled. The same senior surgeon used the da Vinci (Xi) surgical system to perform these procedures. The clinical characteristics, efficacy and safety outcomes of short-term were detailed.

Results: We successfully completed surgical operations of 33 children (Girl: 25; Boy: 8) without conversion to open surgery and 2 cases had postoperative complications. The mean age was 25.6 ± 30.1 months (range 0.7–113.0) and the mean weight was 10.8 ± 5.8 kg (range 3.5–25.0). In accordance with Todani classification system, 20 cysts were type Ia, 9 cysts were type IVa and 4 cysts were type Ic. The mean diameter of the cysts was 32.7 ± 16.5 mm (range 12.6-79.0), while the mean operation time was 276.1 ± 27.5 min (range 220.0-325.0). The mean time to start semi-solid diet was 3.5 ± 1.0 days (range 2.0–6.0) after surgery, and the mean hospital stay was 6.4 ± 1.1 days (range 5.0–9.0). Subsequent follow-ups at 3 and 6 months exhibited no abnormalities, as confirmed through abdominal sonography and laboratory evaluations.

Conclusion: The modified three-port multichannel robotic-assisted surgery is safe and effective for children with CDC. The authors found the application of robotic-assisted surgical system can enhance controllability and visualization in the minimally invasive procedure. However, further research is necessary to validate these findings in larger pediatric populations and longer follow-ups.

Keywords: Choledochal cyst, Robotic-assisted laparoscopic surgery, Pediatrics, Roux-en-Y hepaticoenterostomy, da Vinci (Xi) surgical system.

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CLINICAL PRESENTATION AND MANAGEMENT OF MESENTERIC CYSTIC MASSES IN CHILDREN: A SIX-YEAR SINGLE-CENTER ANALYSIS IN BANGLADESH

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Chattogram Maa-0-Shishu Hospital Medical College

Background: Mesenteric cysts are intra-abdominal masses found in children, mainly caused by embryonic defects in the development of the lymphatic system. These cysts can occur anywhere along the mesentery of the gastrointestinal tract, from the duodenum to the rectum, and may even extend into the retroperitoneum.

Aim: This study aims to evaluate the clinical findings, management strategies, and outcomes associated with mesenteric cysts at our institution.

Methods: This study involved 27 pediatric patients who underwent surgery for mesenteric cysts at the Department of Pediatric Surgery of Chattogram Maa-O-Shishu Hospital Medical College between January 2019 and December 2024. We assessed clinical findings, radiological investigations, surgical procedures, histopathological evaluations, and follow-up data. All data were collected prospectively.

Results: The median age at diagnosis was 5.25±1.5 years, with a male-to-female ratio of 0.68:1. The most common clinical manifestations were abdominal pain (70.3%), followed by a palpable abdominal mass (55.5%), and vomiting (25.9%). All patients underwent abdominal ultrasonography, which revealed a fluid-filled cystic mass in each case. An abdominal CT scan was performed on eleven patients (40.7%), confirming the cystic nature of the mass and providing details regarding its size, location, extent, and margins. The jejunal mesentery (55.5%) was the most common site of origin for mesenteric cysts, followed by the ileal mesentery (33.3%), and 11.2% originated from the sigmoid mesentery. The median size of the mesenteric cyst was 8.6 ± 4.4 cm, ranging from 4.5 cm to 22 cm. Complete and successful removal of the mesenteric cysts was achieved in all cases. Surgical management included enucleation (n =17), cyst excision combined with bowel resections and primary intestinal anastomosis (n =8), and laparoscopic resection of the cyst (n = 2). Post-operative complications included only wound site infections in three (11.1%) patients. Histologically, simple cyst was detected in 19 cases, and lymphangiomas in 8 cases. None of the patients experienced a recurrence of their condition.

Conclusions: The most common presenting symptom of mesenteric cyst was abdominal pain. Jejunal mesentery was the commonest site. The relationships between the mesenteric cyst and adjacent organs largely influence the surgical approach.

Keywords: Mesenteric cyst, Abdominal ultrasonography, Abdominal CT scan, Enucleation, Recurrence

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DIAGNOSIS AND TREATMENT OF CELIAC ARTERY COMPRESSION SYNDROME IN CHILDREN

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Objective: Improving treatment outcomes for patients with celiac artery compression syndrome (CACS).

Materials and methods: From 2021 to 2024, 132 patients with CACS aged 4 to 17 years were operated. Combined pathology of the upper GI was diagnosed in 50 (37.8%) patients. Following data were evaluated: anamnesis, complaints, Doppler ultrasound, angiography, esophagogastroscopy and barium esophagram. GERD was detected in 34 patients, chronic duodenal obstruction in 2, and a combination of the two in 14. According to angiography (107 studies), the patients were divided into 2 groups. Group I consisted of 31 patients (28.9%) without collateral blood flow and group II consisted of 76 patients (71.1%) who with collateral blood flow. The surgical intervention consisted of laparoscopic dissection of the median arcuate ligament of the diaphragm.

Results: In a comparative analysis of the 2 groups, abdominal pain syndrome was 4 times more common in patients with celiac artery disease without compensatory circulation ($p<0.05$). Pain relief was noted in more than 80% of patients after celiac artery dissection ($p<0.001$). Decrease in the velocity in the celiac artery to normal values was noted (Me (before surgery) = 272.5 cm/sec, Me (after surgery) = 170 cm/sec, $p<0.001$). The average duration of the laparoscopic surgery was 48.6 minutes. Conversion was performed in 2 cases due to bleeding. There were no fatal outcomes. Simultaneous surgeries for combined pathology were performed in 36 patients.

Conclusion: CACS is a rare pathology with a non-specific clinical picture, which should be considered after excluding other causes of abdominal pain. Angiography is the method of choice in diagnosing CACS. Pain relief in patients with CACS after surgery is achieved in more than 80% of cases. When detecting combined pathology of the upper GI with CACS, their simultaneous correction is preferable.

Keywords: celiac artery compression syndrome, celiac artery dissection, angiography

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PRE AND POST-NATAL MANAGEMENT OF GIANT OMPHALOCELE USING ABDOMINAL WALL MYORELAXATION WITH BOTULINUM TOXIN

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Purpose: Giant omphalocele (GO) is defined as a defect exceeding 5 cm or containing more than 50% of the liver. Only 10% of cases are hepato-omphaloceles, which increase morbidity and mortality by up to 30-80%. Traditionally, treatment has involved staged or delayed surgical closure. Myorelaxation using type A botulinum toxin (TxBtA) has been suggested as an additional treatment for complex abdominal wall defects. Its use during pregnancy has been linked to an increase in abdominal capacity of up to 30%. This study aims to describe the clinical evolution of prenatal therapeutic intervention and neonatal and surgical outcomes.

Method: A retrospective cohort analysis was conducted on fetuses diagnosed with a major omphalocele that underwent prenatal administration of TxBtA between 28 and 36 weeks of gestation between 2023 and 2025. The study was conducted following institutional protocols approved by the local ethics committee.

Results: Seven patients were included. The mean time to silo reduction was 1.5 days (1–3) and to amnion inversion was 5 days. Primary closure was achieved at 7 ± 2 days of life. Component separation was performed using the Ramírez technique in 42% of cases. Atelectasis was reported in one instance, no complications related to closure. The mean hospital stay was 12 days (12–32), of which an average of eight days required mechanical ventilation, and one day required systemic relaxation. All patients began enteral nutrition within 15 days (3–14).

Conclusion: The collected data suggest that the prenatal administration of TxBtA is a safe and effective method of improving abdominal capacity in cases of abdominal wall defects such as giant omphalocele. This facilitates primary closure and reduces the time required for silo, with favourable results reflected in length of stay, postnatal complications, and the need for invasive mechanical ventilation and parenteral nutrition.

Keywords: Omphalocele, Botulinum toxin, Abdominal Wall

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COTSIDE NEONATAL LAPAROTOMY IN THE UK: A NATIONAL SURVEY OF PRACTICE

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Introduction: Emergency neonatal laparotomy can be undertaken on the intensive care unit (ICU) or in the operating theatre. The evidence-base establishing indications, benefits or disadvantages is limited. We conducted a national survey of UK neonatal surgical centres to describe current practice.

Methods: A 15-item online survey was developed, and responses sought from one anaesthetist, neonatologist and paediatric surgeon at each of the 25 paediatric surgery centres in the UK. Quantitative responses were analysed with descriptive statistics (IBMSPSS V3.0). Free-text responses were subjected to qualitative thematic analysis.

Results: 23 anaesthetists, 23 neonatologists, and 23 paediatric surgeons responded (69/75; 92%). At least one response was received from every centre. Cotside laparotomy is carried out in 22 (88%) of centres. 44 (64%) respondents preferred operating in theatre although a significant minority favoured cotside surgery (13 (19%)). Only 5 (20%) centres reported having formal indications for cotside laparotomy. Centres with established pathways performed a significantly higher proportion of cotside laparotomies compared to centres without established guidelines ($p<0.001$). Factors influencing decision to operate at the cotside were patient-specific: cardiovascular instability (86%), ventilator dependence (70%) and low birthweight (42%). 46 (67%) respondents recalled complications associated with theatre-based operating including hypothermia (41%), airway complications (15%) and cardiovascular instability (10%). Respondents perceived ICU-based surgery to be constrained by limited space (62%), disturbance to NICU families and staff (56%) and lack of neonatal surgical instruments (49%). Sites with geographical/ infrastructural constraints necessitating ambulance transfer raised concerns over delays and increased physiological risk. Several sites with co-located birth centres expressed similar concerns, and still decided to operate cotside, despite shorter transfer journey occurring within in the same building.

Discussion: This study establishes the first UK dataset on location of neonatal laparotomy, revealing marked variation in practice based on institutional preference and signalling need for national guideline development.

Keywords: Neonate, Cotside, Bedside, Emergency, Laparotomy, Transfer

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RISK STRATIFICATION AND PEDIATRIC ECMO CARDIOGENIC SHOCK OUTCOME SCORE: INSIGHTS FROM CHINA'S 7-YEAR MULTICENTER REGISTRY

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Objectives: ECMO support for pediatric refractory cardiogenic shock is associated with high mortality and poses significant clinical challenges. Leveraging data from the Chinese Pediatric Extracorporeal Life Support (CP-ECLS) Registry, this study established a predictive model to identify early warning factors for in-hospital mortality and assist clinical decision-making.

Methods: This multicenter retrospective study utilized data from the CP-ECLS Registry to analyze children receiving VA-ECMO for RCS between January 2017 and December 2023. Multivariate Cox regression identified early warning factors for in-hospital mortality, while a prognostic model equation by integrating the weighted contributions of risk factors. A time-dependent risk stratification assessment tool: Pediatric ECMO Cardiogenic Shock Outcome Score (PECSOS) was developed to visualize the prognostic model for clinical application.

Results: A total of 1,113 eligible children receiving ECMO between 2017-2023 were identified from the CP-ECLS registry, with 666 (59%) surviving to discharge.Through integration of Cox regression analysis and variable importance ranking to develop a model equation. A risk score cutoff of 1.74 was selected in the model equation to stratify the dataset into high-risk and low-risk groups for in-hospital mortality. Total dataset underwent stratified random sampling (6:4 ratio) yielding into training set and test set. The prognostic model developed on the training set demonstrated satisfactory performance upon external validation in the test cohort (Training set: days 3, 7, and 14 were 0.816, 0.807, and 0.800; Test set: days 3, 7, and 14 were 0.797, 0.766, and 0.759). To enhance clinical utility, we developed the PECSOS (Pediatric ECMO-Cardiogenic Shock Outcome Stratification) risk stratification schema. The high-risk cohort necessitates intensified hemodynamic monitoring and aggressive therapeutic escalation to mitigate adverse outcomes.

Conclusion: The risk stratification model and PECSOS in this study demonstrate potential to optimize clinical decision-making for pediatric RCS requiring ECMO support, with implications for improving prognosis and enhancing healthcare resource allocation efficiency.

Keywords: pediatric refractory cardiogenic shock, ECMO, in-hospital mortality, risk stratification

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EXTENDED VESTIBULAR-ALAR INCISION IMPROVES SURGICAL EXPOSURE AND EARLY NASAL SYMMETRY IN PRIMARY RHINOCHEILOPLASTY: A TWO-CENTRE RANDOMIZED TRIAL IN INFANTS WITH UNILATERAL ASYMMETRIC CLEFT LIP.

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Purpose.To determine if the extended vestibular-alar incision (EVI) facilitates better intraoperative exposure and early nasal symmetry in comparison to the standard Millard II incision in primary rhinocheiloplasty for asymmetric unilateral cleft lip.

Methods.This assessor-blinded, two-center randomized trial involved 46 infants (3-5 months) with complete unilateral asymmetric cleft lip who were allocated 1:1 to either EVI (n=23) or standard Millard II incision (Control, n=23). The EVI extends the lateral lip incision by 3 mm caudally along the alar base which results in a hinged skin-mucosal flap that can be used for direct columellar and alar cartilage repositioning.

Primary outcome: Operative Field Score (OFS; 1–5 scale; inter-rater ICC = 0.95)

Secondary outcomes: Nasal Symmetry Index (NSI; 0 = perfect symmetry, 1 = maximal asymmetry) from 3D photogrammetry at 3 months, operative time, intraoperative perfusion (laser-Doppler flux), and early complications. Statistics: independent-samples t-tests, χ^2 tests, mixed-effects ANOVA ($\alpha = 0.05$).

Results.Baseline demographics and cleft severity were comparable (all $p > 0.30$). Mean OFS improved from 3.1 ± 0.5 (Control) to 4.7 ± 0.4 (EVI), mean difference 1.6 (95 % CI 1.2–2.0; $p < 0.001$). Three-month NSI was lower in EVI (0.09 ± 0.03) versus Control (0.16 ± 0.05; $p = 0.001$). Operative time increased by 5.8 ± 2.7 min with EVI ($p = 0.04$). There were no significant differences in laser-Doppler perfusion or early complication rates (one wound-edge dehiscence per group).

Conclusion.The extended vestibular-alar incision strongly affects the operative exposure in a positive way and the early nasal symmetry is maintained after the operation without any perfusion or safety problems that are only a minor increase in the operating time. The routine facilitation of EVI may allow more precise cartilage manipulation and lead to a decrease in the early secondary revision rates.

Keywords: cleft lip,rhinocheiloplasty, extended vestibular-alar incision,operative exposure,nasal symmetry.

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INCIDENCE AND SIGNIFICANCE OF CONTRALATERAL PATENT PROCESSUS VAGINALIS IN PEDIATRIC PATIENTS UNDERGOING LAPAROSCOPIC HERNIA REPAIR: A PROSPECTIVE OBSERVATIONAL STUDY

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Background: Inguinal hernia is a common pediatric surgical condition. Laparoscopic approaches allow visualization of the contralateral internal ring, potentially identifying an asymptomatic contralateral patent processus vaginalis (PPV), which may progress to contralateral metachronous inguinal hernia (CMIH) if left untreated. However, the benefit of routine prophylactic closure of contralateral PPV remains debated, particularly in resource-constrained settings.

Objective: To determine the frequency of contralateral PPV in children undergoing laparoscopic repair for unilateral inguinal hernia and assess its association with age and gender.

Methods: This prospective observational study was conducted at the Department of Pediatric Surgery from January to December 2023. A total of 148 children aged 1–13 years undergoing laparoscopic percutaneous extraperitoneal closure were enrolled. Demographic data, intraoperative findings, and incidence of contralateral PPV were recorded. Statistical analysis was performed using SPSS v25.0, with chi-square tests used to assess associations between PPV and age or gender. A p-value < 0.05 was considered statistically significant.

Results: Among 148 patients (mean age 5.8 ± 3.2 years; 82.4% male), 80 (54.1%) presented with unilateral hernia. Of these, 14 (17.5%) had an asymptomatic contralateral PPV identified and closed laparoscopically. Age-wise, PPV was most frequent in children ≤2 years (30%), but this trend was not statistically significant ($p = 0.325$). Similarly, gender-based analysis showed no significant association (male 18.2% vs. female 14.3%; $p = 1.000$). No major perioperative complications were reported.

Conclusion: Nearly one in six children with clinically unilateral hernia harbored an occult contralateral PPV, justifying routine laparoscopic evaluation and simultaneous repair. Age and gender were not predictive of contralateral PPV. Prophylactic closure during primary surgery may prevent future CMIH, avoiding secondary interventions and improving outcomes.

Keywords: Pediatric inguinal hernia, Contralateral patent processus vaginalis, Laparoscopic hernia repair, Metachronous hernia, Percutaneous extraperitoneal closure, Pediatric surgery,

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SEGMENTAL REVERSAL OF INTESTINE AND COLON INTERPOSITION IN PEDIATRIC SHORT BOWEL SYNDROME

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Background and Objectives: Pediatric short bowel syndrome (PSBS) results from the resection of a significant portion of the small intestine or congenital short bowel. This condition leads to a severe reduction in the effective digestive and absorptive area of the small intestine, failing to meet the normal nutritional needs of children. PSBS is a primary cause of intestinal failure in children, with main clinical manifestations including severe diarrhea and metabolic disorders. Most patients can achieve enteral autonomy (EA) through nutritional support and intestinal rehabilitation therapy, relying on intestinal adaptation. However, some patients remain unable to achieve this goal. Drugs such as glucagon-like peptide-2 (GLP-2) and its analogs provide an opportunity for intestinal growth in some PSBS patients who have reached a plateau stage, ultimately enabling them to achieve EA. However, some patients are insensitive to these drugs, or during treatment, they may experience severe intestinal dilation, abnormal intestinal motility, and small intestinal bacterial overgrowth, which can lead to recurrent enterogenic infections and require surgical intervention. Surgical treatments include intestinal transplantation and non-transplantation surgeries, the latter known as autologous intestinal reconstruction surgery (AIRS). Due to the shortage of donors, high rejection rates of allografts, and the need for lifelong immunosuppressive therapy, intestinal transplantation is not the first choice. Among AIRS, serial transverse enteroplasty (STEP) is the most widely applied, but it has limitations, particularly the requirement that the intestine be at least 4 cm dilated. For patients without intestinal dilation, segmental reversal of intestine (SRI) and colon interposition (CI) can be considered. However, their surgical outcomes are not well-documented. This study aims to evaluate the safety and effectiveness of SRI and CI by analyzing the preoperative and postoperative clinical data of PSBS patients.

Methods: From May 2017 to November 2024, a total of 16 PSBS patients in our hospital underwent SRI and CI. A retrospective analysis was conducted on these 16 children. Clinical data were collected, including clinical characteristics, surgical information, changes in parenteral nutrition (PN), complications, achievement of enteral autonomy, weight-for-age z score (WAZ), and changes in intestinal symptoms, to evaluate the safety and effectiveness of SRI and CI.

Results: A total of 16 PSBS patients who underwent SRI and CI were included in this study. The results showed that 10 patients underwent SRI, 2 patients underwent SRI and STEP, 2 patients underwent CI, 1 patient underwent CI + STEP, and 1 patient underwent SRI + CI. The male-to-female ratio was 9:7. The median length of the reversed intestine was 8.0 cm (IQR, 5.0-8.0 cm), and the average length of the interposed intestine was 19.3 ± 3.0 cm. Three patients (19%) developed perioperative complications, all of which resolved with conservative treatment. SRI and CI improved stool characteristics, reduced defecation frequency, and did not increase the frequency of enterogenic infections. At the last follow-up, 69% of the patients were able to wean off PN support and achieve EA. There was no significant difference in WAZ before and after surgery, and the intestinal transit time increased significantly in some patients. During follow-up, few non-specific complications were observed in the medium to long term, and most patients had a good prognosis. One patient who did not wean off PN after surgery underwent intestinal transplantation.

Conclusion: SRI and CI are safe and effective, providing a practical treatment option for some PSBS patients with complications or those who have reached the plateau stage of enteral nutrition. These procedures can improve intestinal symptoms and nutritional status in most patients, and many PSBS patients are expected to achieve EA. However, a small number of patients may still require PN support.

Keywords: Pediatric short bowel syndrome; Segmental reversal of intestine; Colon interposition; Safety; Efficacy; Enteral autonomy

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EMPOWERING STOMA CARE : ENHANCING KNOWLEDGE, CONFIDENCE, AND SUPPORT THROUGH COLLABORATIVE APPROACHES BETWEEN DOCTORS AND PARENTAL COMMUNITIES FOR CHILDREN WITH STOMAS

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Introduction: Effective postoperative care is pivotal, and parents play a vital role in managing complications and outcomes. Despite their importance, parents often struggle with the complexities of stoma care. Managing pediatric stomas necessitates a collaborative effort between healthcare professionals and community support, forming a multidisciplinary team that empowers parents with the knowledge and confidence required for effective stoma management.

Purpose and Objectives: This study assesses the impact of collaborative efforts between doctors and community support systems on children's quality of stoma care.

Methods: A cross-sectional study involving 224 participants evaluated the influence of stoma support communities in Jakarta. The study used a validated 11-question questionnaire to measure community impact and stoma care knowledge.

Results: Spearman Correlation analysis indicated significant relationships between doctor-patient communication and factors such as the stoma's condition ($r:0.285$, $p<0.001$), knowledge ($r:0.417$, $p<0.001$), support in stoma care ($r:0.458$, $p<0.001$), self-confidence ($r:0.440$, $p<0.001$), support systems ($r:0.407$, $p<0.001$), and ease of access to care ($r:0.357$, $p<0.001$). Multivariate analysis highlighted that the quality of doctor-patient communication significantly affects stoma condition, support systems, self-confidence, and access to care ($p<0.025$). ROC prediction analysis showed that effective doctor-patient communication through Komunitas Stoma Pada Anak Jakarta (KOSPAJA) significantly enhances support and self-confidence in stoma care ($A>0.70$).

Conclusion: The collaboration between doctors and community support significantly enhances parents' knowledge, confidence, and support in managing their child's stoma, leading to improved care quality and reduced complication rates.

Keywords: children, doctor, parental community, stoma, stoma care

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ROBOTIC ASSISTED LAPAROSCOPIC PARTIAL SPLENECTOMY IN TREATMENT OF BENIGN SPLENIC LESIONS IN CHILDREN

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Purpose: Benign splenic lesions are relatively rare, and partial splenectomy is still difficult in children. The aims of this study were to explore the safety and effectiveness of robotic assisted partial splenectomy in treatment of benign splenic lesions in children.

Methods: We conducted a retrospective analysis of the records of all children diagnosed with benign splenic lesion and underwent robotic assisted partial splenectomy admitted to our center between April 2020 and December 2024. We analyzed demographic criteria, clinical manifestations, imaging examinations, surgical details, postoperative complications, and final outcomes.

Results: Among the 20 patients, there were 12 males and 8 females, with age range from 4.92 to 15.25 years (means 10.87±2.91 years). Two patients had intermittent abdominal pain, three patients with splenic cysts complicated infection and one of them underwent delayed surgical resection after external drainage of the cyst, and the remaining 15 cases were accidentally diagnosed by ultrasound examination. The maximum diameter of the lesion ranged from 4.5 to 17.5cm (means 7.37±3.32cm), with 9 cases located at the upper or middle upper pole of the spleen and 11 cases located at the lower or middle lower pole of the spleen. All patients underwent robotic assisted partial splenectomy without conversion to open surgery. Four cases of lesions beyond the upper or lower pole of the spleen were performed superselective splenic vascular ligation; three cases underwent main splenic artery ligation due to massive lesions, while preserving the gastric short blood vessels and splenic diaphragmatic ligament. The operation time was 95-239 minutes (means 163.69±47.36 minutes), and the intraoperative bleeding was 10-500ml (median 20ml). Postoperative pathology revealed 10 cases of splenic cysts, 5 cases of lymphangioma, 2 cases of hamartoma, 1 case of splenic hemangioma, sclerosing angiomatoid nodular transformation and splenic Littoral cell angioma respectively. There were no postoperative complications of bleeding, splenic ischemia, intra-abdominal infection, intestinal adhesion, and severe infection. No tumor recurrence was observed during the follow-up period of 1 month to 4 years.

Conclusions: Partial splenectomy is safe and reliable for the treatment of benign splenic lesions in children. For lesions beyond the upper and lower poles of the spleen, partial splenic parenchyma can also be preserved through superselective splenic vessel ligation or complete dissection of the main splenic artery. Robot assisted partial splenectomy can significantly shorten surgical time and reduce intraoperative bleeding, making it more suitable for pediatric partial splenectomy.

Keywords: Benign splenic lesions, Partial splenectomy, Robotic surgery, Children

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NOVEL AND TRADITIONAL OSTEOSYNTHESES OF PAEDIATRIC PROXIMAL TIBIA FRACTURES

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Introduction: Knee wounds during childhood are frequent after falls. Proximal tibial injuries must be accurately diagnosed and treated to restore normal stability, strength, and range of motion to the limbs and prevent potential arthritis.

Aim: Our goal was to analyse the demographic data of children with proximal tibial fractures and to compare the efficiency of resorbable screws (Activascrew) to traditional metal fixation instruments (metal screws, K-wires and cerclages).

Patients and Methods: Consecutively 55 patients were evaluated from two Hungarian pediatric traumatology departments between January 2017 and September 2024 retrospectively. Age, sex, etiological and side distribution, severity, and the average length of hospital stays (LOS) were analysed. Complication rates along with the frequency of dislocations and combined injuries were also investigated.

Results: Predominantly boys (91% of all patients) were wounded with a mean age of 14.4 years (SD: 1.13, range: 12-17) and a Salter-Harris grade of 3.0 (SD: 0.78, range: 2-4). The right side of the patients was affected generally (69%), most commonly with epiphyseolysis (43.6% of cases), avulsion (38.2%), fracture of the tuberosity (18.2%), abruption (12.7%), or apophyseolysis of the proximal tibia (7.3%). These injuries were combined in 24% and dislocation of the fractures was observed in 54% of the patients. Eleven children were treated with resorbable screws who needed an average LOS of 3.72 days. Osteosynthesis of 12 patients with metal screws, K-wires and cerclages resulted in an initial LOS of 4.44 days, though the metal removal necessitated an additional day of care for traditional treatments. Metal screws and cerclages were employed in 10 patients, who had an average total LOS of 4.20 days. Solely metal screws were utilised in 12 children, who recuperated in 6.00 days, while in 12 patients, K-wire combined with cerclage required an overall 4.93 days of hospital stay.

Conclusions: Every evaluated intervention resulted in the expected outcome, as no complications were observed. Yet, other endpoints suggest a tendency for reduced hospitalisation connected to resorbable screws. Because there is no need for a metal removal operation, decreased anaesthetic use and overall treatment cost were also observed. Due to the lower number of interventions needed, children were less affected by distress and the healthcare professionals' and operating theatres' availability was improved.

Keywords: Pediatric, tibia proximal fracture, tibial tubercle, resorbable implants, PLGA

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RISK FACTORS OF BILIARY COMPLICATIONS IN PEDIATRICS LIVER TRANSPLANT

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Purposes: To identify the prevalence and factors associated with biliary complications in pediatric LT (liver transplant). Factors were classified into 3 major factors; patient, surgical and post-operative complications.

Methods: This study is a retrospective study of 132 children who underwent LT in a single center from January 2014 to December 2022. Medical records were reviewed. All biliary complications, including onset, symptoms, imaging, and management were collected. Patients with and without biliary complications were compared. Univariate and multivariate analyses were performed to identify risk factors. Patients with incomplete medical records were excluded.

Results: Of the 121 included patients, 40 patients (33.1%) developed biliary complications (13 strictures and 32 leaks). Patients with biliary complications had higher post-LT albumin level [mean (SD) 35.6±5.6 vs. 31.9±6.4, p=0.002]. In biliary leakage patients, there was more intraoperative albumin used [median (IQR) 1500(1000, 2000) vs. 1000(750, 1700), p=0.004] and higher blood loss [median (IQR) 280(132,701) vs. 176(95,325), p=0.042]. These findings were not found significant in biliary stricture group. Univariate analysis showed higher intraoperative albumin used and higher blood loss were risk factors for biliary leakage [OR (95% CI) 1.88(1.19-2.98) p=0.007], [OR (95% CI) 2.49(1.01-6.19) p=0.048]. Only intraoperative albumin used was significant in multivariate analysis [OR (95% CI) 1.72(1.00-2.95) p=0.049]. In biliary stricture group, there were more patients with intraabdominal complication such as chylous ascites, hemorrhage and bowel perforation (53.9% vs 23.2%, p 0.018). Univariate analysis showed intraabdominal complication was risk factor for biliary stricture [OR (95% CI) 4.36(1.32-14.41) p=0.016] and this was also significant in multivariate analysis [OR (95% CI) 4.2(1.24-14.12) p=0.020].

Conclusions: Giving too much intraoperative albumin can associated with biliary leakage. Intraabdominal complication after liver transplant can associated with developing biliary stricture.

Keywords: Pediatrics liver transplant, biliary complications

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CLINICAL OUTCOMES AND PROGNOSTIC FACTORS IN PEDIATRIC HCC: 24-YEAR RETROSPECTIVE STUDY IN SOUTH KOREA

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Importance: Pediatric hepatocellular carcinoma (pHCC) is a rare, aggressive malignancy, distinct from adult hepatocellular carcinoma (HCC).

Objective: This retrospective study aimed to investigate the clinical outcomes, pathological features, and prognostic factors of pHCC in a South Korean population over a 24-year period.

Design, setting and Participants: This single-center retrospective study included 50 patients (<19 years old) diagnosed and treated for pHCC at Asan Medical Center (1990–2023). Tumors were subclassified as conventional HCC or hepatocellular neoplasm not otherwise specified (HCN-NOS) based on histological and immunohistochemical re-evaluations. Kaplan–Meier and Cox proportional hazards models were used to identify prognostic factors.

Exposures: To identify factors influencing clinical outcomes, a comprehensive review of clinical data, imaging findings, and pathological results was conducted, and this information was incorporated into the analysis.

Main Outcome and Measure: Clinical outcomes were assessed by collecting data on surgery, follow-up, survival status, recurrence, and mortality. Overall survival (OS) was defined as the time from surgery to death from any cause. Event-free survival (EFS), defined as survival without events for 3 years post-surgery, was also assessed. Various analyses were performed to identify risk factors, addressing the statistical limitations of the small sample size.

Results: Among the 50 patients, 45 had conventional HCC and 5 had HCN-NOS. Hepatitis B virus-related HCC (38%) was significantly associated with worse survival. High serum alpha-fetoprotein (AFP) levels (>1000 ng/mL), portal vein invasion, metastases, and resectability were strongly correlated with survival outcomes. HCN-NOS showed rapid progression and poor prognosis, emphasizing the need for multidisciplinary diagnostic and therapeutic approaches.

Conclusions and Relevance: Our findings underscore the importance of tumor burden and operability in pHCC outcomes, highlighting the need for early diagnosis and risk stratification. The aggressive progression of HBV-related HCC necessitates proactive cancer surveillance, even after hepatitis B virus seroconversion.

Keywords: Hepatocellular carcinoma, Liver neoplasm, Histology, Diagnosis, Prognosis

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PORTAL HYPERTENSION IN CHILDREN: 35 YEARS' EXPERIENCE OF SURGICAL TREATMENT

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Surgical procedures are known to be most effective in preventing variceal bleeding (VB) in children with portal hypertension (PH). The quality of life, possibility of the portosystemic encephalopathy (PSE), and the deterioration of liver function after shunt procedures in children with PH are the aim of our study.

Methods. 1034 children with PH were treated since 1989. 921(89%) had extrahepatic PH. 838 patients underwent portal systemic shunting (PSS). In 206 children Rex-shunts were performed. In 28 patients Sugiura operations were done.

Endoscopies, Duplex scanning, biochemical tests and psyhoneurological evaluation were performed after a one-year period. 172 patients were evaluated in 5-18 years after surgery to determinate the long-time results.

Results: Re-bleeding occurred in 38 (3,7%) children with PPS. In the long–term period portal perfusion (PP) after PSS decreased down in 84%. No patient PSE. No signs of liver function deterioration were found. The re-bleeding rate after Rex-shunt was 5,5%. In patients with Rex-shunt, a normal PP was restored in the early postoperative period. The Sugiura procedure produced the highest rate of re-bleeding – 25%. In 16 patients, we combined the Sugiura procedure with planned endoscopic sclerotherapy in the postoperative period. This decreased re-bleeding to 8,3%.

Conclusion: The PSS is an effective and method of preventing of VB and does not seriously degrade quality of life of the child. The Rex shunt effectively restores PP in the post-operative period. In cases when shunt surgery is not possible, the Sugiura procedure is the operation of choice with endoscopic sclerotherapy for remnant varices.

Keywords: portal hypertension, variceal bleeding, portosystemic shunts mesoportal shunt

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EMERGING THERAPIES FOR PEDIATRIC LIVER DISEASES: FOCUS ON THE ANTIFIBROTIC AND ANGIOGENIC EFFECTS OF HUC-MSC SECRETOME

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Background: Biliary atresia is a rare neonatal hepatobiliary disorder with progressive inflammation and obstructive fibrosing cholangiopathy, leading to neonatal jaundice and bile flow obstruction. Despite interventions such as Kasai portoenterostomy and liver transplantation, significant challenges remain, necessitating the exploration of adjunctive therapies. Human umbilical cord-derived mesenchymal stem cells (hUC-MSCs) secretome presents a promising avenue for mitigating liver fibrosis.

Aims: This study aims to elucidate the antifibrotic mechanisms of the hUC-MSC secretome in biliary atresia and explores its potential role in promoting angiogenesis for liver regeneration.

Methods: Thirty 3-week-old Sprague-Dawley rats were divided into experimental (n=24) and control (n=6) groups, undergoing bile duct ligation. Post-ligation, rats received varying volumes of Hyp-UCMSC secretome or control treatment intravenously on days 15 and 16 post-surgery. Rats were euthanized 29 days post-operation for blood and tissue collection. Blood samples were analyzed for AST, ALT, and total bilirubin levels. Liver tissues were subjected to histological examination and qPCR for TGF-β, α-SMA, VEGF, and HIF-1α gene expression.

Results: AST, ALT, and total bilirubin levels significantly increased in the BDL group 28 days post-surgery compared to the sham group ($p < 0.05$). Treatment with 400 µL Hyp-UCMSC secretome resulted in lower fibrosis, biochemical liver and bilirubin levels compared to the BDL group ($p < 0.05$). Additionally, the treatment inhibited the expression of TGF-β, α-SMA, VEGF, and HIF-1α mRNA levels, normalized to GAPDH expression, highlighting the potential role of Hyp-UCMSC secretome in reducing fibrosis and promoting angiogenesis in liver regeneration.

Conclusion: The findings highlight the therapeutic potential of Hyp-UCMSC secretome in mitigating liver fibrosis and improving biochemical liver parameters in a biliary atresia model. Hyp-UCMSC secretome could be a promising adjunctive therapy for biliary atresia, offering a novel approach to managing this challenging condition and paving the way for future clinical applications.

Keywords: Biliary Atresia, Liver Failure, Secretome, Regeneration, Therapy

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COMPARATION OF ROBOT-ASSISTED AND LAPAROSCOPY-ASSISTED BILIARY DILATATION RESECTION IN CHILDREN LESS THAN 3 MONTHS OF AGE: A SINGLE-CENTER COHORT STUDY

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Objective: To investigate the feasibility and effectiveness of robot-assisted surgery in children with cholangiectasis under 3 months of age.

Methods: Retrospective cohort study the clinical data of 53 children with cholangiectasis under 3 months admitted to our hospital from April 2019 to December 2024 were included retrospectively. According to the surgical method, the patients were divided into robotic-assisted surgery(RAS) group(5 males, 24 females, age 49.0(36.0)days(range:19.0to90.0days), weight 5.00(1.65)kg(range:3.40to7.50kg) and laparoscopic-assisted surgery(LAS) group (5 males, 19 females, age 55.5(27.3) days (range: 18.0to87.0days), weight 4.90(1.62) kg(range: 3.50to6.20kg). Nineteen cases in each group were prenatally diagnosed. Data were statistically analyzed using the Mann-Whitney *U* test and the Pearson $\chi 2$ test, respectively.

Results: No statistically significant differences were observed between two groups in age, sex, weight, or preoperative biochemical indices (all $P>0.05$). All procedures were successfully completed without conversion to open surgery. Postoperative biochemical indices, fasting duration, cyst diameter, operative time, drainage tube retention time, and follow-up duration showed no significant differences between the groups(all $P>0.05$). Compared to the LAS group, the RAS group demonstrated significantly shorter postoperative hospital stays (9.0(5.0)days(range:7.0to18.0days) *vs.* 11.5(5.5)days (range:7.0to38.0days), $P=0.044$) and hepaticojejunostomy time(15.0(3.5)minutes(range: 11.0to22.0minutes) *vs.* 18.0(3.0)minutes (range: 13.0to25.0minutes),$P=0.001$). However, the RAS group incurred higher surgical costs (78099.9(10100.1) yuan (range: 72148.7to112 898.6 yuan) *vs.* 30158.6(15283.1) yuan (range: 25041.7to107673.1 yuan), $P<0.01$). In the LAS group, 3 patients developed anastomotic leakage requiring reoperation while the RAS group had 1 case of anastomotic stenosis 2 years postoperatively (received second hepaticojejunostomy) and 1 case of incision infection (received incision debridement and dressing of the abscess).

Conclusion: Robotic-assisted surgery can be used to treat children with cholangiectasis under 3 months of age and may achieve good results.

Keywords: Child; Biliary tract surgical procedures; Robotic surgery; Laparoscopy; Biliary dilatation; Three months

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LAPAROSCOPIC LIVER RESECTIONS IN CHILDREN

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The minimally invasive hepatectomies have become widespread during last decades. However very little is known about the safety and role of laparoscopic liver resections in children. The main reason is the low incidence of liver tumors compared to adult patients. Although laparoscopic liver resection in pediatric oncology is not well-reported, the number of successful laparoscopic liver resections in children is increasing these years. The objectives of this research are to compare short- and long-term results after liver resections in children depending on laparoscopic or conventional approach.

All children with liver tumors who underwent hepatectomy between 2018 and 2025 were included. Age, sex, diagnosis, tumor size, volume, localization, type of liver resection, operative time, blood lose, intra- and postoperative complications have been retrospectively evaluated. The sample was divided in two groups depending on approach (laparoscopic or open). Data management and analysis were performed using SPSS 26.0. Chi-squared, Mann-Whitney U-Test, independent sample t-tests were carried out to assess whether groups are doddered in sort term results. Kaplan-Meier curves were used to compare overall and event-free survival. Propensity score matching was performed to reduce selection bias with 10 confounders (weight, height, sex, age, tumor volume and size, extent of liver resection, previous laparotomy, neoadjuvant chemotherapy, malignancy).

262 patients underwent liver resection (68 hepatectomies via minimally invasive approach). The complications rate was similar in both groups. Laparoscopic resections have been significantly associated with shorter postoperative period, analgesia and drain removal. Long term results were comparable between groups too.

This study has confirmed the main advantages and safety of minimally invasive approach for liver resections in children. Further prospective research and previously accumulated experience in laparoscopic liver resections have been determined further development and expanding of this technique in pediatric oncology.

Keywords: laparoscopic liver resections; children; propensity score matching

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NEW APPROACH FOR THE SURGICAL TREATMENT OF CHILDREN WITH PORTAL HYPERTENSION.

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The effectiveness of surgical treatment of portal hypertension (PG), according to our data, reaches 97%. No less relevant is the question of the quality of the life of children in a long time after operations. Almost 35% of children with an extrahepatic form of PG is possible to perform mesortal shunting (MPS), ensuring the high quality of the child's life. In other cases, various variants of portosystem shunting (PSS) are performed. However, catamnestic studies indicate some decrease in the portal perfusion (PP) of the liver after PSS, which can lead to a decrease in the quality of life. A new operation was proposed in our clinic - the reconstruction of the previously performed side-to-side splenorenal (SRS) to distal splenorenal shunt(DSRS) (total PSS to a selective shunt) by clipping/ligating the spleen vein .

Material and methods: SRA reconstruction surgeries have been performed since 2020. A total of 64 children have been operated on using laparotomy or laparoscopic approaches. Study of the ammonia level in the blood, angiography, and MRI of the brain have been added to the pre- and postoperative examination.

Results: Our long-term studies have shown that SRS can cause the hyperammonemia, neurological disorders in the late postoperative period due to a decrease in PPP. This situation is typical for the so-called "total portosystemic shunts".

After the use of SRS reconstruction surgery, 78% of children showed signs of improvement in PPP. A decrease in the level of ammonia in the blood was noted in 72% of children. In 43% of patients, MRI revealed the elimination of manganese salt accumulation in the brain (signs of portosystemic encephalopathy).

Conclusion. The developed operation of SRS reconstruction to DSRS, aimed at improving the PP, is a promising method for preventing hyperammonemia and neurological changes in children with PG.

Keywords: portal hypertension, variceal bleeding, splenorenal shunt, portal perfusion, portal systemic encephalopathy

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PANCREATIC TUMORS IN CHILDREN: DIAGNOSIS, SURGICAL TREATMENT AND OUTCOME

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Aim: Pancreatic tumors in children are exceedingly rare and therefore present significant diagnostic and therapeutic challenges for pediatric surgeons. We reviewed our institutional experience with these rare entities.

Methods: We conducted a retrospective single-institution study of all pediatric pancreatic tumors treated over a 15-year period (2009–2024). Data collected included clinical symptoms at presentation, diagnostic evaluations, types of surgical interventions, and patient outcomes.

Results: Eighteen patients were identified (thirteen female, five male). The tumor types included solid pseudopapillary neoplasm (SPN) (n = 13), low-grade neuroendocrine tumor (n = 2), pancreatoblastoma (n = 1), adenocarcinoma of the ampulla of Vater (n = 1), and metastasis of the extrahepatic component of hepatoblastoma (n = 1). Surgical resections performed were pancreatoduodenectomy (n = 8), open distal pancreatectomy (n = 3), laparoscopic distal pancreatectomy (n = 3), duodenum-preserving pancreatectomy (n = 2), enucleation (n = 1), and combined pancreatoduodenectomy with right hepatectomy (n = 1). Post-surgical complications included pancreatic leak and fistula in the patient who underwent enucleation, and late pancreatojejunostomy stenosis in a patient following pancreatoduodenectomy. The patients with adenocarcinoma and hepatoblastoma died to metastatic disease 18 and 11 months postoperatively, respectively, despite achieving tumor-free resection margins after pancreatoduodenectomy and right hepatectomy. The remaining patients are alive with no evidence of recurrence at a mean follow-up of 53 months.

Conclusions: Complete surgical resection remains the only potential cure for pediatric patients with malignant pancreatic tumors; however, survival remains poor in those with locally advanced disease, even when R0 resection is achieved. SPN is the most common pediatric pancreatic tumor, characterized by low-grade malignant potential and a favorable prognosis following complete surgical resection.

Keywords: pancreatic tumors, solid pseudopapillary neoplasm, pancreatectomy, hepatectomy

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IMPROVED RECOVERY IN PEDIATRIC PORTAL HYPERTENSION: EVALUATING ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS

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Purpose: Portosystemic shunt surgeries have been performed in our department to treat portal hypertension since 2006. Since 2016, we have implemented postoperative Enhanced Recovery After Surgery (ERAS) protocols for these patients. This study aimed to evaluate the outcomes of patients who underwent surgery for portal hypertension and were managed with the ERAS protocol.

Methods: A retrospective study was conducted from 2006 to 2024, dividing the patients into two distinct periods: 2006–2016 and 2016–2024. Demographics, the surgical procedures, time to start oral feeding, the day IV fluid support was discontinued, the time to start mobilization, the duration of ICU stay, the length of hospital stay were examined. Statistical analyses were conducted using IBM SPSS Statistics 27.

Results: A total of 103 patients (M/F: 50/53) were included in the study, with a mean age at the time of surgery of 8.4 ± 5 years. The variables are summarized in Table 1. As shown in the table, patients treated after 2016 had significantly shorter times for the initiation of the first meal, ICU stay, and overall hospital stay. Postoperative complication rates were similar between the two groups. Notably, despite the implementation of ERAS protocols, no related postoperative complications were observed.

Conclusion: Patients undergoing portal hypertension surgery managed with the ERAS protocol showed significant improvements in various postoperative outcomes. These findings suggest that the ERAS protocol positively impacts the recovery process and contributes to faster patient recovery.

Keywords: Portal Hypertension, Enhanced Recovery After Surgery (ERAS), Portosystemic shunts

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SURGICAL MANAGEMENT AND OUTCOMES OF CHILDREN WITH HEPATOBLASTOMA

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Purpose: To report our institutional experience with the surgical management of pediatric patients diagnosed with hepatoblastoma and to evaluate their clinical outcomes.

Methods: This retrospective study included pediatric patients who underwent surgery for hepatoblastoma at our institution between 2006 and 2024. Demographic characteristics, PRETEXT stage at diagnosis, type of surgical intervention, tumor histopathology, perioperative complications, and clinical outcomes were recorded and analyzed.

Results: A total of 63 patients (38 males, 25 females) with a mean age of 35 months (range: 5–156 months) were included. The majority of patients (63.5%) presented with PRETEXT stage III disease. Five patients had distant metastases and locally advanced tumors, while tumor rupture prior to surgery occurred in two patients. Fifty-six patients (87%) received neoadjuvant chemotherapy followed by delayed surgical resection. Seven patients (13%) underwent primary liver resection. Surgical procedures included right hepatectomy (n=28), extended right hepatectomy (n=12), left hepatectomy (n=10), extended left hepatectomy (n=8), central hepatectomy (n=3), liver transplantation (n=2), and right hepatectomy combined with Whipple procedure (n=1). Negative surgical margins were achieved in all cases. Surgery-related complications occurred in six patients (9.5%), including bile leakage from the cut surface (n=2), late-presenting diaphragmatic hernia (n=2), and late-onset bile duct stricture (n=1). Three patients died: two were older than 10 years, and one presented with both locally advanced disease and age >10 years. The 5-year disease-free survival rate was 92.1%.

Conclusion: Our findings highlight the safety and efficacy of surgical resection in the treatment of hepatoblastoma. Complete tumor resection with negative margins yields excellent outcomes with minimal complications. Extended liver resections are feasible in specialized centers. Older age and locally advanced disease at diagnosis may predict poorer prognosis.

Keywords: Hepatoblastoma, Hepatectomy, Whipple procedure, Hepatobiliary

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EARLY GASTROINTESTINAL BLEEDING AFTER KASAI PORTOENTEROSTOMY IN INFANTS WITH BILIARY ATRESIA: ETIOLOGICAL INSIGHT AND MANAGEMENT AT A TERTIARY CARE HOSPITAL

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Introduction: Early gastrointestinal (GI) bleeding (<30 days) following Kasai portoenterostomy (KPE) is an uncommon but potentially life-threatening complication in infants with biliary atresia (BA), contributing significantly to postoperative morbidity and mortality. The reported incidence ranges from 3.1% to 5.4%, with etiologies including coagulopathy, mucosal erosions, sepsis-related enteropathy, and rare vascular events such as right hepatic artery pseudoaneurysm (RHAPA).

Aim: To evaluate the etiological spectrum, management strategies, and clinical outcomes of early GI bleeding in infants with BA undergoing KPE, with a focus on rare vascular complications such as RHAPA.

Materials and Methods: A retrospective review was conducted of 194 infants with BA who underwent KPE between January 2016 and May 2025. Infants developing GI bleeding within 30 days postoperatively were included. Data on demographics, laboratory parameters, imaging, intraoperative findings, and clinical course were analysed. Initial evaluation included coagulation and sepsis screening, followed by Doppler ultrasound and CT angiography. Upper GI endoscopy (UGIE) was performed post-stabilization to exclude variceal sources.

Results: Six infants (M:F = 1:1) developed early GI bleeding, presenting with hematemesis (2), melena (3), or hemoperitoneum (1), at a mean of 9.5 days post-KPE (range: 3–20 days). RHAPA was diagnosed in two cases (33.3%) and managed successfully with coil embolization. One patient (16.6%) had stress gastritis, which resolved with PPIs infusion. Another (16.6%) had sepsis-induced coagulopathy, presenting with hemoperitoneum and GI bleeding. In two patients (33.3%), no identifiable cause was found; as one resolved spontaneously and imaging revealed no abnormality, and the other expired before evaluation. At a mean follow-up of 28 months, three patients are alive with jaundice clearance—two with native livers and one post-transplant.

Conclusion: Although rare, early GI bleeding following KPE requires high clinical suspicion. Prompt assessment of coagulation status and imaging is crucial for early diagnosis and intervention. RHAPA, though infrequent, must be considered in cases of massive bleeding to enable timely embolization and improve outcomes

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CLINICAL DIFFERENCES BETWEEN INTRAHEPATIC AND EXTRAHEPATIC CONGENITAL PORTOSYSTEMIC SHUNTS

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Introduction: Congenital portosystemic shunts (CPSS) represent a heterogeneous group of malformations with diverse manifestations and outcomes, due to their embryological complexity and potential influence of genetic factors.

Materials/Methods: We conducted a retrospective review of patients with CPSS evaluated at our center since 2010. Patients were divided into those with extrahepatic CPSS (EH-CPSS) and intrahepatic CPSS (IH-CPSS), and the following variables were compared: age, symptoms, type of CPSS, neuropsychiatric, cardiac, endocrine, and pulmonary abnormalities, liver disease, treatment, and outcomes.

Results: We included 89 patients (49 male/40 female), with a mean age at diagnosis of <3 months (range: prenatal to 10 years). Significant differences were found in the presence of liver disease (27%; 57% EH vs. 4% IH, $p<0.05$), structural heart disease (68%; 87% EH vs. 38% IH, $p<0.05$), and vascular anomalies (37%; 75% EH vs. 21% IH, $p<0.05$). However, no differences were observed in the association with pulmonary hypertension (16.5%), fish odor syndrome (12%), or neuropsychiatric abnormalities (38%).

IH-CPSS (88%) showed a favorable outcome, particularly those associated with the ductus venosus. Spontaneous closure occurred in 50%, 24% required closure with an intravascular device, and 26% remained open. Among EH-CPSS (12%), six were closed through interventional radiology, three required liver transplantation, two remained open, and one died without treatment. Only two cases closed spontaneously.

Conclusion: CPSS is a heterogeneous condition with unpredictable outcomes. The association of EH-CPSS with heart disease, liver disease, and vascular anomalies opens a new avenue for research in this pathology.

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NEURODEVELOPMENTAL OUTCOMES IN CONGENITAL HYPERINSULINISM: CHALLENGES PERSIST DESPITE EARLY SURGICAL INTERVENTION

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Purpose: Congenital hyperinsulinism (CHI) is the leading cause of persistent hypoglycemia in neonates and infants. While early surgical intervention may restore glycemic control, the risk of neurodevelopmental impairment remains significant.

Methods: We retrospectively analyzed data of 7 infants with CHI who underwent surgical intervention during early infancy. Patients were classified as having diffuse or focal CHI based on clinical, imaging/genetic tests, and histopathological findings. Data regarding EEG, cranial imaging, and long-term neurodevelopmental (ND) outcomes were evaluated.

Results: Data is summarized in Table 1.

Conclusion: Early surgical intervention may not fully prevent neurodevelopmental sequelae in patients with diffuse CHI, especially in the presence of severe or prolonged hypoglycemia before diagnosis. Accurate differentiation between focal and diffuse CHI is critical to guide individualized management and improve outcomes in long-term neurological follow-up.

Patient	*CHI type/age at diagnosis*	*Operation (age at operation)*	*Neurological evaluation*	*EEG findings/ cranial imaging*	*ND outcomes*
1	DCHI/30 days	Near total pancreatectomy+gastrostomy (6 months)	**Seizure (+)** Hypotonic, no head holding	Normal	Learning disability, ADHD
2	DCHI/7 days	Near total pancreatectomy+gastrostomy (2 months)	**Seizure (+)** Microcephaly, jitterness	Low voltage, widespread amplitüde suppression, epileptic activity(findings compatible with metabolic seizure) **Cranial BT:** Low periventricular white matter dansity	Speech disability, learning disability, ADHD
3	FCHI/31 days	Enucleation (7 months)	Seizure (-) Normal	Normal	-
4	DCHI/54 days	Near total pancreatectomy+gastrostomy (3 months)	**Seizure (+)** Speech therapy	Normal **TFUS:** G1 germinal matrix hemorrhage in the right caudatelamic notch	Speech disability, learning disability, ADHD
5	FCHI/1 day	Distal pancreatectomy+gastrostomy (4 months)	**Seizure (+)** Normal	Voltage depression **Cranial MRI:** thinned collosum	-
6	DCHI/1 day	Near total pancreatectomy+gastrostomy (2 months)	Seizure (-) Normal	**Cranial MRI:** Bilateral Grade 1 hemorrhage	-
7	DCHI/1 day	Near total pancreatectomy+gastrostomy (2 months)	Seizure (-) Normal	-	-

Keywords: congenital hyperinsulinism, neurodevelopmental outcomes, pancreatectomy

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FLUORESCENCE NAVIGATION COMBINED WITH 3D MODELING-ASSISTED LAPAROSCOPIC TREATMENT OF PEDIATRIC FOCAL NODULAR HYPERPLASIA: EFFICACY ANALYSIS AND LITERATURE REVIEW

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Objective: To investigate the efficacy and safety of fluorescence navigation combined with 3D modeling-assisted laparoscopic surgery in the treatment of pediatric focal nodular hyperplasia (FNH) of the liver.

Methods: A retrospective analysis was conducted on children with FNH of the liver who underwent laparoscopic resection assisted by fluorescence navigation and 3D modeling from June 2023 to August 2024. All patients underwent preoperative ultrasound, CT, and MRI imaging for diagnosis and were further evaluated by the software “3D Slicer”for surgical modeling. Intraoperatively, all patients underwent laparoscopic hepatic lesion resection assisted by indocyanine green (ICG). Postoperative complications and recovery indicators were observed.

Results: All patients successfully underwent surgery and were discharged with recovery. No intraoperative complications such as massive hemorrhage or injury of bile duct were observed. The average operative time was (168.3±9.5) minutes, and average hemorrhage in operation was (115.0±20.0) ml. The average postoperative hospital stay was (10.6±1.3) days. In one patient with preoperative imaging highly suggestive of hepatoblastoma, 3D modeling revealed clear lesion margins without vascular invasion. ICG fluorescence enabled precise intraoperative identification and complete resection; postoperative pathology confirmed FNH. In another case with a congenital portosystemic shunt, preoperative modeling delineated aberrant venous anatomy, allowing intraoperative avoidance of major bleeding; no postoperative portal hypertension was observed. One patient with a giant FNH (diameter 5.8 cm) presented with unclear lesion margins on imaging; combined 3D modeling and ICG fluorescence clearly delineated tumor boundaries, facilitating complete resection and uneventful recovery. During a 3-month follow-up, all patients showed normal liver function with no residual lesions, recurrence, or long-term complications such as intrahepatic cholestasis or poor wound healing.

Conclusion: Fluorescence navigation combined with 3D modeling significantly enhances the precision and safety of laparoscopic treatment for pediatric FNH, demonstrating promising clinical value, particularly in complex cases.

Keywords: Fluorescence Navigation, 3D Modeling, Laparoscopy, Focal Nodular Hyperplasia (FNH), Children

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ANALYSIS OF DISTRIBUTION OF MACROPHAGE SUBSETS IN THE LIVER BIOPSY SPECIMENS OF BILIARY ATRESIA

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Purpose: Recently, an imbalance between subsets of macrophages has been attracting attention as a cause of immune-related liver disease. In this study, we analyzed the localization of macrophage subsets in the liver biopsy specimens of biliary atresia (BA).

Method: This study cohort included 17 liver specimens from BA patients and 15 control liver specimens from autopsy. Liver specimens of BA patients were obtained at Kasai portoenterostomy. As the control, liver histological samples were used, obtained at fresh autopsy from 15 patients (median age: 5 months), which comprised eight patients without clinical or pathological systemic infection and inflammation (normal control: NC group) and seven patients associated with such inflammation (inflammation control: IC group). An immunohistochemical analysis included CD68/CD86 double staining, and double-positive macrophages were defined as M1 and CD68 single-positive macrophages were defined as non-M1. Macrophages were counted in three regions: hepatic lobule, portal area, and interface (IF). These subset populations were investigated in relation to the clinical data and fibrotic area.

Results: In the BA group, M1 macrophages in all regions and non-M1 macrophages in IF and portal areas significantly increased compared to those in the NC group, and it is notable that M1 macrophages often cluster in IF. Non-M1 macrophages in IF showed a significant positive correlation with ALT (r=0.503, *p*=0.047), D-Bil (r=0.580, *p*=0.019), and fibrotic areas (r=0.503, *p*=0.049).

Conclusion: In BA, M1 and non-M1 macrophages were detected as a major population in hepatic lobule and IF, and in portal area and IF, respectively. Non-M1 macrophages in IF were associated with liver fibrosis. This is suspected to be related to the pathogenesis of inflammatory liver fibrosis and obstructive cholestasis in BA.

Keywords: biliary atresia, macrophage, M1

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CHOLEDOCHAL CYSTS IN CHILDREN: A MULTI-CENTER RETROSPECTIVE STUDY COMPARING LAPAROSCOPIC AND OPEN SURGICAL APPROACHES

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Background: Choledochal cysts (CC) are rare congenital anomalies of the biliary tract that often require surgical intervention for excision and biliary reconstruction. This multicenter retrospective study aims to evaluate and compare the outcomes of laparoscopic versus open surgical treatment for CC in children.

Methods: We retrospectively reviewed the medical records of 80 pediatric patients diagnosed with choledochal cysts and treated between 2014 and 2024 across three pediatric surgery centers. Patients were categorized into two groups: laparoscopic (44 cases) and open (36 cases). We analyzed patient demographics, cyst type, surgical approach, operative time, intraoperative complications, postoperative outcomes (including hospital stay, postoperative pain, and complication rates), and long-term follow-up data on liver function and symptom resolution.

Results: The two groups were comparable in terms of age (ranging from 40 days to 162 months), sex distribution, and cyst type, with the majority presenting with Todani type I cysts, followed by type IV cysts. The choice of anastomotic technique varied according to the surgical approach: Roux-en-Y hepaticojejunostomy (RYHJ) was more frequently performed in open surgeries (32 cases vs. 4 cases), while hepaticoduodenostomy (HD) was predominantly used in laparoscopic procedures (38 cases vs. 6 cases).

Notably, the laparoscopic group demonstrated significantly shorter postoperative hospital stays and reduced postoperative pain levels. There were no significant differences in the rates of major postoperative complications, including bile leaks or anastomotic strictures. Both groups showed favorable long-term outcomes in terms of liver function and resolution of preoperative symptoms.

Conclusion: Laparoscopic excision of choledochal cysts in children is a safe and effective alternative to open surgery, offering similar outcomes with less invasiveness, faster recovery, and better cosmetic results. Recent advances, including the use of indocyanine green (ICG) fluorescence, have improved the safety and precision of laparoscopy, supporting its growing role as a standard technique in specialized pediatric centers.

Keywords: Choledochal Cysts, Children, Laparoscopy.

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PREDICTION OF NEUROBLASTOMA PROGNOSIS AND IDENTIFICATION OF PROGNOSTIC FACTORS BASED ON MULTICENTER CLINICAL DATA AND 386 MACHINE-LEARNING ALGORITHMS

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Purpose: This study aims to identify accurate and universal prognosis prediction tools for NB (neuroblastoma), and to explore potential prognostic factors further. This will assist clinicians in accurately assessing the prognosis of affected children, ultimately improving the survival rate and quality of life for NB patients.

Method: Collected basic clinical data of children diagnosed with NB in our center (January 2015 - June 2024) and at 17 registration areas (2000-2020) in the surveillance, epidemiology, and end results database. Based on the above multi-center clinical data and 386 machine-learning algorithms, a prognostic nomogram was created to identify the optimal prediction model and potential prognostic predictors.

Results: A total of 1214 NB children were split into a training set (1000 cases) and a validation set (214 cases). Multivariate Cox regression identified age, tumor size, distant metastasis, chemotherapy, and primary lesion in the adrenal gland as independent risk factors for the prognosis of NB ($P < 0.05$). The average area under the curves of two data sets for the nomogram using RSF (random survival forests) achieved 0.86, 0.91, 0.92, and 0.93 in predicting 1/3/5/10-year survival rates, respectively. The RSF-based nomogram score correlated significantly with tumor size before treatment (R = 0.51), NSE (neuron-specific enolase) before treatment (R = 0.41), postoperative inflammatory markers [platelet-to-lymphocyte ratio (R = 0.26), neutrophil-lymphocyte ratio (R = 0.24), and systemic immune inflammation index (R = 0.21)], RBC (red blood cell count) before discharge (R = -0.28), and Hb (hemoglobin) before discharge (R = -0.38) ($P < 0.05$).

Conclusion: The RSF-based nomogram model shows superior predictive ability for NB prognosis compared to similar models. Its use of accessible indicators makes it suitable for resource-poor areas and families with limited finances. Tumor size, NSE, inflammatory markers, RBC, and Hb may be potential prognostic predictors for evaluating NB prognosis.

Keywords: neuroblastoma, children, prognosis, machine-learning, nomogram

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INTRAOPERATIVE MARGIN DELINEATION OF NEUROBLASTOMA BASED ON TERAHERTZ REAL-TIME IMAGING SPECTROSCOPY

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Background: Neuroblastoma(NB) is a highly malignant, systemic sympathetic nerve tumor. Traditional surgical approaches often involve extensive excision, which can lead to additional tissue damage, underscoring the need for accurate and real-time tumor margin delineation. In this study, we introduce the application of Terahertz Time-Domain Spectroscopy (THz-TDS) for tumor margin assessment and rapid pathological evaluation in neuroblastoma.

Methods: SH-SY5Y cells were employed to establish a subcutaneous tumor-bearing model in nude mice. Using a THz-TDS system, we conducted in vivo imaging of tumor-bearing mice in time domain signal and frequency domain signal, and performed transmission-mode THz detection on hematoxylin and eosin (HE) stained neuroblastoma tissue sections. In THz imaging, superparamagnetic iron oxide (SPIO) was introduced as a contrast agent to enhance the imaging performance.

Results: The results revealed a strong THz reflection signal at the tumor site in the tumor-bearing mice, with the THz imaging system clearly delineating the tumor region in agreement with pathological findings. Neuroblasotuma tissues exhibited higher THz absorption coefficients compared to normal tissues. THz spectroscopy provide an excellent imaging contrast ratio in 0.5-1.0 THz, which can be further improved with SPIO nanopartical agent. Additionally, The refractive index of 14 μm thick NB tissue was ~2.92 ± 0.075, while healthy tissue was ~1.19 ± 0.012. Statistically significant differences in refractive index and absorption coefficient were observed between HE-stained tumor and healthy sections ($P < 0.01$) at 0.5–1.5 THz.

Conclusion: This work shows that THz-based imaging technology is able to distinguish the neuroblastoma and normal tissues in time and frequency domain, which offers a great potential for in vivo applications of neuroblastoma treatment. As an advanced technique, novel THz applications could open new avenues for precise diagnosing intraoperative neuroblastoma margins.

Keywords: Tumor Marginal Detection; Precision Surgery; Neuroblastoma; Tumor Imaging; Terahertz

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INFLAMMATORY FACTOR CCL2 ENHANCES THE INTERACTION BETWEEN MONOCYTE-MACROPHAGE CELLS AND LIVER PARENCHYMAL CELLS TO PROMOTE LIVER INFLAMMATION AND FIBROSIS IN BILIARY ATRESIA

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Purpose: To explore the possible mechanism of the rapid progression of liver fibrosis in BA (biliary atresia) through multi-omics methods.

Method: BA liver tissues with different degrees of liver fibrosis (n=4), liver tissues of choledochal cyst (n=2), and liver tissues of the NC (normal control) group (n=2) were selected. Single-cell RNA sequencing, spatial transcriptomics, and Mendelian randomization were integrated for analysis. The clinical data of the sequenced samples, GSE176189 and GSE122340, were used to verify the results.

Results: The level of inflammation in the severe fibrosis group was significantly higher than that in the mild fibrosis group (adjusted $P < 0.0001$). The results of MR showed that CCL2 had a causal relationship with BA and was a risk factor (odds ratio = 1.70, 95% confidence interval: 1.19 - 2.43, $P = 0.004$). The results of scRNA-seq and ST showed that the expression level of CCL2 in BA was significantly higher than that in NC ($P < 0.001$), and its expression level increased with the progression of fibrosis, mainly expressed in fibrotic areas. CCL2 was highly expressed in the three monocyte-macrophage subtypes with the top three fibrosis scores. CCL2+ monocyte-macrophage cells showed the strongest correlation with gamma-glutamyl transferase (R = 0.88, $P = 0.0072$). The interactions between CCL2+ monocyte-macrophage cells and hepatocytes, hepatic stellate cells, and bile duct epithelial cells were significantly upregulated in BA ($P < 0.01$). These interactions were more prominent in mild than severe fibrosis ($P < 0.01$).

Conclusion: Severe liver fibrosis in BA is associated with a pronounced inflammatory response. CCL2 may be crucial in the occurrence and progression of liver fibrosis in BA. Targeting CCL2+ monocyte-macrophage cells by reducing their proportion or interaction with fibrotic effector cells may provide a potential treatment for liver fibrosis in BA.

Keywords: biliary atresia, liver fibrosis, inflammation, single-cell RNA sequencing, spatial transcriptomics, mendelian randomization, CCL2

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PREOPERATIVE CT–DERIVED 3D MODELING FOR PLANNING SUBLOBAR LUNG RESECTIONS IN CHILDREN WITH BENIGN LESIONS.

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Purpose: Congenital lung malformations (CLMs) and benign tumors in children often involve one or few segments. Nevertheless, wedge resection or lobectomy are performed, while anatomical segmentectomy remains rare due to lack of clear indications. This study aims to evaluate how preoperative three-dimensional (3D) lung modeling influences planning and execution of surgery for benign lung lesions in children.

Method: Retrospective review of 32 patients (1–17 years) undergoing lung resection between January 2020 and June 2025 for CLMs or benign lesions. Exclusions: bullous disease, infectious or malignant lung pathology. 3D group (n = 16; mean age 11.1 years): preoperative segmentation and modeling of vessels, bronchi, and lesion margins in 3D Slicer. Control group (n = 16; mean age 6.9 years): planning using 2D contrast–enhanced computed tomography (CT). Statistical tests: χ^2 or Fisher's exact for categorical variables, Mann–Whitney U for continuous variables, and stepwise linear and logistic regression; $p \leq 0.05$.

Results: Sublobar surgery occurred in 100 % of 3D group (37.5 % wedge, 62.5 % segmentectomy) versus 37.6 % in control (18.8 % wedge, 18.8 % segmentectomy) with 68.8 % lobectomies ($p < 0.001$). Operation time: 140 [95–230] min versus 130 [101,25–157,5] min ($p > 0.05$). Intraoperative complications: 12.5 % vs. 6.3 % (p>0,05); early postoperative: 18.8 % vs. 25.0 % (p>0,05). Chest drainage: 5.5 [4–7.8] vs. 6.5 [5–14.3] days (p>0,05); hospital stay: 7 [6–9] vs. 8 [7–16.5] days (p>0,05). Predictors of resection volume were age ($\beta = -0.006$ ml/mo), lesion type ($\beta = -0.688$), and number of involved segments ($\beta = 0.255$); all $p < 0.01$.

Conclusion: Preoperative CT-derived 3D modeling in children with benign pulmonary lesions increases the rate of sublobar resections without extending operative time or elevating complication rates, most likely due to enhanced lesion localization and more precise indication selection.

Keywords: Sublobar lung resection, Anatomical segmentectomy, Congenital lung malformations, Computed tomography–derived 3D modeling, Lung sparing surgery, Surgical planning

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A MULTICENTER STUDY ON SCHOOL FUNCTIONING IN PEDIATRIC PATIENTS WITH HIRSCHSPRUNG DISEASE IN CHINA: A PROPENSITY SCORE MATCHING COHORT STUDY

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Objective: To evaluate the school functioning (SF), peer relationships and bowel function outcomes of patients after corrective surgery for Hirschsprung disease (HSCR) in comparison to healthy controls.

Methods: This study is prospectively designed using a cellphone-based self-report survey from October 1, 2024 through May 31, 2025, in three tertiary surgical centers in China. The survey used the SF element of the PedsQL 4.0 Generic Core Scales, the Delaware Bullying Victimization Scale-Student Chinese Revision and the Rintala Bowel Function Scale. These scales were independently rated by participants during investigators' cellphone calls and collated to a composite score of all dimensions. Propensity score matching (PSM) was performed for age, sex, demographic factors and socioeconomic background of families.

Results: A total of 735 valid surveys were completed in this study, including 323 patients with HSCR and 412 healthy controls. The median (IQR) age was 9 (8-10) years, with 531 male (72%) and 688 (94%) participants in primary school. Significant differences were observed in age, male sex, parents' education levels, parents' income, and mother's occupation status before PSM. Stratified 1:1 matching yielded 207 HSCR cases and 207 controls with no statistical difference between two groups regarding all parameters. HSCR children performed significantly worse in Mathematics compared to control (41.1% vs. 54.6% obtaining Grade A, P=0.006), but there are no differences in performance in Chinese language. More students with HSCR experienced abnormal bowel function (27.1% vs. 0%, P<0.001), particularly fecal soiling (56.0% vs 0%), fecal accidents (23.7% vs 0%) and bowel-associated social problems (9.2% vs 2.9%). The overall SF scores in the HSCR group was lower than those in controls [Median (IQR) 95 (85-100) vs. 100 (90-100), respectively, P<0.001], due to more incidences of attention issues and memory problems. Interestingly, there was no difference in the incidence of bullying in HSCR patients when compared to controls (30.0% vs.25.6%, P=0.323).

Conclusions: Students with HSCR had lower bowel function and school function scores. Students with HSCR were less likely to achieve high scores in mathematics, while their performance in Chinese language remained comparable to that of their peers. This may reflect challenges in sustaining attention for subjects like mathematics. However, their basic academic competence is intact, suggesting that they may benefit from targeted academic support from their schools.

Keywords: School functioning, bowel function, pediatric, Hirschsprung disease

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EXPLORING THE PROGNOSTIC AND CHEMOTHERAPY SENSITIVITY VALUE OF ATG7 IN WILMS' TUMOR: A BIOINFORMATICS STUDY

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Objective: Wilms' tumor (WT), the most common pediatric malignant kidney tumor, has a treatment controversy regarding the sequence of chemotherapy and surgery. There's an urgent need for biomarkers to evaluate pre - surgical chemotherapy sensitivity. This study aims to explore ATG7's potential as a prognostic and chemotherapy sensitivity marker in WT, offering guidance for treatment strategies.
Methods: This study analyzed bulk RNA-sequencing data from 136 WT samples in the TARGET database. The Wilcoxon test was used to compare ATG7 expression differences between WT and adjacent tissues. Kaplan-Meier (KM) analysis with log-rank tests was used for survival analysis. Univariate and multivariate Cox analyses assessed the independent prognostic value of ATG7 expression. The ESTIMATE algorithm calculated tumor microenvironment-related scores, and the single-sample gene set enrichment analysis (ssGSEA) algorithm quantified immune cell infiltration levels. The Genomics of Drug Sensitivity in Cancer (GDSC) database was used to evaluate the sensitivity differences of WT chemotherapeutic drugs (doxorubicin, cisplatin, and vinblastine) between high and low ATG7 expression groups.
Results: ATG7 expression was significantly higher in WT samples than in normal tissues ($P < 0.05$) and was associated with poor prognosis. KM analysis showed that patients in the high ATG7 expression group had worse survival ($P < 0.05$). Univariate ($P = 0.046$, $HR = 2.057$) and multivariate ($P = 0.031$, $HR = 1.802$) Cox analyses confirmed that ATG7 is an independent prognostic factor for WT. GDSC database analysis revealed that patients with high ATG7 expression were more sensitive to doxorubicin ($P = 0.00042$), cisplatin ($P = 0.0083$), and vinblastine ($P = 0.0025$).
Conclusion:
ATG7 plays a key role in the prognosis and treatment sensitivity of WT. It has the potential to serve as a prognostic and chemotherapy sensitivity marker, providing a reference for clinical treatment decisions and a new direction for developing optimal treatment strategies.

Keywords: ATG7, WT, Prognostic Marker

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MULTIDIMENSIONAL TRANSCRIPTOMICS REVEALS RNF34 AS A PROGNOSTIC AND CHEMOTHERAPY SENSITIVITY MARKER IN WILMS' TUMOUR

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Objectives: Wilms' tumour (WT), a common childhood kidney cancer, has treatment strategies combining surgery, radiotherapy, and chemotherapy. However, the optimal sequence of chemotherapy and surgery is debated. This study aimed to explore RNF34's role as a prognostic biomarker and chemotherapy sensitivity indicator in WT using multidimensional transcriptomics.

Materials and methods: Our study integrated bulk RNA sequencing data from 136 WT samples with single-nucleus RNA sequencing and spatial transcriptomics data from 32 WT specimens. We assessed RNF34 expression levels and their correlation with prognostic outcomes and chemotherapy sensitivity. Using the Genomics of Drug Sensitivity in Cancer (GDSC) database, we analyzed the chemotherapeutic responses associated with RNF34. Additionally, immunohistochemistry was performed to validate RNF34 expression at the protein level, ensuring a comprehensive validation of our findings.

Results: RNF34 expression was significantly elevated in WT samples compared to normal tissues and strongly linked to unfavorable prognostic outcomes. Notably, patients exhibiting high RNF34 expression demonstrated enhanced sensitivity to conventional chemotherapy drugs. Furthermore, following chemotherapy, a marked decrease in RNF34 expression within cancer cells was observed. In the spatial transcriptomics data, high RNF34 expression in cancer cells was significantly associated with anaplastic histology and tumour recurrence. Additionally, RNF34 expression was closely related to a suppressed tumour immune microenvironment, which may have important implications for understanding the tumour's response to treatment and its progression.

Conclusions: Our findings highlight RNF34's significance in predicting prognosis and treatment sensitivity in WT. This comprehensive analysis could enhance clinical decision-making for WT patients and guide future research toward developing optimized therapeutic strategies, though further in vitro and clinical experiments are needed to confirm our result.

Keywords: RNF34, WT, Prognostic Marker

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IPSC-DERIVED EPIDERMAL ORGANOIDS: POTENTIAL SOURCE FOR FUNCTIONAL SKIN RECONSTRUCTION WITH SWEAT GLAND REGENERATION

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Objective: Pediatric burn injuries frequently result in scarring that impairs normal growth and development. Current reconstructive techniques, except full-thickness skin grafts, cannot restore sweat glands, severely compromising patients' thermoregulatory capacity. While induced pluripotent stem cell (iPSC) technology enables the creation of personalized cell banks and has successfully generated hair follicles in skin organoids, sweat gland development still relies on primary cells, limiting its clinical application. Here, we aim to develop an epidermal organoid system derived from mouse iPSCs with dual potential to generate both interfollicular epidermis (IFE) and functional sweat glands.

Methods: Mouse iPSCs were maintained on MEF feeder layers through 15 passages before using. Following Lee et al.'s protocol, cells were cultured in suspension until day 8, then dissociated and embedded in matrigel with specialized epidermal organoid growth medium. Third-passage iPSC-derived epidermal organoids (iEOs) were characterized using immunofluorescence (IF) and single cell RNA sequencing.

Results: Within the same culture system, iEOs developed into two distinct morphologies: predominantly spherical structures with characteristic keratin cores representing stratified epidermal differentiation, and less frequent budding structures with irregular outgrowths forming glandular aggregates, observed at approximately a 3:1 ratio. IF staining confirmed the presence of basal keratinocyte marker Krt5 in all iEOs. Spherical iEOs expressed suprabasal marker Krt10, while glandular iEOs demonstrated positive staining for AQP5, SMA, and K19, indicating sweat gland differentiation. Single-cell RNA sequencing validated the presence of distinct cell populations corresponding to interfollicular epidermis, sweat glands, and hair follicles, with sweat gland populations expressing both ductal (Scnn1a) and secretory (AQP5) markers.

Conclusion: We demonstrate successful generation of dual-potential mouse iPSC-derived epidermal organoids that develop both stratified epidermis and functional sweat glands. These organoids express characteristic molecular markers of native tissue, representing a potential standardized, scalable source for functional skin reconstruction with thermoregulatory capacity.

Keywords: wound healing, burn, ipsc, organoid, sweat gland

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INTESTINAL ADAPTATION AND ENDOPLASMIC RETICULUM STRESS IN A RAT MODEL OF SHORT BOWEL SYNDROME

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Purpose: The etiopathogenesis of intestinal adaptation following massive small bowel resection (MSBR) remains unclear. This study investigates the role of endoplasmic reticulum stress (ERS) in intestinal adaptation in a rat model of small bowel syndrome (SBS) based on MSBR.

Method: Seventy Wistar rats were assigned to control (C, n=10), sham (S, n=30), and resection (R, n=30) groups. Group R underwent 75% MSBR to establish an SBS model. Groups S and R rats were sacrificed on days 3, 9 and 15 to reveal changes in acute, early adaptive and maintenance phases, respectively. Immunohistochemical expressions of GRP78 and CHOP as ERS markers were evaluated in the jejunum and ileum segments.

Results: Jejunal GRP78 expression in Group R was significantly increased in all phases compared to Groups C and S. Ileal GRP78 expression in Group R was significantly increased only on day 9, but there were insignificant increases on days 3 and 15 compared to Groups C and S. In all adaptation phases, there was a gradual increase in jejunal CHOP expressions in Group R, while there was a gradual decrease in Group S. Ileal CHOP expressions of Group R were significantly increased on day 9 compared to days 3 and 15. However, ileal CHOP expressions between Group R and Group S revealed very mixed results

Conclusions: This study demonstrates that MSBR induces segment-specific and ERS marker-specific modulation of ERS during intestinal adaptation. Sustained upregulation of GRP78 in the jejunum suggests a supportive role in epithelial remodeling throughout all phases of adaptation. In contrast, suppression of CHOP expression—particularly in early phases—indicates that MSBR may attenuate pro-apoptotic ERS signaling to facilitate adaptation. These findings highlight a dual and dynamic involvement of ERS in post-resection adaptation and support further exploration for a potential therapeutic strategy in SBS.

Keywords: short bowel syndrome, massive small bowel resection, endoplasmic reticulum stress, GRP78, CHOP

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MIRNA-MEDIATED PATHOGENIC MECHANISMS IN HIRSCHSPRUNG DISEASE: INSIGHTS FROM NEXT-GENERATION SEQUENCING-BASED TISSUE PROFILING

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Purpose: Hirschsprung disease (HSCR) is characterized by the absence of neuronal ganglia in the intestine. While pathogenic variants in genes such as *RET, GDNF,* and *EDNRB* account for 80% of cases, the remaining 20% is poorly understood. MicroRNAs are critical regulators of gene expression in the development of the nervous system, which may influence the pathogenesis of HSCR. This study aimed to examine the tissue miRNA profiles of HSCR patients to gain new insights into disease mechanisms.

Methods: Fresh colon tissue samples were collected from ten HSCR patients and two controls. Total RNA was isolated, and miRNA libraries were prepared and sequenced using the Illumina miSeq platform, employing 50 bp single-end reads. The sequenced miRNAs were analyzed using miRDeep2, referencing four databases to categorize the outputs into mature miRNAs, isomiRs, and piRNAs. Differentially expressed miRNA profiles were identified following data preprocessing.

Results: Eleven unique miRNA families were identified in HSCR tissues, including *miRNA-143, miRNA-192,* and *miRNA-770*, which were upregulated compared to the controls. Notably, *hsa-mir-1248* was the most abundant miRNA , appearing in six samples with the highest total read count. Rare miRNAs, such as *hsa-mir-3648-1* and *hsa-mir-3648-2*, were identified in individual samples, suggesting specific expression patterns. Interestingly, *miRNA-192* showed upregulation in HSCR tissues, contradicting previous reports and was associated with *Nidogen 1,* a gene essential for the development of the enteric nervous system. Additionally, *miRNA-770* supported earlier findings by acting through the *MEG3/miR-770-5p/SRGAP1* pathway, highlighting its potential as a therapeutic target.

Conclusions: Our study is the first to profile miRNAs in Indonesian HSCR patients, identifying key miRNAs involved in its pathogenesis. These findings enhance our understanding of HSCR and highlight the diversity of miRNAs and their crucial roles in the disease's development.

Keywords: Hirschsprung disease, Transcriptomic, miRNA, enteric nervous systems, Next-Generation Sequencing; Indonesia

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MCL-1-MEDIATED MITOPHAGY IMPROVES DISEASE PATHOLOGIES IN CHOLESTATIC INFLAMMATORY LIVER

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Background: Recurrent liver inflammation is a major contributor to the liver fibrosis and cirrhosis. We aim to identify novel pharmacological targets to mitigate recurrent liver inflammation and provide novel strategies for treating pediatric hepatobiliary disorders.

Methods: A rat model of cholestasis was established by common bile duct ligation, and in vitro experiments were conducted by stimulating HHL-5 hepatocytes or MCL-1 knockout HHL-5 hepatocytes with glycochenodeoxycholate. Following intervention with UMI-77, inflammatory factor secretion was measured in rat serum and hepatocyte culture supernatant using ELISA. Immunofluorescence and electron microscopy were performed to observe mitophagy. HE staining was used to assess liver fibrosis. Mitophagy-related protein expression levels were analyzed via Western blotting.

Results: In the experimental group, histological analysis showed that the majority of rats still retained a normal hepatic lobular structure, with clearly visible central veins. The secretion levels of NF-κB and IL-6 in the rat serum and hepatocyte culture medium were significantly reduced compared to the control group. Western blotting analysis revealed increased expression of the mitophagy-related proteins MCL-1 and LC3A, along with decreased expression of TOM20 and TIM23 in rat liver tissue and hepatocytes. Immunofluorescence indicated an increased number of hepatocytes lysosomes and electron microscopy showed a higher number of autophagosomes. However, in the MCL-1 knockout hepatocytes, no suppression of NF-κB and IL-6 secretion levels was observed.

Conclusions: Induction of mitophagy in cholestatic liver alleviates inflammatory damage and delays disease progression. MCL-1-mediated mitophagy holds promise as a potential therapeutic strategy for managing inflammatory liver injury in pediatric hepatobiliary diseases.

Keywords: Mitophagy; cholestasis; liver inflammation injury; MCL-1

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ULTRASTRUCTURAL HEPATIC ALTERATIONS IN BILIARY ATRESIA: A TRANSMISSION ELECTRON MICROSCOPY STUDY

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Purpose: Biliary atresia is a progressive, fibro-obliterative disease of the extrahepatic bile ducts, leading to cholestasis and end-stage liver disease in infants. Although histopathological alterations in biliary atresia are well documented, ultrastructural changes in hepatocytes and other parenchymal cells remain incompletely characterized. This study aimed to delineate and describe the spectrum of ultrastructural hepatic alterations in biliary atresia to enhance understanding of disease pathogenesis and cellular injury.

Methodology: Following institutional ethical committee approval, liver biopsy specimens were collected from 20 patients of biliary atresia. Immediately after excision, the liver tissues were fixed in freshly prepared Karnovsky's fixative solution to preserve ultrastructural integrity. Specimens were then post-fixed, dehydrated, and embedded for ultrathin sectioning. Sections were stained with uranyl acetate and lead citrate. Transmission electron microscopy was employed to systematically evaluate hepatocytes, sinusoidal lining cells, and bile duct epithelial cells for subcellular alterations, including mitochondrial morphology, nuclear architecture, endoplasmic reticulum integrity, and cytoplasmic ground substance preservation.

Results: Examination revealed a consistent pattern of severe hepatocellular injury. Mitochondriopathy was observed in the majority of specimens, characterized by marked mitochondrial swelling, disruption of cristae architecture, and rarefaction of the matrix. Pronounced disintegration and discontinuity of the nuclear membranes were frequently noted, accompanied by pyknotic nuclei in affected hepatocytes. Endoplasmic reticulum showed dilatation, vesiculation, and fragmentation suggestive of endoplasmic reticulum stress. Hypervacuolation of the cytoplasm was a recurrent finding, often accompanied by lysis of cytoplasmic ground substances, further indicating advanced degenerative processes. Occasional bile duct epithelial cells also demonstrated cytoplasmic rarefaction and organellar loss. Occasional liver oval cells were also identified. The ultrastructural damage observed supports the concept that biliary obstruction induces profound metabolic and structural stress within hepatocytes early in disease progression.

Conclusion: This study provides comprehensive ultrastructural evidence of severe mitochondrial injury, nuclear disintegration, endoplasmic reticulum stress, and cytoplasmic degeneration in the livers of infants with biliary atresia. These findings highlight the critical role of subcellular organelle dysfunction in disease pathogenesis and may inform future strategies for early diagnosis, therapeutic intervention, and prognostic assessment in biliary atresia.

Keywords: Biliary Atresia, EM, Histopathology

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OP - 109

FETOSCOPIC REPAIR OF COMPLEX GASTROSCHISIS ASSISTED BY FETAL MYORELAXATION WITH BOTULINUM TOXIN: CASE SERIES

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Introduction: Gastroschisis is a congenital paraumbilical defect of the abdominal wall characterized by evisceration of the abdominal contents. In complex cases, it can lead to intestinal atresia, the second most frequent cause of short bowel syndrome worldwide, and even fetal death due to intrauterine complications. It remains a challenge for pediatric surgeons, although targeted interventions have achieved a survival rate close to 90%, there is evidence of a mortality of up to 21.4% in middle and low-income countries, mainly due to factors such as sepsis, intestinal ischemia, prolonged mechanical ventilation and associated with closure, increasing mortality up to 30 times.

Cases presentation: Three fetuses were prenatally diagnosed with complex gastroschisis at 22 weeks of gestation, evidenced by an intra-abdominal sentinel loop. At 24 weeks, a dose of 17 units per kilogram of botulinum toxin type A was administered percutaneously under ultrasound guidance into the bilateral oblique and rectus abdominis muscles of the fetal abdominal wall. One week later, ultrasound follow-up showed a discrete reduction in the head-to-abdominal circumference ratio. At 26 weeks, the defect was surgically repaired using fetoscopy assisted by laparotomy with exteriorization of the uterus. Two weeks postoperatively, ultrasound revealed complete healing of the abdominal wall defect, disappearance of the sentinel loop, normal fetal biophysical activity for gestational age, and increased abdominal circumference and fetal growth percentile. Neonates were born with adequate adaptation, no associated anomalies, initiated breastfeeding in the first 24 hours without complications, and were discharged on postoperative day seven with intact abdominal walls and no signs of evisceration.

Conclusion: In utero correction of gastroschisis is feasible using fetoscopy after prior muscle relaxation of the fetal abdominal wall. This approach may help minimize the devastating effects on perinatal outcomes and reduce long-term healthcare costs, especially in low- and middle-income settings

Keywords: Gastroschisis, Botulinum Toxin, Fetal surgery

OP - 110

MECHANISM OF PROPRANOLOL-MEDIATED INHIBITION OF INFANTILE HEMANGIOMA ENDOTHELIAL CELL PROLIFERATION VIA APLN/APJ SIGNALING

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Objective

To investigate the role of the APLN/APJ signaling axis in the therapeutic mechanism of propranolol for infantile hemangioma.

Methods: Primary human umbilical vein endothelial cells (HUVECs), CHO/APJ/Gα15, and U2OS/Apelin/Arrestin cell lines were used as tool cells. HUVECs were divided into a control group and a group treated with 10 μM propranolol. The stability of APLN mRNA was assessed using actinomycin D treatment, and the promoter activity of APLN was evaluated via dual-luciferase reporter assay. Molecular docking was employed to predict the binding mode between propranolol and APJ. Surface plasmon resonance (SPR) was used to detect their physical binding capacity. Functional assays were performed to assess β-arrestin2 recruitment, calcium flux, and cAMP activation following propranolol-APJ binding, thus comprehensively evaluating the effects from binding prediction, physical interaction, to downstream functional activation.

Results:

(1) Propranolol reduced the stability of APLN mRNA;
(2) Propranolol inhibited the promoter activity of APLN;
(3) Molecular docking suggested that propranolol can bind to APJ;
(4) SPR experiments confirmed the physical interaction between propranolol and APJ, albeit with weak binding affinity;
(5) Functional assays showed that propranolol binding to APJ did not activate downstream signaling pathways including calcium influx, cAMP production, or β-arrestin2 recruitment.

Conclusion: Propranolol reduces APLN transcription by inhibiting promoter activity and decreasing mRNA half-life. Although propranolol can physically bind to APJ, the binding affinity is weak and insufficient to activate downstream signaling. These findings suggest that propranolol regulates the APLN/APJ axis mainly by decreasing the expression of the ligand APLN, thereby contributing to its therapeutic effect in infantile hemangioma.

Keywords: APLN/APJ axis, infantile hemangioma, propranolol

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NEPHRON SPARING SURGERY FOR UNI- AND BILATERAL RENAL TUMOURS – THE COMPLICATION RISK.

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Background: The nephron sparing resection (NSS) of renal tumors (RT) is crucial in patients (pts) with bilateral RT to avoid dialysis and renal transplantation. The NSS in pts with unilateral RT, if appropriately selected for NSS, may assure the same oncological outcome as total nephrectomy and significantly improve their quality of life in these potential long-term survivors. The risk of surgical complications may significantly influence the therapeutic decision in each of the above groups.

Aim of this study is to evaluate the rate of NSS-related complication and its potential influence on the further outcome in pts with bilateral and unilateral RT.

Methods: Of 7738 pts registered in the SIOP2001, 4285 were unilateral localised, 829 – unilateral metastatic, 203 bilateral non-metastatic and 43 were bilateral and metastatic. The age of patients remained in the pre-school group, sex distribution of the patients was nearly equal. The intermediate risk pathology was the most frequent in analysed pts. The other variants were not dominating in any group, however the high risk variant was more frequent in bilateral non-metastatic RT (17% of those cases), whereas the low risk in bilateral metastatic cases (13%).

Results: Among unilateral cases +/- distant metastases - 2.4 % underwent NSS, among bilateral non-metastatic RT – 20% underwent bilateral NSS and 25% NSS and total nephrectomy (TN), among bilateral/ metastatic pts – 7.7% underwent bilateral NSS, 35% NSS and TN. Complications by quality of surgery: following complete NSS, the complications occurred in 4.3% comparing to 14% in case of incomplete NSS. Minor tumour rupture, bleeding and intussusception and so called "other" were noted as complications.

Conclusion: In case of clear feasibility of complete NSS, complications in either unilateral or bilateral pt are rare and its risk should not influence the treatment decisions.

Keywords: nephroblastoma, NSS, complications

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A PROSPECTIVE NATIONAL MULTICENTER OBSERVATIONAL STUDY OF WILMS TUMOR: CLINICAL CHARACTERISTICS, TREATMENT AND EARLY OUTCOMES

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Purpose: Despite ongoing efforts to improve the outcome of Wilms tumor (WT), epidemiology data on Wilms tumor in Nigeria remain limited. This study aimed to evaluate the clinical characteristics, treatment, and early outcomes.

Methods: This was a prospective observational multicenter study fifteen tertiary hospitals across Nigeria's six geopolitical zones from April 2022 to April 2023. Children aged less than 16years newly diagnosed or on treatment for Wilms tumor were enrolled. Data collected using a standardized case report form included demographics, clinical presentation, histologic subtype, staging, treatment modality and outcomes. Primary endpoints included treatment completion and at least 12-month survival.

Results: A total of 70 children treated for Wilms tumor were included with 54% female, presenting at a median age of 39.6 months. 58 cases (82%) were 2years and above. Most common presentations were abdominal mass in 67 children (95.7%), weight loss in 48(68.6%) and abdominal pain in 43(62.4%). The median duration of symptoms was 60days. Median maximum tumor diameter at diagnosis was 15.5 cm and 53(75.7%) of patients had advanced disease. Preoperative chemotherapy was given to 57(81.4%) patients. Nephrectomy was performed in 55(78.6%) of patients, of whom 17.1% had a tumor rupture. Treatment abandonment occurred in 13(18.6%) patients and 13(18.6%) patients died during treatment. Only 44(62.9%) of children completed treatment. Out of these 44, disease relapse occurred in 5(11.4%, all died) and 5(11.4%) died of disease progression. Twenty-nine (65.9%) of children are alive at median follow period of 13months.

Conclusion: This first national prospective study on Wilms tumor in Nigeria reveals high rate of treatment abandonment and death during care. The mortality rate remains high. We recommend psychosocial and financial support to families and adoption context appropriate protocol and collaboration with high-income oncology centers for capacity building.

Keywords: Wilms tumor, Children, Treatment abandonment, Death, Chemotherapy, Paediatric Oncology

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REQUIREMENT OF CENTRAL AND LATERAL NECK DISSECTION IN THE SURGICAL TREATMENT OF THYROID CANCER NODULES IN CHILDREN

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Objective: This study aims to evaluate the necessity of central and lateral cervical lymph node dissection (CLND and LLND) in the surgical management of thyroid nodules suspected to be malignant in pediatric patients.

Methods: A single-center retrospective analysis was conducted on patients under 18 years of age who underwent total thyroidectomy (TT) and/or CLND or LLND between January 2020 and June 2025. Preoperative decisions regarding LLND were made based on thyroglobulin washout (TGWO) and pathological findings indicating lateral neck lymph node metastases. CLND was performed intraoperatively in cases of confirmed central lymph node metastases or when lateral metastases were identified. Data on demographics, imaging, fine needle aspiration biopsy (FNAB), thyroglobulin washout, and surgical procedures were reviewed.

Results: The cohort included 67 patients with a median age of 14.1 years, of whom 67.1% (n=45) were female. The mean nodule size was 21 mm, and the malignancy rate was 64.1% (43/67), with a mean malignant nodule size of 18.5 mm. CLND was performed in 7.4% (5/67) of patients, while concurrent CLND and LLND were required in 25.3% (17/67). FNAB findings were statistically significant in predicting malignancy ($p < 0.05$), and TGWO positivity was strongly associated with metastatic lateral lymphadenopathy ($p = 0.001$). The classical variant of papillary thyroid carcinoma accounted for 76.7% (33/43) of malignancies. Additionally, prior neck radiotherapy and microcalcifications were significantly associated with malignancy ($p < 0.05$).

Conclusion: Metastasis to the central lymph node was observed in 7.4% of cases, while metastasis to both central and lateral neck regions occurred in 25.3%. Positive TGWO serves as a reliable preoperative predictor for lateral lymph node metastases. Surgeons managing pediatric thyroid surgery should be skilled in CLND to address the elevated risk of lymph node involvement in this population.

Keywords: pediatric tyroid cancer, neck dissection, thyroglobulin washout

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PEDIATRIC MALIGNANT MEDIASTINAL GERM CELL TUMORS: SURGICAL COMPLEXITY AND ONCOLOGICAL OUTCOMES FROM A TERTIARY CANCER CENTER

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Background: Pediatric malignant mediastinal germ cell tumors (PMGCT) are rare and present significant surgical challenges due to their central thoracic location and propensity to involve critical mediastinal structures. This study evaluates the clinical outcomes and surgical difficulties encountered in managing PMGCTs at a tertiary cancer center in India, focusing on pericardial, vascular, and pulmonary involvement.

Methods: A retrospective analysis was conducted on 29 children (≤16 years) with PMGCTs treated between 2010 and 2024. All cases were managed with a multidisciplinary approach, incorporating tumor marker assessment, imaging, risk stratification (MaGIC criteria), neoadjuvant chemotherapy, and surgical resection. Data on tumor biology, surgical approach, intraoperative findings, and postoperative outcomes were analyzed.

Results: Median age at presentation was 12 years, with yolk sac tumors being the most common histology (72.4%). Surgical approaches included median sternotomy, clamshell thoracotomy, and combined incisions tailored to tumor extent. Major intraoperative challenges included dense pericardial adherence (requiring pericardiectomy in 3 cases), major vascular involvement including SVC thrombus and brachiocephalic vein encasement (requiring partial vein resection and repair in 4 patients), and extensive pulmonary infiltration necessitating lung wedge resections, lobectomies, and pneumonectomy. Two patients required cardiopulmonary bypass due to critical vascular or pericardial involvement. Postoperative complications included prolonged ventilation, hemorrhage, and one postoperative mortality due to hemorrhagic shock. Recurrence occurred in 24.1%, predominantly in mixed histologies. At a median follow-up of 13 months, 58.6% were alive and disease-free.

Conclusion: PMGCTs pose significant surgical challenges due to frequent encasement or infiltration of the pericardium, great vessels, and lungs. Optimal outcomes require individualized surgical planning, a multidisciplinary approach, and readiness for complex thoracic procedures including vessel repair, pericardiectomy, and lung resections

Keywords: Mediastinal tumor,Germ cell tumor, pediatric

OP - 115

PREPARATION OF DOXORUBICIN/17-AAG DUAL-LOADED NANOLIPOSOMES AND EVALUATION OF THEIR THERAPEUTIC EFFECT ON NEUROBLASTOMA

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Purpose: Neuroblastoma (NB), a malignancy arising from sympathetic neural crest precursors, is among the most common solid tumors in children. Its rapid progression and poor prognosis—especially in advanced cases—are exacerbated by drug resistance to conventional chemotherapy. Hypoxia-inducible factor-1α (HIF-1α), a key regulator of tumor adaptation to hypoxic environments, is highly expressed in the NB microenvironment and contributes to tumor progression, invasion, and metastasis. This study aimed to develop and evaluate a dual-drug nanoliposome system co-encapsulating the HIF-1α inhibitor 17-AAG and the chemotherapeutic agent doxorubicin (Dox) for enhanced anti-tumor efficacy against NB.

Methods: Single (Lip-Dox, Lip-17-AAG) and dual-loaded (Lip-17-AAG-Dox) nanoliposomes were prepared using the thin-film hydration method. Particle size and morphology were assessed by dynamic light scattering and transmission electron microscopy. Stability was evaluated in phosphate-buffered saline and serum-containing media over seven days. In vitro studies employed murine (N2a) and human (SH-SY5Y) neuroblastoma cell lines to assess cellular uptake, cytotoxicity (MTT assay), and apoptosis induction. An in vivo mouse model of neuroblastoma was established for therapeutic evaluation.

Results: Dual-loaded nanoliposomes displayed uniform morphology, favorable size distribution, and good stability. Cellular uptake studies confirmed efficient internalization by NB cells. Compared with single-drug formulations, Lip-17-AAG-Dox significantly enhanced cytotoxicity and apoptosis rates in vitro. In vivo, the dual-loaded nanoliposomes demonstrated superior tumor growth inhibition and downregulation of HIF-1α expression.

Conclusion: The co-delivery of 17-AAG and Dox via nanoliposomes offers a promising therapeutic strategy for neuroblastoma by simultaneously targeting hypoxia response pathways and inducing cytotoxic effects. This dual-drug nanoformulation has potential to overcome drug resistance and improve clinical outcomes in NB treatment.

Keywords: Neuroblastoma, Doxorubicin, Hypoxia-inducing factor-1α, 17-AAG, Nanoliposomes

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MULTI-OMICS REVEAL A TUMOR-INHIBITION ROLE OF GUT DERIVED FLAVONOIDS METABOLITES IN NEUROBLASTOMA BY PROMOTING CELL DIFFERENTIATION AND MATURATION

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Objective: To investigate the characteristics of gut microbiome and fecal metabolites in neuroblastoma (NB), and explore potential probiotics and postbiotics for NB diagnosis and therapy.

Approach: The gut microbiome discriminations between NB and ganglioneuroblastoma (GNB)/ganglioneuroma (GN) from newly diagnosed and untreated patients were determined by shotgun metagenomic sequencing. Correlation between crucial species and neuron-specific enolase (NSE) level was analyzed. Metabolomic was employed and analyzed combined with metagenomic data to identify the major bioactive gut derived metabolites. Mouse model was established to explore the tumor-inhibiting role of flavonoid metabolites. Cell proliferation, apoptosis assays and signaling pathway detections were conducted to clarify the underlying mechanisms for NB differentiation and maturation.

Results: A distinctive microbiome was observed in NB with decreased abundance of species in genera *Blautia*, *Roseburia*, *Bifidobacterium*. The altered gut microbiome presented a good diagnostic efficiency with an AUC of 0.76. Additionally, the abundance of *Blautia wexlerae*, *Roseburia faecis*, *Bifidobacterium pseudocatenulatum* was negatively correlated with serum NSE concentrations. Functional pathways such as biosynthesis of amino acid and degradation of flavonoids was eriched in GNB/GN. Consistently, metabolomic data showed biosynthesis of plant secondary metabolites and degradation of flavonoids were upregulated in GNB/GN, suggesting the importance of flavonoids metabolites in suppressing NB progression. Metabolites composition was distinguishing between NB and GNB/GN. Specifically, several flavonoid metabolites especially 6,7,4'-Trihydroxyisoflavone (THIF) and Equol 7-O-Glucuronide (Eq) were significantly decreased in NB. And flavonoid metabolites were positively correlated with species in *Blautia* and *Roseburia*. Furthermore, animal model showed an impressive efficacy of THIF and Eq in suppressing tumor growth and promoting NB differentiation. Mechanistically, THIF and Eq inhibited proliferation and promoted apoptosis of NB cells via PI3K/AKT/mTOR signaling pathway.

Conclusion: Our findings highlight gut microbiota an indicative potential for NB diagnosis and provide prospective postbiotics for improving NB prognosis.

Keywords: Metagenomic, metabolomic, neuroblastoma, gut microbiota, flavonoids, differentiation

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A NATIONAL ANALYSIS OF PEDIATRIC ONCOLOGY SERVICE GAPS IN NIGERIA: SURGEONS AS ADVOCATES IN FAILING SYSTEMS

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Introduction: Systemic inadequacies place significant burdens on surgeons and compromise their ability to deliver timely, safe, and effective care

Purpose: To presents findings from the national PrOFILE (Pediatric Oncology Facility Integrated Local Evaluation) survey, which assessed pediatric oncology service across 13 Nigerian institutions, offering a comprehensive look at the conditions under which pediatric surgeons operate and the urgent need for system strengthening.

Methods: Data was collected on 12 module forms in each institution and submitted on an electronic data collection platform, the St. Jude PrOFILE team generated an aggregate report with all cohort data.

Results: Pediatric surgeons are available in all 13 institutions, 4 had Pediatric hemato-oncologists, none had specialized pediatric hemato-oncology (PHO) nurses. X-rays and ultrasound are available in all, however, CT scans, MRIs, bone scans, MIBG, and PET scans show inconsistent availability, timeliness, and reliability. Ten institutions have operating rooms within their facilities, 6 institutions report having most surgical subspecialties, with dedicated operating room time for PHO patients. Staffing for complex cases is adequately provided in 4, none have facilities for intraoperative frozen sections, only 1 offers limb-sparing surgery. Post-operative ventilator support is available in 3, seven institutions are equipped to promptly identify and manage post-op complications, 3 had Pediatric Intensive Care Units, timely access to clinical pathology is available in 11 and anatomical pathology in 12. Four facilities have laminar hoods for preparing chemotherapy, none had chemotherapy prepared by the pharmacy, nor uses infusion pumps for chemotherapy delivery. Supportive care protocols are in place in 6 institutions, timely access to blood bank services is reported in only 3 facilities, only one facility has access to linear accelerator.

Conclusion: The system-wide deficiencies threaten surgical safety, highlighting the need for system strengthening, an effort pediatric surgeons should lead through active advocacy, given their central role in cancer care delivery.

Keywords: Pediatric oncology, Nigeria, Health system gaps, Pediatric surgeons

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OVARIAN SPARING SURGERY IN PEDIATRIC OVARIAN MASSES: BETWEEN ONCOLOGIC SAFETY AND FERTILITY CONCERNS

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Purpose: In contrast to adults, most ovarian neoplasms in children are benign, with only 10-20% malignancy. As a result, ovarian sparing surgery (OSS) has become an increasingly favored approach to preserve fertility in children. This study presents our 14 year institutional experience with OSS, focusing on its feasibility, safety and oncologic outcomes.

Methods: We retrospectively reviewed the medical records of 140 pediatric patients who underwent surgical intervention for ovarian masses between June 2011 and June 2025. 7 patients had missing data and excluded from the study. Clinical data including demographics, clinical presentation (abdominal pain, palpable mass, ovarian torsion), imaging modalities (ultrasonography, CT, MRI), tumor markers (AFP, β-HCG, CA-125, CA 19-9, CEA, Inhibin A/B), surgical approach (laparoscopic vs open), type of procedure (OSS, oophorectomy, salpingo-oophorectomy), and histopathological diagnoses were analyzed.

Results: Among the 133 patients, 120 (90%) had benign lesions and 13 (10%) were diagnosed with malignant tumors. The most common benign lesion was mature cystic teratoma (n=42). Malignancies comprised dysgerminoma, juvenile granulosa cell tumor, gonadoblastoma and immature teratoma. OSS was successfully performed in 105 patients, with benign pathology confirmed in 98% of these cases. In two patients, OSS was initially performed for lesions later identified as dysgerminoma; both subsequently underwent salpingo-oophorectomy, with no recurrence observed during follow-up. While OSS was initially performed concurrently with detorsion of the ovaries, recent practice has shifted toward a delayed, two-step approach following preoperative risk stratification based on imaging and tumor markers.

Conclusion: Given the 10–23% reported risk of developing metachronous neoplasms in the contralateral ovary and accidental castration, long-term surveillance remains essential in pediatric patients with ovarian masses. OSS represents a safe and effective fertility-preserving strategy in appropriately selected patients. Nonetheless, the potential risk of upstaging a misdiagnosed malignant tumor and under-treatment necessitates careful preoperative evaluation.

Keywords: ovarian sparing surgery, ovarian masses, fertility, children

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IMAGE DEFINED RISK FACTOR(S) AND OUTCOMES FOR ABDOMINAL NEUROBLASTOMA – A SURGICAL PERSPECTIVE FROM A THAILAND NATIONAL CANCER CENTRE

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Purpose: To identify specific IDRFs relationship to surgical outcomes, complications, and survival in patients with abdominal neuroblastoma (ANB)

Method: A retrospective study was conducted on patients (<15 years) with ANB stage L2 or higher, treated over two decades. All underwent surgery at a single centre in Thailand.

Results: Fifty patients were included - 94% classified as high-risk disease. Tumours encasing the celiac axis (CA) or superior mesenteric artery (SMA) were identified as a significant preoperative IDRF that related to incomplete surgery (33.3% vs 8.6%, $p = 0.04$). Complications were significantly associated with tumors encasing the abdominal aorta or IVC (58% vs 27%, $p < 0.03$) and in those infiltrating adjacent organs (42% vs 7%, $p < 0.04$). Visceral organ injuries were correlated to vascular and infiltrating related IDRFs ie. tumour encasing mesenteric root ($r = 0.31$, $p = 0.03$) and infiltrating the porta hepatis or hepatoduodenal ligament ($r = 0.33$, $p = 0.02$). Tumours invading the CA or SMA carried less risk (%) of vascular injury ($r = -0.28$, $p = 0.04$). Only tumour encasement of the SMA at the mesenteric root was associated with disease progression ($r = 0.35$, $p = 0.01$). Incomplete resection linked to higher risk (%) of disease progression accounted for two of three patients experiencing local recurrence(s). Two and five-year survival rates were 80.6% and 52.1%, respectively.

Conclusion: Vascular IDRFs especially mesenteric root encasement were associated with visceral organ injury and disease progression. Tumours invading the CA or SMA carried less risk (%) of vascular injury. Surgical awareness of these 'risks' may help prevent vascular injury. However, balancing the goal(s) of minimizing complications with the need for complete tumor resection is critical, as incomplete surgery may lead to disease progression and recurrence. Survival outcomes of this study are comparable to the Southeast Asia region.

Keywords: neuroblastoma, IDRF, surgery, resection, complication, survival, complexity, morbidity

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ONCOLOGIC AND SURGICAL DETERMINANTS IN PEDIATRIC EXTREMITY RHABDOMYOSARCOMA: A TWO-DECADE EXPERIENCE

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Background: Extremity rhabdomyosarcoma (RMS) in children presents unique clinical and surgical challenges, particularly in the setting of delayed presentation, previous inadequate treatment, and deep-seated tumors. This study evaluates the outcomes of pediatric extremity RMS with a focus on fusion status, nodal disease, response to neoadjuvant chemotherapy (NACT), surgical margin clearance, and the impact of prior incomplete surgeries managed through pretreatment re-excision (PRE).

Methods: A retrospective review of 61 pediatric patients treated for extremity RMS at a tertiary cancer center from 2003 to 2023 was conducted. Data were analyzed for fusion gene status, lymph node involvement, surgical margins, and timing/type of surgery. Patients were stratified into *de novo*, *residual disease* (treated outside and presenting within 6 months), and *recurrent disease* (>6 months post-treatment).

Results: Delayed surgery after NACT was performed in 78.7% of patients.PRE was performed in 5 patients who had prior incomplete surgeries; 60% of these showed residual viable tumor. Fusion analysis was performed for 59% patients, of which PAX3/7-FOXO1 positivity was seen in 16.4%, however it didn't show significant relation with recurrence or survival. Lymph node sampling or dissection was performed in 52.4%, with 6 patients demonstrating histological positivity. NACT led to partial response in 67.2%, significantly reducing tumor burden and aiding limb-sparing surgeries. Margin-negative resection (R0) was achieved in 90.2% cases, yet local, regional and distant recurrence occurred in 13,13 and 26% respectively, highlighting the aggressive biology and potential for micro-metastatic spread. Margin status significantly influenced survival ($p = 0.009$), and involvement of neurovascular structures necessitated planned R1 resections in select cases.

Conclusion: Extremity RMS in children often presents as residual or previously treated disease, requiring delayed surgery. Outcomes are influenced by lymph node status, margins, and recurrence. NACT aids downstaging, while PRE ensures margin control in outside-operated cases. Multidisciplinary, oncologic surgery-focused care is key to better outcomes.

Keywords: Rhadmyosarcoma, pediatric, extremity

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BEYOND SURGERY: QUALITY OF LIFE IN SURVIVORS OF SACROCOCCYGEAL TERATOMA

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Aim of Study: Sacrococcygeal teratoma (SCT) is the most common congenital tumor in newborns. Although early surgical intervention typically ensures high survival rates, complex resections may lead to significant long-term functional sequelae. So far, a scarce number of studies have examined the lifelong emotional and physical impact of treatment for this neoplasm on patients and their families. Our aim was to determine the prevalence of urological, digestive, and neurological sequelae in patients surgically treated for SCT and to assess their impact on health related quality of life (HRQoL).

Methods: An ambispective study was conducted inpatients operated between 1995 and 2020, with a minimum follow-up of one year. Clinical, demographic, and surgical data were collected, and HRQoL was evaluated using the PedsQL questionnaire (Generic Core Scales and Spinal Cord Injury Module), with results compared to those of a healthy control group.

Results: This study evaluated 18 SCT patients (median age 17 years, IQR 13.8–27.5; 83.3% female) with a median follow-up of 14 years (IQR 8,25-17,75) after surgical resection. Tumors showed 53.3% immature histology and median 12 cm diameter (IQR 7–15), Notably, 61.1% of patients had associated congenital malformations, including one Currarino syndrome. Postoperative complications occurred in 72.2% of cases, with persistent urological (55.6%), gastrointestinal (46.2%), and neurological (23.1%) sequelae. Quality of life (PedsQL) scores were significantly lower than controls ($p<0.05$), particularly in well-being (median 27.08, IQR 9.38–72.92), general health (median 75, IQR 50-75) and specific domains such as bowel function (median 97,5, IQR 82,5-100) and bladder related concerns (87.5, IQR 39.58–100). Type II Altman was associated with a 100% of urological complications.

Conclusions: These findings underscore the importance of a structured, multidisciplinary follow-up approach and the systematic use of validated tools to detect functional and emotional vulnerabilities in SCT patien

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RISK FACTORS FOR COMPLICATIONS FOLLOWING TOTALLY IMPLANTABLE VENOUS ACCESS DEVICES (TIVAD) PLACEMENT IN PEDIATRIC ONCOLOGY PATIENTS

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Objectives: To identify risk factors associated with complications following the placement of totally implantable venous access devices (TIVADs) in pediatric oncology patients.

Materials and Methods: An analytical, retrospective study was conducted on 139 patients aged 0–15 years who underwent TIVAD placement between 2018 and 2022. Descriptive statistics summarized demographic and clinical variables.Associations between potential risk factors and TIVAD-related complications were analyzed using the Chi-square or Fisher's test. Relative Risks (RR) with 95% confidence intervals (CI) were calculated.A multivariate logistic regression model was performed to identify independent predictors of complications.Statistical significance was set at $p<0.05$.

Results: TIVADs were placed at a mean patient age of 75.5 months, 55.4% being male and 44.6% female. Complications occurred in 36 cases (25.8%), with surgical site infection being the most common (10 cases, 7.2%).Intraoperative complications were reported in 5 cases (3.6%), and device removal was required in 15 cases (10.7%).

Bivariate analysis revealed significant associations between complications and leukemia diagnosis ($p = 0.002$; RR = 1.30; 95% CI: 1.12–1.71), asparaginase use ($p = 0.002$; RR = 1.38; 95% CI: 1.10–1.41), and exposure to antitumor antibiotics ($p = 0.003$; RR = 1.35; 95% CI: 1.13–1.61). Prior TIVAD placement showed a trend toward increased early complications ($p = 0.05$).

Multivariate logistic regression identified younger age at TIVAD placement as an independent predictor:each additional month of age reduced complication odds by 4% (OR = 0.96; $p = 0.010$; 95% CI excluding 1). Use of alkylating agents demonstrated a borderline association with complications (OR = 14.43; $p = 0.079$), suggesting potential clinical relevance.

Conclusions: TIVAD placement is not devoid of complications.Younger patient age and underlying oncologic diagnosis are independent predictors of adverse outcomes.Exposure to certain chemotherapeutic agents further increases this risk.These findings highlight the importance of tailored preventive strategies and standardized management protocols.

Keywords: Totally implantable venous access device (TIVAD), pediatric oncology, complications, risk factors, central venous catheter, leukemia

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EVALUATION AND SURGICAL MANAGEMENT OF ADOLESCENT BREAST LESIONS: A SINGLE-CENTER EXPERIENCE

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Purpose: To evaluate the clinical features, imaging findings, surgical indications, histopathological diagnoses, and treatment outcomes of adolescent breast lesions managed at a pediatric surgical center.

Method: This retrospective study included 40 adolescent girls aged 13–17 years who presented with palpable breast masses between 2016 and 2025. Data regarding clinical presentation, lesion size, ultrasonographic findings, BIRADS classification, tru-cut biopsy results, surgical technique, pathology, and follow-up were reviewed.

Lesions smaller than 5 cm, in the absence of symptoms or cosmetic concerns, were monitored through ultrasonography and physical examination at six-month intervals, then annually. Patients were educated on breast self-examination. Lesions 5 cm or larger were considered for surgical excision.

Results: The mean age was 15.7 years. All patients presented with a palpable mass; 15 had mastalgia, and 2 had nipple discharge (1 serous, 1 galactorrhea). The average lesion size was 40×30 mm. Small contralateral lesions (~10 mm) were observed in 11 patients; 2 patients had dual ipsilateral lesions.

Sixteen patients met criteria for conservative follow-up. During surveillance, 8 lesions grew by approximately 50%, while 8 doubled in size. Imaging showed BIRADS 4A in 8 cases, 4B in 1, 4C in 2, and BIRADS 3 in the remainder. Tru-cut biopsy was performed in 6 patients due to clinical and sonographic suspicion of malignancy, revealing 1 tubular adenoma and 5 fibroadenomas.

All 40 patients underwent complete excision via areolar incision. The mean hospital stay was 2.2 days. Final pathology showed 2 tubular adenomas, 1 intraductal papilloma, and 37 fibroadenomas. No malignancies were detected. No recurrences or secondary surgeries occurred. Associated lesions regressed spontaneously. Mean follow-up duration was 2 years.

Conclusions: Although generally and highly likely to be histologically benign, adolescent breast lesions require individualized evaluation. Surgery is appropriate for enlarging or symptomatic lesions. Areolar incision-based excision is safe and ensures excellent long-term outcomes.

Keywords: Breast masses, adolescent, management

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MULTIDISCIPLINARY SURGICAL APPROACH TO ADVANCED PEDIATRIC TUMORS

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Background and Aim: Advanced solid tumors in children may infiltrate critical thoracic or cardiac structures, making surgical treatment particularly complex and high-risk. These challenging cases often require cooperation between pediatric oncological surgeons and pediatric cardiac surgeons.

Materials and Methods: We retrospectively reviewed 14 cases of pediatric patients aged 7 months to 13 years. Six of them presented with thoracic tumors (1 thymoma, 2 teratomas, 1 embryonal carcinoma, 1 pulmonary blastoma and 1 Ewing's sarcoma with lung metastases). Five children presented with abdominal tumors (4 nephroblastoma and 1 neuroblastoma) all with thrombus reaching the right antrium (3) and ventricle (1). In 3 heart tumors: 2 affecting the right atrium, 1 affecting the left ventricle. Surgical planning was coordinated in a multidisciplinary setting involving pediatric surgery and cardiac surgery.

Results: Each surgery due to high risk was secured by extracorporeal circulation (ECC) ready. Finally 7 patients required ECC-assisted resection, 7 were operated without ECC. Procedures wit ECC use requied sternotomy and laparotomy, except for cardiac tumors, which requied sternotomy only. There were no major complications. 2 children with removed teratoma and chidren with heart tumors did not require further treatment. The remaining children required chemotherapy and radioterapy.

Conclusions: A multidisciplinary surgical approach enables safe and effective management of advanced pediatric tumors involving the mediastinum and heart. The use of ECC increases the safety of complex resections in selected cases. Early involvement of a collaborative surgical team is essential to optimize outcomes and reduce treatment-related morbidity.

Keywords: oncology, cardiac surgery, carcinoma, multidisciplinary

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CORRELATION BETWEEN PRETEXT STAGING AND POST OPERATIVE OUTCOME OF HEPATIC RESECTION IN CHILDREN WITH HEPATOBLASTOMA ACCORDING TO SIOPEL PROTOCOL

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Background: Hepatoblastoma relies on cisplatin-based chemotherapy followed by complete surgical removal. Pretreatment evaluation by imaging is crucial to define disease extension, risk stratification and treatment planning which has direct effect on surgical outcome and patient survival.

Aims: To evaluate the relation between post operative outcome of hepatic resection with PRETEXT staging according to SIOPEL protocol.

Methods: This prospective type of observational study was done in Department of Paediatric surgery, BSMMU, Dhaka, Bangladesh during August' 2021 to August' 2023. 12 children were enrolled in this study. After PRETEXT staging they all received neoadjuvant chemotherapy according to SIOPEL protocol followed by surgical resection and adjuvant chemotherapy.

Results: Median age was 22.50 months. 66.7% subjects were male. PRETEXT II & PRETEXT III was found 66.7% & 33.3% respectively. 66.7% subjects had annotation factor positive. Median S.AFP was 900.0, 100.9 and 4.2 (ng/ml) in preoperative, 14d postoperative and 3m postoperative respectively. Both the differences were statistically significant . Median S.AFP found 1.65(ng/ml) in 6m postoperative. The difference was statistically not significant with preoperative. Among cases with local recurrence median S.AFP at diagnosis,preoperative, 14d postoperative, 3m postoperative and 6m postoperative period were 400000, 8249, 2000, 1000 and 300000 ng/ml respectively. Among cases without local recurrence median S.AFP at diagnosis, preoperative, 14d postoperative, 3m postoperative and 6m postoperative period were 2000, 93.5, 8.5, 2.3 and 1.3 ng/ml respectively. 25.0% subjects had focal lesion on 6m postoperative sonographic estimation. 25.0% subjects had multifocality. 50.0% subjects had involvement of caudate lobe. In PRETEXT II, PRETEXT III and Multifocality recurrence rate was observed 12.5%, 50.0%, 50.0% respectively. There was only one case of multiple positive annotation factor (CF) observed and it experienced local recurrence.

Conclusion: In children with hepatoblastoma, PRETEXT staging along with annotation factors (CF and F) strongly predicted post operative outcomes, particularly local recurrence.

Keywords: Hepatoblastoma, PRETEXT staging, Post operative outcome, SIOPEL protocol

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CHYLOUS ASCITIS- UNUSUAL COMPLICATION IN CASES OF EHPVO AFTER SHUNT SURGERY

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Introduction: Chylous ascites (CA) is a rare postoperative complication. The accumulation of chylous fluid in the abdominal cavity is an infrequent yet alarming complication in abdominal surgery. Excessive lymphatic leakage is ocassionally encountered in the course of operation at the base of mesentery or retroperitoneum. This study aims to evaluate the incidence and risk factors of CA following shunt surgery in cases of Extrahepatic portal venous obstruction (EHPVO).

Materials and methods: Electronic medical records of the patients underwent shunt surgery for various indications in EHPVO were reviewed retrospectively from January 2019 to March 2024. Demographic data, radiological data, operative notes and postoperative management reviewed retrospectively. The diagnosis of CA was based on the presence of a non-infectious milky or creamy peritoneal fluid greater than 100 ml/day with a triglyceride concentration ≥110 mg/dl.

Results: 64 patients were operated for EHPVO in a single unit during the study period. Total of 14 patients (21.8 %) with mean age of 11.8 years (9 males and 5 females), developed ascites needing abdominal drain for prolonged period (mean-16.6 days). Out of which, 5 patients (7.8 %) had CA on clinical and biochemical evaluation. It is more common in the patients with raised portal pressure (mean-46.6 cm H_2O), after intrapancreatic splenic vein dissection (for small splenic vein), pericholedochal cholangiopathy, large retroperitoneal or perisplenic collateralls dissection. All the patients were treated conservatively for ascites with peritoneal drainage, medium chain triglyceride diet (MCT), octeriotide infusion and TPN administration. All the patients are on regular follow up and are doing well.

Conclusion: Chylous ascites is a rare and unusual complication following Shunt surgery. The risk is mainly predicted by the extent of dissection and surgery. CA may cause significant morbidity and prolong length of hospital stay. Conservative treatment with peritoneal drainage, MCT based diet modification, Octeriotide infusion intend to reduce the flow of lymph is recommended to avoid complications.

Keywords: EHPVO, Shunt surgery, Chylous ascitis

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UPTAKE OF PAEDIATRIC SURGICAL INTERVENTIONS IN THE FACE OF CATASTROPHIC HEALTHCARE EXPENDITURE AND DECLINING GLOBAL ECONOMY

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Purpose: This study aims to determine factors that contributed to the delay in surgical intervention in children, to explore available source of health funding available to paediatric surgical patients and also to estimate and evaluate the impact of catastrophic health expenditure on the household.

Method: A descriptive cross-sectional study using a structured questionnaire was conducted. This involved interview of parents who presented their children at a free surgical outreach programme over a one-week period in September, 2024. Data was input into Excel spread sheet and analysed using SPSS version 23. Multinomial logistic regression model was used to determine relationship between specific household and healthcare related factors on CHE.

Results: A total of 151 (89.9%) respondents/parents from 168 patients were recruited. The majority of the patients (36.4%) were aged 2-5 years, with a mean age of 6.63 ±3.95 years. Herniotomy remained the highest surgical procedure performed in 149 (92.0%) cases, with delay in presentation in 72.5% from several reasons, but mainly due to financial constraint and experience of catastrophic healthcare expenditure as majority (81.6%) would have financed their children's surgery through out-of-pocket payments. The prevalence of catastrophic health expenditure (CHE) at 10% of Total Annual Household Income (TAHI) was 60.3%. About 54.3% of respondents would have spent more than 40% of their total household income after food expenditure on healthcare. More than 90% of the children were undernourished, as evidenced by the shortfalls in expected weight for age and anthropomorphic parameters.

Conclusion: This study showed a significant financial burden with potential CHE experienced by parents that caused the delay in children's surgical intervention. This is a call to the Government and relevant stakeholders to develop policies to ensure children as secondary payers have their right to surgical health protected and the first 3 goals of sustainable development achieved.

Keywords: Catastrophic Health Expenditure, Paediatric Surgery, Surgical delay, SDG I, II & III

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SKI-NEEDLE GUIDED EXTRAPERITONEAL SUTURE DELIVERY: A PARADIGM SHIFT IN SINGLE-INCISION LAPAROSCOPIC HERNIORRHAPHY FOR PEDIATRIC INGUINAL HERNIA

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Objective: To evaluate the feasibility and clinical value of the ski-needle guided extraperitoneal suture delivery technique in preserving peritoneal integrity during single-incision laparoscopic herniorrhaphy for pediatric inguinal hernia, and to preliminarily assess its minimally invasive advantages over conventional intraperitoneal suture techniques.

Methods: From January 2024 to December 2024, 60 children (aged 1-13 years) with unilateral inguinal hernia were prospectively enrolled and randomly allocated to: Study group (n=30): Single-incision laparoscopic extraperitoneal suture delivery using a ski-needle (optimized extraperitoneal space establishment with preserved peritoneal integrity); Control group (n=30): Conventional intraperitoneal suture delivery (requiring peritoneal penetration). Outcome measures: ① Primary endpoint: Peritoneal integrity ② Operative metrics: Success rate, operative time, hospital stay ③ Postoperative recovery: FLACC pain scores (at 12/24h), complications (wound infection, hydrocele of spermatic cord, testicular atrophy) ④ Long-term endpoint: Recurrence rate (follow-up ≥ 6 months).

Results: Preliminary analysis demonstrated:Both groups achieved 100% surgical success.Peritoneal integrity: 96.7% vs. 0% (P<0.001); Hospital stay: 46.0 ± 2.0 vs. 45.0 ± 3.0 hours (P=0.101); Operative time: 31.0 ± 5.0 vs. 30.2 ± 4.1 minutes (P=0.475); FLACC scores at 12h: 1.9 ± 0.6 vs. 2.4 ± 0.8 (P=0.006); Wound infection: 0% vs. 3.3% (P=1.000); No testicular atrophy occurred in either group; Zero recurrence at 6-month follow-up.

Conclusion: The ski-needle guided extraperitoneal suture technique is safe and effective. It elevates surgical objectives from “defect repair” to “anatomic preservation,” establishing a new paradigm for transitioning pediatric inguinal hernia surgery from minimally invasive to ultra-minimally invasive approaches.

Keywords: Children, Hernia, Extraperitoneal, Integrity, Ultra-minimally invasive

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EXPERIENCE AND EVOLUTION IN THE MANAGEMENT OF GASTROSCHISIS OVER 12 YEAR´S IN A MEXICAN HOSPITAL.

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Purpose: Analyze the treatment and outcomes of patients with gastroschisis, evaluating different surgical techniques to improve survival and quality of life, given the lack of a universally accepted method.

Method: This is an observational, descriptive, and retrospective study including patients diagnosed with gastroschisis over a 12-year period, from July 2012 to May 2024.

Results: A total of 124 patients were analyzed (76 male, 48 female), with an average maternal age of 19 years, gestational age of 25-40 weeks, 60% premature, and birth weight between 680 and 3750 grams. There were 103 cases of simple gastroschisis and 21 complex, with 1 closed gastroschisis and 13 associated with intestinal atresia. Primary closure was performed in 53 cases, surgical silo in 23, and Alexis preformed silo in 48 (since 2019, only Alexis was used). Closure with Alexis averaged was 5 days and surgical silo 14 days. Mechanical ventilation was required: primary closure 6 days, surgical silo 11 days, Alexis 3 days. Initiation of feeding: surgical silo 23 days, primary closure 14 days, Alexis 7 days. Of the 48 with Alexis, 32 had sutureless and 16 suture closure; in the group without suture, ventilation time was reduced by 50% and feeding was delayed by 4 days in those with suture. Hospital stay: surgical silo 60 days, primary closure 37 and Alexis 35. There were 17 deaths (2 with Alexis and suture, 15 in other groups), mainly due to sepsis.

Conclusion: Overall survival rate was 86%, increasing to 92% with sutureless closure. There was a reduction in mechanical ventilation days, fasting, and hospital stay, although standardized guidelines for treatment and feeding are still needed.

Keywords: Gastroschisis, primary closure, surgical silo, Alexis preformed silo, sutureless closure.

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IS BILATERAL EXPLORATION ALWAYS NECESSARY IN GIRLS DIAGNOSED WITH UNILATERAL INGUINAL HERNIA?

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Purpose: While laparoscopic approaches are gaining popularity in managing female inguinal hernias, open surgery remains widely used in developing countries due to its high cost and the steep learning curve associated with the technique. Bilateral exploration is commonly performed in girls presenting with unilateral hernia. This study compares outcomes of unilateral versus bilateral exploration.

Method: Girls treated between January 2014 and December 2024 for unilateral inguinal hernia were retrospectively analyzed. Patients were categorized based on surgical outcomes:

- *Insufficient exploration*: unilateral cases developing metachronous hernia.
- *Unnecessary exploration*: bilateral cases with no contralateral processus vaginalis (PV).
- *Sufficient exploration*: unilateral cases without recurrence or bilateral cases with contralateral PV.

Comparisons were made across age groups, especially under 2 years old, and in cases with sliding hernia.

Results: Of 419 patients, 100 (23.9%) underwent unilateral and 319 (76.1%) bilateral exploration. Median age was 36 months (IQR: 12–72); median follow-up was 53 months (IQR: 22–84). Among bilateral cases, 19 (19%) had no PV on the opposite side. In the unilateral group, 26 patients (8.2%) developed metachronous hernia. Unnecessary exploration was significantly more frequent than metachronous hernia ($p = 0.002$). In children under 2, there was no significant difference in exploration appropriateness between unilateral and bilateral approaches ($p = 0.417$ for right, $p = 0.862$ for left). Sliding hernia presence strongly correlated with metachronous PV ($p < 0.001$).

Conclusion: Open exploration remains a valuable treatment option for girls diagnosed with unilateral inguinal hernia, and bilateral exploration should be reserved for selected cases. Girls with unilateral hernia findings, unilateral exploration appears to be a more appropriate choice. In our study, no clear advantage of bilateral exploration was demonstrated in girls under 2 years of age with either right or left inguinal hernia. Bilateral exploration seems beneficial only in cases of sliding hernia.

Keywords: Metachronous inguinal hernia, girls, bilateral exploration

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ECMO CANNULATION TECHNIQUES IN CHILDREN: HETEROGENEOUS AND OFTEN COMPLICATED

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Aim of the study: Indications for ECMO increase as well as its usefulness in various situations; however, there are no guidelines for ECMO cannulation techniques. Our objective is to describe the complications and disparity in management.

Methods: Unicentric retrospective review of children undergoing cervical ECMO (2016-2023) investigating: demographics variables, ECMO technique, cannula size, complications categorized by ELSO, mortality and post-ECMO medical control. Surgeon [pediatric (PS) or cardiothoracic (CS)] was registered.

Results: Twenty-seven patients underwent ECMO (19 PS). Main indication was CDH (10/27;37%). All CS used purse-string suture at cannulation while only 1 PS did. Global complication rate was 20/27;74%, most frequently related to mechanical causes (14/27;51,9%) and being most frequent in PS group related to clots and malposition. Bleeding at the surgical place requiring intervention was 2/19 in PS and 2/8 in CS patients. All the patients treated with a 6Fr cannula died due to hemolysis or pump failure. At decannulation, all CS repaired both vessels while PS did artery repair and vein ligation, with heterogeneous heparinization and antiplatelet therapy regimens. In those patients with ultrasound after 6 months, patency rates were: repaired veins 25%(1/4) and repaired arteries 100%(5/5)(CS) and 80%(4/5)(PS).

Conclusion: ECMO cannulation is associated with high rates of complications and great heterogeneity in technique and postoperative management. Mechanical or hemorrhagic complications and arterial and venous thrombosis were more frequent in PS group. Six Fr cannula is associated with high mortality related to the cannula itself; eventually an elective central ECMO should be evaluated.

Keywords: ECMO, CDH

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ORTHOTIC BRACING OF PECTUS CARINATUM: INDICATORS TO PREDICT SUCCESS

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Purpose: Pectus carinatum (PC) is the second most prevalent chest wall deformity. Orthosis treatment has gained popularity, demonstrating effectiveness with patient compliance. However, research on bracing remains limited, and key factors influencing success require further investigation. This study presents our clinical findings on external bracing and proposes an indicator to predict treatment success.

Methods: This study included all patients with PC who presented our private pectus clinic in Istanbul between 2019 and May 2024. Demographics and features of deformity including asymmetry and initial force of correction (1FOC) were obtained after history taking and physical examination. Custom-made external bracing orthoses were provided to each patient who opted for treatment. In the first follow-up, force of correction was remeasured (2FOC). Descriptive statistics were used, and correlation analyses were conducted to identify factors associated with deformity characteristics and success

Results: Majority of our patients (n=1141) was male (n=934, 81.9%) with the mean age of 13.52 ± 5.61, 90% of participants were below 18. Mean 1FOC at initial presentation was 6.64 ± 3.09 kg, correlating with age (r=0.51). Family history in first-degree relatives was noted in 13.3% of patients. Among the 404 patients who started and adhered treatment, 208 patients achieved successful outcomes. Age and 1FOC were not different between successful and unsuccessful groups. Notably, successful patients exhibited strong initial response to orthotic treatment in the first follow-up, 2FOC/1FOC ratio getting below 50% (n=175, 84.1%).

Conclusion: Our findings indicate that orthotic success in PC patients is not dependent on quantitative deformity severity or age at presentation but rather on the initial response at the first follow-up. Therefore, we recommend offering external bracing to all motivated patients, regardless of deformity severity or age. Quantitative assessment during the first follow-up may provide valuable guidance for treatment planning.

Keywords: pectus, pectus carinatum, orthosis, external bracing, force of correction, bracing success

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FIRST EXPERIENCE OF PERFORMING KONO-S ANASTOMOSIS IN CHILDREN WITH COMPLICATED FORMS OF CROHN'S DISEASE

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Background: Resection of the ileocecal zone is the most common surgical procedure in children with complicated forms of Crohn's disease. The configuration of the anastomosis and the method of its formation can affect the local recurrence of the disease.

Aim: To evaluate the first results of performing Kono-S anastomosis in pediatric patients with Crohn's disease in Russia.

Materials and methods: From 2017 to 2025, 63 ileocecal resections were performed in children with complicated forms of Crohn's disease, of which 7 (11%) patients had Kono - S anastomosis formed (the boundaries of intestinal resection were crossed using a suturing device, a supporting column was formed, enterotomy along the antimesenteric edge of 7 cm followed by transverse suturing of the intestinal wall with a continuous manual suture). The median age at surgery was was 15 years. The operation time was 176.43 ± 35.91 min. After the surgery, all children received anti-relapse treatment including anti-TNF drugs.

Result: The early results showed the safety of this type of anastomosis, there was no postoperative ileus or other complications according to the Clavien-Dindo scale for 30 days. After 6 months, all patients underwent a control endoscopic examination. According to the Rutgers scale, changes in the anastomotic area did not exceed i2a values, which corresponds to endoscopic remission, and there were no signs of clinical relapse of the disease.

Conclusion: Kono-S anastomosis combines manual and mechanical suture techniques and is more complex than traditional anastomosis. Its wide diameter, isoperistaltic orientation, and supporting column create the prerequisites for reducing the risk of local relapse, but randomized studies are needed to determine long-term results in pediatric patients with Crohn's disease and Kono-S anastomosis.

Keywords: Ileocecal resection, Crohn's disease, Kono-S anastomosis, children

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COMPARISON OF MECHANICAL BOWEL PREPARATION VS NO BOWEL PREPARATION IN COLOSTOMY CLOSURE IN PEDIATRIC POPULATION; AN RCT AT TERTIARY CARE SETTING

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Background: Mechanical bowel preparation (MBP) has traditionally been employed prior to colostomy closure to reduce the risk of postoperative infection and anastomotic complications. However, emerging evidence in adult and pediatric surgery suggests that MBP may be unnecessary and potentially detrimental.

Objective: To compare clinical outcomes of colostomy reversal in pediatric patients with and without mechanical bowel preparation (MBP), using interim data from an ongoing randomized controlled trial.

Method: This ongoing randomized controlled trial enrolled pediatric patients undergoing colostomy reversal. Participants were randomly allocated using the lottery method into two groups: MBP group (n=13) and no-MBP group (n=28). Outcomes analyzed included anastomotic leakage, wound infection, time to first and full enteral feeding, and length of hospital stay. Data were analyzed using SPSS version 26. Categorical variables were assessed via chi-square or Fisher's exact test, while continuous variables were compared using independent samples t-tests. A p-value <0.05 was considered statistically significant.

Results: Among the 41 patients included in this interim analysis, anorectal malformations were the most common indication for colostomy (80.5%). No anastomotic leaks were reported in either group. Wound infections occurred in one patient per group (4.9%). Mean time to first feed was 43.51± 24.35 hours, and the mean time to full feed was 75.22 ± 21.63 hours. Use of ERAS protocol (n= 13) was associated with early resumption of feeding across both groups. Hospital stay was significantly longer in the MBP group (8.2 ± 1.1 vs. 5.3 ± 1.0 days, p<0.001).

Conclusion: We observed a significant reduction in hospital stay with omitting MBP while no difference in post operative anastomotic or wound complications was observed. So, it is safe to conclude on available data that colostomy reversal without MBP is safe and helps reduce morbidity by shortening hospital stay.

Keywords: Pediatric surgery, colostomy reversal, bowel preparation, mechanical bowel preparation, anastomotic leak, wound infection, hospital stay

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EARLY SURGICAL INTERVENTION WITH DAMAGE CONTROL SURGERY FOR NEONATES WITH NECROTISING ENTEROCOLITIS: A RETROSPECTIVE COHORT STUDY

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Purpose: Necrotising enterocolitis (NEC) is a multifactorial condition predominantly seen in premature neonates, characterised by intestinal inflammation and systemic response leading to bowel necrosis and perforation. Mortality may be up to 30-50%.
We present our institutional experience where early surgical involvement is performed in these infants in the form of damage control surgery (DCS). DCS involves a limited initial procedure, focussing on managing the lethal triad of acidosis, hypothermia and coagulopathy rather than a definitive repair (1).
Method: A retrospective review and follow-up of all neonates who underwent DCS for NEC at our institution between 2017- 2024.
Results: Twenty-one neonates (12 male, 9 female) with a gestation age ranging 22+5 - 38 weeks and birth weight ranging 485 - 2350 grams were included. Indications for surgery included perforation (n=4) and failure of maximum medical management with abdominal discolouration, tenderness, mass, or fixed bowel loop on x-ray (n=17). One neonate died prior to surgery and care was withdrawn intra-operatively for another.
NEC was confirmed intra-operatively in all. Thirteen neonates had patchy bowel necrosis (4 cm - 68 cm). Planned re-laparotomies at 36–48 hours were performed in all; four required further resection. Primary anastomosis was achieved in all. The shortest residual bowel was 65cm (with patent ileocecal valve). The longest duration of parenteral nutrition was three months.
At 18 months follow-up, on average, all children were discharged from specialist care and doing well.
Conclusion: Early surgical intervention in conjunction with DCS is a safe and effective management strategy for advanced NEC. It usually facilitates primary anastomosis, thus avoiding stomas with their associated complications. Our experience demonstrates excellent short and long-term outcomes.

Keywords: Necrotising Enterocolitis, Damage Control Surgery, Neonatal Surgery

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STANDARDIZATION OF A PNEUMATIC REDUCTION PROTOCOL (PRP) FOR INTUSSUSCEPTION : RESULTS OF THIRTEEN YEARS OF EXPERIENCE IN A NORTHERN HOSPITAL IN MEXICO.

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Introduction: Intussusception is a common cause of intestinal obstruction in infants. Although pneumatic reduction under fluoroscopic guidance is effective and minimally invasive, its implementation remains limited in resource-constrained settings.

Methods: We performed a retrospective, descriptive study of all pediatric patients diagnosed with intussusception at our institution between January 2012 and May 2025. Patients were managed either with pneumatic reduction protocol (PRP) or primary surgery. PRP was reserved for hemodynamically stable patients without signs of peritonitis and with radiologic confirmation. We analyzed demographic and clinical variables, treatment outcomes, and performed exploratory statistical comparisons between symptom duration, age, number of PRP attempts, and clinical success or recurrence.

Results: Of 1,087 patients, 798 (73.4%) underwent PRP. Overall success was 92%, with 78.2% resolving on the first attempt, 11.0% on the second, and 2.8% on the third. PRP failure occurred in 64 cases (8%), all requiring surgery; 10.9% underwent bowel resection, 7.8% diversion, and 46.9% appendectomy. Patients under 1 year-old had significantly higher success rates ($p = 0.007$), and those with symptom duration <24 hours were more likely to respond to PRP ($p < 0.001$). Early recurrence occurred in 2% of successful cases, all resolved with repeat PRP. Recurrence was more frequent in patients requiring multiple attempts ($p = 0.001$). No procedural complications such as perforation or bleeding were observed. Mean hospital stay among successful PRP cases was 1.4 days. We reduced hospitalization time and surgery cost for our institution.

Conclusion: Our findings highlight PRP as a reliable, safe, and cost-effective first-line treatment for pediatric intussusception. Its implementation in resource-limited settings is feasible when supported by standardized protocols and appropriately trained personnel.

Keywords: Pneumatic reduction protocol (PRP), Intussusception.

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DIAGNOSTIC EFFICACY OF IMAGING STUDIES AND LABORATORY TESTS ON CHILDHOOD ACUTE APPENDICITIS: A RETROSPECTIVE ANALYSIS OF 675 PATIENTS

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Purpose: Imaging studies and laboratory tests are frequently used in the diagnosis of acute appendicitis in childhood. In this study, we aimed to compare ultrasonography (US), computed tomography (CT), and laboratory studies with histopathological results of the patients who underwent appendectomy, and to investigate their efficacy in accurate diagnosis.

Methods: A total of 675 patients who underwent appendectomy <18 years of age were retrospectively investigated between January 2019 and December 2024. The compatibility of US, CT, and concurrent US and CT imaging studies with histopathological diagnosis was evaluated. Sensitivity, specificity, accuracy, positive predictive value (PPV) and negative predictive value (NPV) were calculated. McNemar test, Kappa coefficient, GWET AC1 and Intraclass Correlation Coefficient (ICC) were used in the compatibility analyses. In addition, complete blood count parameters and C-reactive protein (CRP) values were compared with histopathology results.

Results: CT showed 76.8% sensitivity and 71.7% specificity. US demonstrated higher sensitivity (79.9%) but lower specificity (51.1%). The concurrent US and CT showed the highest specificity (93.1%), accuracy (78.9%), PPV (95.7%) and NPV (61.4%) values. The Kappa coefficient for CT, US and concurrent US and CT were 0.351, 0.258 and 0.574, respectively. Inflammatory markers CRP, white blood cell and neutrophil counts and neutrophil to lymphocyte ratio showed significant differences in supporting the appendicitis diagnosis ($P<0.001$).

Conclusion: In the diagnosis of appendicitis in children, US is a noninvasive and highly sensitive method, but its specificity is low. CT offers higher accuracy and histopathological concordance, however, should be used with caution due to ionizing radiation risk. When there is high index of suspicion concurrent use of US and CT increases diagnostic accuracy, reduces false-negative/positive results, and prevents unnecessary laparotomies. Appropriate imaging strategy should be chosen depending on age, clinical and laboratory findings of children with suspected appendicitis.

Keywords: acute appendicitis, children, US, CT, diagnostic accuracy

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LONG-TERM OUTCOME OF THE POSTOPERATIVE BOWEL FUNCTION IN FEMALE PATIENTS WITH LOW-TYPE ANORECTAL MALFORMATION: AN ANALYSIS OF FIVE TYPES OF ANORECTAL MALFORMATION IN PATIENTS MANAGED AT A SINGLE CENTER

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Purpose: Low-type anorectal malformation (ARM) in female patients is considered to be associated with a low risk of postoperative complications and favorable bowel dysfunction; however, it can still lead to various issues requiring long-term follow-up and management. This study aimed to investigate the changes over time in the postoperative defecation function of female patients with low-type ARM.

Method: Patient data were collected between 1984 and 2021. Eighty-eight female patients with low-type ARM were enrolled. One patient with an undetermined ARM type was excluded. The patient characteristics, associated anomalies, and long-term defecation function were retrospectively reviewed and analyzed.

Results: Of the 87 patients with confirmed ARM, 46 (52.9%) had anovestibular fistula (AVF), 9 (10.3%) had anovulvar fistula, 19 (21.8%) had anocutaneous fistula, 10 (11.5%) had covered anal stenosis, and 3 (3.4%) had complete anal coverage. The total evacuation score, except for AVF, reached “excellent” at around six years of age, while that in AVF reached “excellent” at nine years of age. The mean treatment period with glycerin enema after anorectoplasty was 4.1±3.9 years for AVF, which was the longest among the 5 types of ARM. The follow-up period for covered anal complete was the longest among the five types at 94.5±98.3 months. Notable associated anomalies related to female ARM included Mayer-Rokitansky-Küster-Häuser Syndrome (MRKH) in AVF (2.2%) and perineal groove in anocutaneous fistula (10.5%). All cases of completely covered anus had trisomy 21.

Conclusion: The postoperative defecation function in female patients with low-type ARM improved over time. However, patients with AVF tended to reach “excellent” defecation function more slowly in comparison to other low-type ARMs, leading to the longest requirement for glycerin enema usage and follow-up period among all types of ARM. Long-term defecation management that considers the characteristics of functional improvement is important, particularly in patients with AVF.

Keywords: low-type anorectal malformation, defecation function, female, associated anomaly.

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EARLY COLECTOMY IN CHILDREN WITH FAMILIAL ADENOMATOUS POLYPOSIS: WHEN CLINICAL PRACTICE EXTENDS BEYOND GUIDELINES

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Background: Familial Adenomatous Polyposis (FAP) is the second most common cause of colorectal cancer including in children and adolescents. Therefore, it is necessary to identify a specific group of patients with FAP who require early colectomy.

Aim: To identify pediatric patients with FAP who require colectomy before age 15, and to analyze clinical and genetic features associated with early surgical intervention.

Methods: This retrospective cohort study included 82 children with FAP managed between 2000 and 2025. Data collected included age at disease onset, family history, and concomitant upper GI polyposis, and genotypes.

Results: Of 82 children with FAP, 37 patients underwent colectomy and 18 underwent colectomy before age 15. Among these patients, 6 had de novo APC mutations. Extensive colonic polyposis (carpeting of the adenomas) was identified in 11 patients. One patient developed colorectal adenocarcinoma at age 14 and that patient doesn't have family history of FAP. Surgical approaches included total proctocolectomy with ileal pouch-anal anastomosis (12 patients) and colectomy with ileorectal anastomosis (5 patients), total proctocolectomy with ileostomy (1 patient).

Conclusions: Despite guideline recommendations to initiate surveillance at ages 12-14 and delay colectomy until later adolescence, a subset of pediatric patients with FAP require colectomy before age 15 due to aggressive disease features. These findings underscore the need for individualized management strategies and highlight the importance of genotype-phenotype correlation in surgical decision-making

Keywords: Familial Adenomatous Polyposis, IPAA, children

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MODIFIED TRANSANAL SWENSON-LIKE PULL-THROUGH FOR HIRSCHSPRUNG DISEASE: ENHANCING SAFETY BY MINIMIZING IATROGENIC ORGAN INJURY

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Background: Transanal Swenson-like pull-through is one of the most common procedures for treating Hirschsprung disease (HSCR), involving careful dissection of the full thickness of the rectal wall. Surgeons must have the necessary experience and technical skills to prevent accidental injury to the organs located anterior to the rectum, including vagina, urethra, and bladder, which could lead to long-term complications. In addition, previous studies have documented cases of unintentional injuries to these organs, including urethral and vaginal injuries, following the transanal Swenson-like pull-through.

Methods: We conducted a retrospective study involving patients with HSCR who underwent transanal Swenson-like pull-through at our institution from 2020 to 2025. We reviewed data collected from patient medical records, including sex, type of aganglionosis, age at the time of definitive surgery, functional outcomes, intraoperative complications, and postoperative results. We compared outcomes, including voluntary bowel movements (VBM), soiling, and constipation, among patients who underwent either a standard or modified transanal Swenson-like pull-through.

Results: A total of 64 patients participated in this study. Of these, 46 patients underwent the standard Swenson-like pull-through, with one patient experiencing an intraoperative complication, i.e., urethral injury. In contrast, 18 patients underwent the modified transanal Swenson-like pull-through, with two of them being redo pull-throughs. These patients had initially undergone a traditional transanal Swenson-like pull-through and a Duhamel pull-through, respectively. No injuries to the anterior organs, such as urethra, vagina, or bladder, occurred with the modified technique. Furthermore, patients who underwent both the standard and modified transanal Swenson-like pull-through procedures reported satisfactory outcomes during postoperative follow-up, including VBM, reduced soiling, and the absence of constipation.

Conclusion: Modified transanal Swenson-like pull-through for HSCR is both safe and effective, particularly in preventing iatrogenic injuries to anterior organs during dissection, even in cases of redo pull-through. Overall, functional outcomes for HSCR patients following transanal Swenson-like pull-through were favorable.

Keywords: Hirschsprung disease, modified transanal Swenson-like pull-through, iatrogenic organ injury, functional outcomes

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SIMPLE MECONIUM ILEUS: ENTEROTOMY VERSUS ENTEROSTOMY – A SYSTEMATIC REVIEW

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Aim: The optimal treatment strategy for simple meconium ileus (SMI) after gastrografin enema failure remains the subject of debate. Therefore, this systematic review aims to aggregate the available literature of neonates with SMI and compare the number of redo surgeries and complication rates between patients who received enterostomy formation (ES) versus enterotomy with irrigation (EI).

Methods: In November 2024, a search was performed in PubMed. Studies describing surgical strategy with ES or EI in patients with SMI were considered eligible. The primary outcomes were LOS, redo surgeries and complication rates.

Results: In total, nine studies were considered eligible, representing 199 patients with SMI. Of those patients, 108 had ES and 34 were treated with EI; the remaining 57 patients were not eligible. Of the 108 patients treated with ES, seven received a redo surgery. In nine patients, an anastomotic leakage was reported. Ten patients developed sepsis, with four resulting in death. Nine patients suffered stoma-related issues such as high output, prolapse, and necrosis. Only one adhesiolysis was reported. Of the 34 patients treated with EI, complications were reported in one of the four studies. One patient developed postoperative ileus, and one patient had adhesional bowel obstruction. No redo surgeries were reported.

Conclusion: Due to the paucity of direct comparative studies, it is difficult to comment on the superiority of EI over ES in SMI. However, our data shows that EI has merit, with a low complication/no re-laparotomy rate. A prospective randomised controlled trial should be undertaken.

Keywords: Simple meconium ileus, enterotomy, enterostomy, paediatric

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TRANSSPHINCTERIC ANORECTOPLASTY AND PERINEAL BODY-SPARING SURGICAL APPROACH (TSARP) FOR ANAL ATRESIA WITH RECTOVESTIBULAR FISTULA

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Aim: To present the functional results of transsphincteric anorectoplasty and perineal body sparing surgery (TSARP) procedure in patients with anal atresia and rectovestibular fistula.

Method: Patients received TSARP for rectovestibular fistula between 2018 and 2024 were included in the study. Age, perioperative complications, presence of colostomy, calibration procedure, continence and cosmetic results were evaluated retrospectively. Postoperative functional evaluation was performed according to Krickenbeck classification.

Results: During the study period, 26 patients underwent TSARP. Primary surgery without colostomy was performed in 16 patients (61,5%), 10 (38.5%) patients received colostomy before corrective surgery. The median age at surgery was 40 days (range 2 days–7 months); 71.5 days for patients with colostomy and 30 days for patients without colostomy. Posterior wall of the vagina was injured in 2 patients during dissection and was repaired uneventfully. Patients with colostomy were started on enteral nutrition at the third postoperative hour, while those without colostomy started on the third postoperative day. Wound infection developped in 2 patients without colostomy; one recovered by nonsurgical measures while the other underwent colostomy. Among the 18 patients over three years of age, 15 had voluntary bowel control (Krickenbeck classification). Four patients had Grade 1 constipation and 3 patients had Grade 2 constipation while no soiling was observed.

Conclusion: The TSARP approach enables complete rectal dissection while preserving the sphincter complex and perineal body which reduces wound site complications and allows corective surgery without colostomy. Satisfactory functional continence and cosmetic results are attributed to the preservation of sphincter integrity and perineal anatomy.

Keywords: anal atresia, sphincter sparing, rectovestibular fistula, perineal body, anorectal malformation

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GLOBAL LANDSCAPE OF ANORECTAL MALFORMATION RESEARCH: DISPARITIES, BURDENS AND NEED FOR INTERNATIONAL COLLABORATIONS

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Purpose: Anorectal malformations (ARMs) are one of the most frequent structural birth defects treated by pediatric surgeons worldwide. However, significant morbidity and socioeconomic challenges persist, particularly in low-resource settings. This study aimed to evaluate the global ARM research landscape in relation to epidemiological and socioeconomic factors, using scientometric methodologies, big data analytics and density-equalizing visualization.

Methods: The “New Quality and Quantity Indices in Science” platform was used to assess all ARM-related articles indexed in the Web of Science™ Core Collection since 1900. A comprehensive scientometric analysis was performed, combining results with epidemiological and socioeconomic data. Density-equalizing map projections (DEMPs) were generated to visualize geographical disparities.

Results: A total of 2,280 ARM publications were identified, originating from 90 countries. The USA led in absolute numbers, followed by Japan and China. When adjusted for population size, Finland, the Netherlands and Sweden ranked highest. A similar ranking was observed in relation to the countries’ gross expenditure on research and development (R&D). DEMPs revealed that much of Africa, South America and Southeast Asia contributed minimally to global ARM research. India had the largest estimated annual ARM caseload, followed by China and Nigeria. India also exhibited the most ARM cases in relation to the country’s annual health expenditure, followed by the Democratic Republic of Congo and Pakistan. Somalia showed the largest number of annual ARM cases relative to its workforce of medical doctors, followed by Niger and Tanzania.

Conclusion: Worldwide ARM research activity is increasing but remains highly imbalanced from a global point of view. Shortcomings in R&D and health-care funding most likely contribute to these results. Significant investment in public health is required in low- and middle-income countries to improve ARM outcomes; specifically, coordinated neonatal surgical care, international collaborations and partnership programs between local surgeons and ARM experts from other countries.

Keywords: anorectal malformation, global health, health services research, information science, collaborative research

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ANAL DIAMETER AFTER ANORECTOPLASTY FOR ANORECTAL MALFORMATIONS: ROUTINE DILATIONS VERSUS CALIBRATIONS AT SCHEDULED APPOINTMENTS

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Purpose: post-operative anal dilations after anorectoplasty for anorectal malformations (ARM) have long been considered fundamental. However, there is no consensus on their efficacy. We therefore aimed to evaluate the outcomes of routine dilations compared to calibrations at scheduled appointments in terms of anal diameter (AD), incidence of stenosis and prolapse.

Methods: a retrospective comparative study was conducted between two centers: one with a routine dilations protocol, one without. Patients who completed surgical correction, operated between 2015 and 2023, on active follow-up, were included. AD (Hegar size) was measured at the end of dilations protocol in the first center and at calibration at scheduled appointments in the second. The ratio between patient's AD and the expected diameter for age (according to Peña) was calculated.

Results: overall, 194 patients were included (Group-1: routine dilations, n=113; Group-2: no dilations, n=81). The AD assessment was performed at a median time of 2 months postoperatively for both groups, with the patients having a median age of 6 months (IQR 5-9) vs 5 months (IQR 2-7). The mean AD was significantly larger in group-1 than in group-2 (12±0.75 vs 8.5±2.39, $p<0.001$) as well as the ratio (0.92±0.06 vs 0.69±0.13, $p<0.001$). This difference remained across most ARM-subtypes.There was no difference in incidence of stenosis (4.4% vs 4.9%, $p=1$) and prolapse (15% vs 19.7%, $p=0.44$).

Conclusion: patients who underwent routine anal dilations after anorectoplasty have a higher AD. However, the rates of stenosis and prolapse do not differ.

Keywords: anorectal malformations, dilations, anal diameter

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DO PEDIATRIC POUCHES PLAY NICE? TRACKING TRIUMPHS AND TROUBLES AFTER IPAA

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Restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA) is the gold standard surgical treatment for ulcerative colitis (UC) and familial adenomatous polyposis (FAP) in adults, demonstrating good long-term functional results. While increasingly adopted in pediatric surgery for UC, FAP, and total colonic aganglionosis, postoperative functional outcomes in children require further evaluation to optimize management strategies.

Purpose: To assess functional outcomes in pediatric patients after IPAA, analyze changes at 1 and 3 years after stoma closure, and identify postoperative functional outcomes affecting quality of life.

Methods: The study included 17 out of 25 patients with FAP who underwent IPAA. Functional outcomes were evaluated using the Pouch Functional Score, with 13 patients assessed longitudinally at 1 and 3 years post-stoma closure. Parameters analyzed included stool frequency, daytime/nighttime fecal incontinence, pad usage, perianal dermatitis, tenesmus, and physical activity levels.

Results: Mean daily stool frequency was 5.5±1.4, with nighttime incontinence (30%) more common than daytime (5%). Pad use was reported by 18% of patients, while perianal dermatitis affected 18%. Longitudinal analysis showed stable stool frequency (median 5/day at both 1 and 3 years, p=0.59). Nighttime incontinence remained prevalent (45% at 1 year, 36% at 3 years, p>0.9), though pad use decreased (27% to 9%, p=0.6). Perianal dermatitis showed clinically meaningful improvement (from 36% to 18%, p=0.7), but the difference did not reach statistical significance. Tenesmus (18%) and physical activity (36%) showed no significant changes.

Conclusion: IPAA provides stable long-term functional outcomes in pediatric patients, with consistent stool frequency and physical activity. However, nighttime fecal incontinence persists as a significant challenge. While some complications (pad use, dermatitis) improve over time, further refinement of postoperative management is needed to enhance patients' quality of life.

Keywords: pediatric surgery, familial adenomatous polyposis, ilial pouch-anal anastamosis

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POSTOPERATIVE BLEEDING IN PEDIATRIC PATIENTS WITH SHORT BOWEL SYNDROME: A RETROSPECTIVE REVIEW

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Aim: In patients with short bowel syndrome(SBS),tendency toward postoperative bleeding may occur despite normal preoperative International Normalized Ratio(INR) and platelet counts,possibly due to long-term TPN-associated liver dysfunction or malabsorption,although exact mechanism remains unclear.We aimed to evaluate postoperative bleeding in SBS patients undergoing intestinal surgery and identify potential risk factors associated with bleeding.

Methods: A retrospective review was conducted on SBS patients who underwent surgery between 2015 and 2024.Data collected including age,weight,primary diagnosis,bowel length,presence of terminal ileum,preoperative INR,platelet levels,operative durations.Patients who experienced postoperative bleeding were further analyzed as separate subgroup.Multivariate logistic regression's performed to identify risk factors associated with postoperative bleeding by comparing bleeding-non-bleeding patients.

Results: A total of 47 surgically treated SBS patients're included in the study.Primary diagnoses included intestinal atresia(n=16), NEC(n=10), volvulus(n=10), Hirschsprung disease(n=5), other rare causes(n=6). Surgical procedures included intestinal lengthenings(n:18),stoma closures(n:13),resections-anastomoses (n:8),ileostomy(n:6),Ladd procedures(n:2).No intraoperative vascular injury or active bleeding's observed. Postoperative bleeding occurred in 6 patients(12.8%), all of whom'd normal preoperative INR and fibrinogen. ROC analysis revealed that preoperative INR >1.15 predicted bleeding with 83% sensitivity and 56% specificity(AUC = 0.72).Multivariate logistic regression including INR, weight, bowel length,presence of terminal ileum, operation durations revealed no statistically significant predictors.Clinically,higher INR and lower weight appeared associated with increased bleeding risk.Five of six bleeding patients lacked terminal ileum and ileocecal valve(p = 0.221).No significant association's found between fat-soluble vitamin deficiencies and bleeding.One patient required reoperation due to uncontrolled hemorrhage, while others 're managed medically.

Conclusion: Postoperative bleeding may occur in SBS patients despite normal coagulation tests.Standard tests may not be sufficient alone.Further studies are warranted to clarify underlying mechanisms and improve risk prediction.

Keywords: Short Bowel Syndrome, Postoperative Bleeding, Fibrinogen, Coagulopathy, INR (International Normalized Ratio)

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PROGNOSTIC IMPLICATIONS OF RESIDUAL BOWEL LENGTH IN PEDIATRIC SHORT BOWEL SYNDROME: FOCUS ON THE <25% COHORT

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Purpose: The definition of short-bowel-syndrome (SBS) considers two factors; either a residual small bowel (SB) length <25% or a prolonged need for parenteral nutrition (PN). Although all SBS children have prolonged PN dependence, just a portion of them also have <25% remaining SB. To date, children with SBS are considered a single patients group. We aimed to distinguish SBS children with <25% remaining SB from other SBS children.

Methods: An Intestinal Rehabilitation Center's retrospective cohort (2003-2023) of 47 children, who were divided into two groups according to SB measurements; Group A <25% and group B≥25%. PN duration, enteral autonomy (EA) rates, catheter related complications, hepatic complications, and additional abdominal surgeries were compared.

Results: Sixteen children were included in group A and 31 in group B. Children from group A were less likely to have a remaining ileocecal valve (A-31% vs B-61%, p=0.05), and to reach EA (37.5% vs 77.5%, p=0.007). Catheter-related bacteremia and cholestasis were more prevalent in group A (68.8% and 31.3%) compared to group B (48.4% and 21.6%), respectively (p>0.05). Upon follow up, more children from group A required a gastrostomy (83.9% vs 16.1%, p=0.001) and a lengthening STEP procedure (50% vs 15.4%, p=0.019).

Conclusion: our experience shows that SBS children with <25% residual SB represent a distinct high-risk subgroup with a more complicated course and inferior outcomes. These findings might justify a separate recognition in research and clinical decision-making. This study underscores the need for personalized management in SBS. However, to gain more insights about this subgroup further prospective studies are needed.

Keywords: Short Bowel, residual small bowel

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RECTAL EXSTROPHY WITH GENITOURINARY, VERTEBRAL AND LIMB ANOMALIES: SALEEM'S RECTAL EXTROPHY HYPOSPADIAS SYNDROME

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Introduction: Extrophy of rectal mucosa as mass in the perineum associated with genitourinary anomalies like hypospadias, scrotal transposition, vertebral and kidney anomalies is extremely rare congenital malformation syndrome. Only few cases are reported in literature.

Case Series Presentation: We are reporting case series of six patients who presented with age range of 1 day to 2 years with extrophied rectal mucosa like a mass in the perineum with variable degree of genitourinary and spinal malformations over a period of 16 years. All patients were male and had hypospadias, extrophied rectal mucosa, and bifid scrotum. Only one patients had vesical extrophy along with bilateral inguinal hernia and while other patient had sacral meningocele associated with rectal extrophy. One case had absent one kidney and other case had non functional one kidney with ectopic ureter in the perineal mucosal mass. One patient had lower limb anomaly. In two patients initially colostomy was performed. After investigating these patients, we repaired four out of six cases with excision of extrophied rectal mucosa, repair of perineum by approximating perineal muscles separating the anus and urethra, releasing chordee by Bracka 1 if applicable and performing urethroplasty by Bracka II or Byar's method. Scrotal transpositioning along with anal transposition was carried out. Hernioraphy and repair of vesical extrophy was performed. Two had completed all of procedures and other two just need stoma closure as last procedure. Two patients left against medical advice before investigations and reconstruction.

The surgical approach in these cases required individualized planning based on the severity of anomalies. **Excision of the extrophied mucosa, perineal reconstruction, urethroplasty, and scrotal repositioning** formed the mainstay of management.

Conclusion: This case series highlights an exceptionally rare anomaly syndrome. A multidisciplinary approach involving staged reconstructive surgeries yields satisfactory outcomes, although long-term follow-up remains essential for functional assessment.

Keywords: Rectal Extrophy, Hypospadias, Scrotal Transposition, Vesical Extrophy, Saccral meningocele, Inguinal Hernia

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TOPOGRAPHICAL VARIATION IN APPENDICEAL GANGLION CELL DENSITY: IMPLICATIONS FOR DIAGNOSTIC BIOPSY IN HIRSCHSPRUNG'S DISEASE

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Purpose: The diagnostic utility of the appendix in Hirschsprung's disease (HD), particularly total colonic aganglionosis (TCA), remains contentious due to inconsistencies in ganglion cell representation across its structure. This prospective cohort study evaluates the regional distribution of ganglion cells within the appendix to ascertain optimal biopsy localization and enhance diagnostic yield.

Methods: In a one-year prospective analysis, appendiceal specimens from 100 pediatric patients (≤16 years) undergoing appendectomy for presumed acute appendicitis were histologically assessed. Each specimen was divided into proximal, middle, and distal thirds. The number of ganglion cells per high-power field (hpf) was quantified across all segments using standardized H&E staining and evaluated under blinded pathological review. Repeated measures ANOVA with Greenhouse-Geisser correction was used to assess segmental variability.

Results: The mean age of the cohort was 8.84 ± 3.33 years; 58% were male. Quantitative analysis revealed a statistically significant regional difference in ganglion cell density (P = 0.038 total count; P = 0.026 per hpf ratio). The middle third demonstrated the highest mean ganglion cell count per hpf (0.87 ± 1.24), surpassing the proximal (0.83 ± 1.21) and distal (0.78 ± 1.04) segments.

Conclusion: Ganglion cell distribution in the pediatric appendix is not uniform. The middle third exhibits the highest ganglion cell density, making it the most reliable region for histologic sampling. These findings provide anatomical rationale for targeted appendiceal biopsy in the diagnostic algorithm for HD and may reduce reliance on full-thickness or rectal suction biopsies in equivocal or resource-limited scenarios.

Keywords: Ganglion cell; Appendix; Hirschsprung disease

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TOWARDS BETTER JUDGEMENT OF BURN DEPTH-AN OPTICAL TOMOGRAPHY-BASED SCORE TO ASSESS PAEDIATRIC HAND BURNS

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Background: Hand burns account for 30% of pediatric burn admissions. Reliable burn wound assessment is challenging. Our study explores optical coherence tomography (OCT) and dynamic OCT (D-OCT) to improve wound assessment and guide definitive care. We aim to define the morphological patterns of pediatric hand burns addressing the following questions:

1. Can OCT differentiate burned from healthy skin?
2. Can OCT distinguish deep burns requiring grafts from superficial burns that heal spontaneously within 48 hours?
3. Can OCT findings be summarized into a clinically useful score?

Methods: In a prospective longitudinal study (01/2016–12/2021) 67 hand burns in 48 children (0–15 years) admitted to a pediatric burn center were analyzed by two independent observers.

Main Results: Relevant OCT findings were surface irregularity, loss of epidermis, loss of dermal pattern (skin lines or papillary spots), loss of surface regularity, and irregular vascular pattern of the plexus papillaris. A burn score was developed, assigning up to 6 points, see Figure 1. A score of 4 was associated with spontaneous healing, with a positive predictive value of 97%. Deeper wounds with delayed healing and/or the need for skin grafting received a score of =/>5, with an agreement of medical healing in 80% and a positive predictive value of 56%.

Conclusion: OCT and D-OCT reliably visualize the morphologic and microvascular patterns of pediatric burn injuries. The OCT images on the second day after injury show patterns that can be summarized in a clinical score with the potential to support clinical decision-making.

Keywords: burns, OCT, burn depth

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LITTLE PASSENGERS, BIG HAZARDS: A RETROSPECTIVE STUDY ON MOTORCYCLE ACCIDENTS IN CHILDREN

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Purpose: We aimed to present the injury types, demographic characteristics, injury severity score (ISS), accident occurrence times-mechanisms, mortality and morbidity rates of pediatric patients who applied due to motorcycle accidents in the last 13 years and to present solution suggestions for preventing accidents.

Methods: 374 pediatric patients who applied due to motorcycle accidents between 2012-2025 were screened.3 patients were excluded from the study because they refused treatment, 2 patients because their treatment's completed in another hospital, 7 patients because they'd electric bicycle injuries.

Results: 336 of 362 patients're male.Mean age of patients's 14.9 years.213 of accidents occurred in fall and winter months, 223 of the accidents occurred in evening (between 19:00 and 07:00).3 patients're pedestrians, 69 patients're passengers, and 290 patients're drivers. 298 of the accidents occurred in form of collision.2 patients're brought to the emergency room in arrest state and exited.176 patients're discharged from the emergency room. 37 patients're admitted to 2nd level pediatric surgery intensive care unit, 54 patients're admitted to the 3rd level intensive care unit, 93 patients're admitted to any service other than pediatric surgery.One of the patients admitted to the pediatric surgery intensive care unit was later transferred to 3rd level intensive care unit due to progressive respiratory distress.Remaining 36 patients're discharged within an average of 3 days. 6 patients underwent surgery.One operated by pediatric surgeon due to scrotal incision, while the remaining 5 patients underwent surgery due to bone fractures.Most common accompanying pathology's lung contusion. 50 of the patients'd lung contusion, 16'd spleen laceration, 13'd pneumothorax, 8'd liver laceration, and 3'd kidney laceration. 16 patients'd helmets, while 5 patients're found to be intoxicated at time of the accident. 24 patients're brought to the emergency room with tracheal intubation.Total of 8 patients exited.ISS average of all patients's 9.75, 15.68 for those hospitalized, 39 for those intubated.ISS score's above 15. There're 68 patients.Average hospitalization period of patients was 9 days.Most common finding after trauma's skin abrasion.Complications're observed in 15 patients.Most common of these's limited movement.

Conclusion: Motorcycle accidents're mortal and morbid in pediatric age group.Average of 25 pediatric patients apply for motorcycle accidents each year.Most of the applications occur in evening hours in fall-winter months.Although majority of patients're male drivers, protective equipment and alcohol use rates're low.It's thought that most important step in preventing accidents's awareness-raising activities.

Keywords: motorcycle, accident, child, trauma, surgery

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A NOVEL METHOD FOR MONITORING CLAVICULAR FRACTURE HEALING IN CHILDREN

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Introduction: Clavicle fractures are among the most common fractures in the pediatric population and are usually treated conservatively. Infrared thermography (IRT) is a non-invasive method that has shown promise in detecting fractures, particularly in children. Fracture healing is typically monitored using serial radiographs, but no studies to date have evaluated the correlation between skin temperature changes and callus formation in clavicle fractures.

Aim: To assess skin temperature differences between fractured and healthy clavicles during healing and compare these differences with callus formation as observed by ultrasound.

Materials and Methods: This prospective study included 27 children aged 4–18 years with radiographically confirmed clavicle fractures. Skin temperature was measured using infrared thermography over the fracture and contralateral healthy clavicle on days 1, 4, 8, 15, and 22 post-injury. Simultaneously, ultrasound was used to assess callus formation. Temperature differences (ΔT) between sides were calculated and statistically compared with ultrasound findings.

Results: The mean patient age was 12.4 years, with a predominance of male patients. The left clavicle was affected in 70% of cases. A statistically significant correlation was found between ΔT and callus development. The highest average ΔT (0.7 °C) was recorded during the early proliferative phase (up to day 8). As fibrocartilaginous callus developed, the temperature gradually normalized, equaling the healthy side by day 22. Significant ΔT values were observed on days 4 and 8.

Conclusion: IRT can serve as a useful, non-invasive method for monitoring fracture healing in children. It correlates well with callus formation and may reduce the need for repeated radiographic imaging during follow-up.

Keywords: clavicle fractures; fractures; bone; upper extremity; child; adolescent; radiography; infrared thermography; callus; pediatric surgery; pediatric orthopedics

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TREATMENT OUTCOMES OF FINGER REPLANTATION IN INFANTS WITH AMPUTATED FINGERS

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Objective: To evaluate the outcomes of finger replantation in infant patients by analyzing the clinical management and prognosis.

Methods: A retrospective study was conducted on infant patients with finger amputations treated at Children's Hospital, Zhejiang University School of Medicine (ZUCH) between January 2023 and January 2025. All patients underwent microsurgical replantation, with K-wire fixation used for fractures. For Types I, II and III of Ishikawa, anastomosis was performed on arterial and nerve structures, while for Type IV of Ishikawa, in addition to artery and nerve repair, venous and tendon repairs were carried out, depending on injury severity. In cases where the vein was non-repairable, distal bleeding and continuous heparinized saline irrigation were performed as an alternative. For proximal phalanx amputations cases, after bone debridement and fixation, flexor and extensor tendons, digital arteries, nerves, and dorsal veins were sequentially anastomosed. Postoperative management included warming, anticoagulation, anti-infection, and antispasmodic treatments.

Results: A total of 11 cases were included in this study, involving eight male and three female patients, aged 8 months to three years, with a mean age of 1 years and 10 months. Of these, 9 involved distal amputations, including 6 fingertip amputations. Based on the Ishikawa classification, there were 2 cases of Type I, 4 cases of Type II, 2 cases of Type III, and 1 case of Type IV amputation. All patients were followed up for 6-8 months. There were 9 cases achieved complete survival, while 2 cases developed partial necrosis due to vascular crisis, resulting in a complete survival rate of 81.8%. Functional outcomes, assessed according to the Chinese Medical Association Hand Surgery Branch's replantation criteria, revealed 7 cases with excellent results and 4 with good results.

Conclusion: Distal finger amputations, particularly fingertip amputations, are common in infant patients, and replantation should be considered when feasible. This procedure demands advanced microsurgical skills, and the post-replantation survival rate is favorable. The prognosis are heavily dependent on meticulous postoperative management.

Keywords: Infant, Finger Replantation, Vascular Crisis, Microsurgery

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CHATGPT-4O® IN PEDIATRIC BURN CARE: EXPERT REVIEW OF ITS ROLE IN INITIAL CLINICAL DECISION-MAKING

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Introduction: Artificial intelligence (AI) is playing an increasingly prominent role in advancing the field of medicine. Among AI technologies, ChatGPT stands out as a potential tool in clinical support and education. This study aims to evaluate, the accuracy and quality of responses generated by ChatGPT-4o® to frequently asked questions(FAQs) posed by practicing physicians regarding the initial assessment of pediatric burn injuries, with assessment of pediatric burn specialists.

Methods: Thirty-four FAQs about pediatric burn care were posed to ChatGPT-4o twice, one week apart, blindedly by four experienced pediatric surgeons who work at a national tertiary referral burn center. Questions were divided into five subgroups; initial assessment and triage, fluid resuscitation and hemodynamic management, wound care and infection prevention, pain management and sedation, special situations and follow-up. The results given by chatbot were evaluated by pediatric surgeons using modified five-point DISCERN tool (mDISCERN) for reliability and the Global Quality Scale (GQS) for comprehensive quality of the answers. Inter-rater reliability was measured using intraclass correlation coefficients (ICC).

Results: ChatGPT-4o® demonstrated high-quality and reliable responses to pediatric burn care questions. The median **GQS** was **4.75**(3.50–5.00), with **67.7%** of responses scoring ≥4.75, and **41.2%** receiving a perfect score of 5.00. The **mDISCERN** median score was **9.25**(7.00–10.00), and **74%** of responses scored ≥9.25, reflecting strong informational reliability. There was a **very strong correlation** between GQS and mDISCERN scores(**r=0.858,p<.001**), indicating consistent alignment between content quality and reliability. **Inter-rater reliability** analysis showed **good agreement** for individual scores (**ICC= 0.63**) and **excellent consistency** for average scores (**ICC= 0.87**, p< .001), supporting the robustness of the reviewers' assessments.

Conclusions: ChatGPT-4o proves to be a high-quality and reliable source of information for the initial evaluation of pediatric burn patients, providing substantial support for healthcare professionals in clinical decision-making. Its consistent accuracy and relevance position it as a promising adjunct tool in pediatric burn care.

Keywords: ChatGPT-4o; Pediatric burn; artifical intelligence; burn assessment

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A RARE BUT SERIOUS THREAT: PEDIATRIC DUODENAL TRAUMA IN A RESOURCE-CONSTRAINED SETTING

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Background & Objective: Duodenal injuries are challenging and can lead to significant morbidity and mortality in pediatric patients. The management of these injuries has evolved over the years, and understanding the nuances of pediatric duodenal injury is crucial for optimizing patient care. The objective of this study is to understand the nuances of pediatric duodenal injury by evaluating our record of previous years in our department.

Materials & Methods: A retrospective study was conducted analyzing patient records of traumatic duodenal injuries from April 2017 to November 2019. Data on patient demographics, mode of injury, clinical presentation, diagnosis, management, complications, and outcomes were collected and reviewed.

Results: Seventeen pediatric patients with traumatic duodenal injuries were included in the study, with the majority being males presenting with blunt trauma abdomen. Most common presenting complaints included abdominal discomfort, bilious vomiting, and abdominal distension. Surgical intervention was pursued for all patients, and associated injuries were observed in 23.5% of patients. The classification of duodenal injuries varied, with Grade III injuries being the most prevalent. Postoperative complications and mortality were also noted.

Conclusion: Blunt abdominal trauma, mainly from falls and road traffic accidents, was the most common cause of pediatric duodenal injuries. Limited access to contrast-enhanced CT highlighted the importance of clinical assessment and basic imaging in guiding timely intervention, while a multidisciplinary approach remained crucial for managing severe cases.

Keywords: Pediatric, Traumatic Duodenal Injury, Case Series

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SURGICAL TREATMENT OF CHILDREN WITH CHRONIC ELBOW DISLOCATION OVER 3 MONTHS WITH EXTREMELY SEVERE STIFFNESS

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Purpose: To investigate the choice of surgical treatment modalities and to analyze their treatment efficacy in children with chronic elbow dislocation with extremely severe periarticular stiffness.

Methods: Data of 21 children with chronic elbow dislocation with extremely severe periarticular stiffness diagnosed and treated in our department between February 2015 and February 2021 were retrospectively analyzed. Twenty boys and one girl were included in the study, their mean age was 11 ± 2.5 (range, 5.8–14) years, and they had concomitant distal humerus fractures. For the treatment protocol, all children with extremely severe elbow stiffness were treated with open arthrolysis, and elbow joint stability was intraoperatively assessed. Non-union fractures were treated by internal fixation with bone grafting. Malunion fractures affecting elbow joint movement or stability were treated with open reduction and internal fixation. Intra-articular loose bodies and heterotopic ossification in the elbow joint were completely resected, and elbow joint instability was treated with fixation using a hinged external fixator. All children performed passive functional exercises the day after surgery.

Results: Of the 21 children, only one had recurrent severe stiffness of the elbow joint after surgery; nevertheless, the function was still improved compared with that before surgery. Complications, such as ulnar nerve symptoms, recurrent heterotopic ossification, or premature closure of the epiphyseal plate, were not observed. The mean postoperative follow-up period was 35.6 ± 17.7 (range, 10–65) months. Preoperatively, the mean elbow extension and flexion angles were 72.2° ± 12.7° and 93.6° ± 11.1°, respectively, and the range of motion (ROM) of the elbow joint was 17.8° ± 8.3°. At the final follow-up, the mean elbow extension and flexion angles were 22.7° ± 18.6° and 118.8° ± 15.4°, respectively, and the elbow joint ROM was 96.1° ± 17.4°. The differences in the preoperative and postoperative ROMs, flexion angles, and extension angles of the elbow joint were significant ($p < 0.01$). Meanwhile, the rotational ROM of the elbow joint was 144.7° ± 19.3° before surgery and 147.9° ± 20.1° at the final follow-up; the difference between them was not significant ($p > 0.05$). The Mayo Elbow Performance Score at the final follow-up was 78.57 ± 14.24, which was significantly higher than that in the preoperative period (29.76 ± 10.89), and the excellent rate was 81%.

Conclusion: The aim of the surgical treatment of chronic elbow dislocation in children with extremely severe stiffness was to restore the normal anatomical relationship and to reestablish the stability of the elbow joint. Open arthrolysis and open reduction and internal fixation of the elbow joint are effective in treating chronic elbow dislocation with extremely severe stiffness in children.

Keywords: pediatrics; elbow; dislocation; stiffness; treatment

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WHAT WE KNOW ABOUT CHILD MALTREATMENT IN PEDIATRIC BURN PATIENTS – A RETROSPECTIVE SINGLE-CENTER ANALYSIS FROM A GERMAN BURN CENTER

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Objectives: Non-accidental injuries are a common finding in pediatric burn cases but are frequently underdiagnosed, potentially leading to prolonged exposure to harm. More frequent and often more subtle are injuries resulting from neglect, where prevention or timely treatment was lacking. This study aimed to identify factors that may help recognize children at risk of maltreatment and to determine predictors distinguishing accidental from non-accidental injuries.

Methods: We conducted a retrospective analysis of all pediatric inpatients treated for thermal injuries at our burn center between 2018 and 2023. Each case was reviewed by our multidisciplinary child protection team. Demographic, clinical, and socioeconomic data were analyzed to identify risk indicators for maltreatment.

Results: A total of 862 pediatric patients were included. At the time of admission, 25 cases (2.9%) were classified as confirmed child maltreatment. However, retrospective evaluation revealed a higher number of suspected maltreatment cases, including neglect or abuse (73 patients, 10.8%).

	Neglect	Physical Abuse	No NAI	Total
Male	11 (3.2%)	25 (7.3%)	306 (89.5%)	342 (100.0%)
Female	27 (5.2%)	30 (5.8%)	463 (89.0%)	520 (100.0%)
Total	38 (4.4%)	55 (6.4%)	769 (89.2%)	862 (100.0%)

Discussion: The actual incidence of child maltreatment in pediatric burn patients is likely higher than initially recognized. Our findings suggest that neither parental age nor area-level income significantly predicted maltreatment risk. Instead, the most reliable indicator was an inconsistent or incongruent injury history. These results highlight the importance of structured assessment and retrospective review in identifying at-risk children and underline the need for improved vigilance in clinical settings. In particular, special attention should be paid to the plausibility of the reported accident history and the described accident mechanism, as these factors are critical in distinguishing accidental injuries from potential maltreatment.

Keywords: Non-accidental injury, neglect, thermic injury, burns, child maltreatment, retrospective study, NAI

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MORPHOLOGICAL CHANGES IN SCAR TISSUE DURING FRACTIONAL CO2 LASER ABLATIONS OF EXTENSIVE POST-BURN SCARS IN CHILDREN

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Introduction: Recently, there have been reports of successful application of fractional methods of laser exposure of CO2 laser, in which a large number of viable cells remain along the periphery of destruction zones, providing complete regeneration of damaged areas.

Methods: A histological study was conducted with the collection of material from patients with post-burn scars in the face and neck area 20 hours and 4 days after CO2 laser ablation (staining with hematoxylin and eosin, magnification x 300).

Morphological picture in a patient who received 2 sessions of fractional CO2 laser ablation with an interval of 6 months, and a control untreated area of scar tissue of the same patient. It was found that in the area treated with fractional CO2 laser ablation, stratification of the epidermis is preserved.

Results: During a large-scale study of histological preparations of scar tissue before and after fractional CO2 laser ablation over the next 6 months, a decrease in the amount of coarse collagen type 1 with a predominance of structurally organized collagen type 3 was noted. The appearance of islands of cellular element clusters, which form skin appendages in intact skin, was also noted.

According to immunohistochemical studies, after fractional CO2 laser exposure, against the background of photothermal damage to scar tissue, the production of heat shock proteins increases. In parallel, due to the release of growth factors, the migration of inflammatory cells to the destruction zone is stimulated with the development of a moderate inflammatory reaction, triggering the processes of regeneration and synthesis of new collagen.

Conclusions: Clinically, the changes that occurred with the post-burn scar area after 2 fractional CO2 laser ablations are characterized by smoothing of the scar surface, leveling of skin tone, reduction of pigmentation and injected vessels, disappearance of excess skin flap, reduction of scar tissue thickness.

Keywords: Morphological changes, scar tissue, CO2 laser ablations, children

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LONG TERM OUTCOMES FOLLOWING PAEDIATRIC RENAL TRAUMA: AN 8-YEARS RETROSPECTIVE REVIEW FROM A UK TERTIARY CENTRE

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Purpose: To evaluate long-term outcomes of paediatric renal trauma, focusing on the relationship between injury grade and renal function, and the potential association with post-traumatic hypertension.

Methods: A Retrospective review was conducted of patients under 16 years who were admitted with renal trauma from January 2017 to December 2024. The data included trauma grade, imaging, Computed Tomography (CT), and dimercaptosuccinic acid (DMSA); blood pressure (BP) at admission, discharge, and follow-up. Functional outcomes were assessed by analysing the correlation between CT grade and the DMSA results. BP trends were reviewed using hospital and general practice (GP) records up to one year or more post-injury

Results: Thirty-seven patients (28 male; mean age 12.2 years) were included. High-grade trauma (Grade III-V) accounted for 68%. CT was performed in all patients. Functional imaging was completed in 18 of 37 patients; among the 25 high-grade cases, DMSA results were available in 17. Spearman-Rank correlation showed a significant inverse association between the CT grade and DMSA function (P=0.57, P=0.17), indicating that higher grades are associated with reduced function. Grade III typically preserved function within the normal range, while Grade IV outcomes were variable, limiting the reliability of CT grades below Grade V. Twelve patients had elevated BP at admission, normalizing in all but two by discharge. Follow-up BP was recorded in three patients in the outpatient clinic and five on GP records. No patient developed sustained hypertension or required treatment.

Conclusion: CT-Grade correlates with post-traumatic renal function, though only Grade V reliably predicts impairment. Grade IV outcomes were variable, underscoring the need for functional imaging. Despite limited follow-up, no hypertension was observed, suggesting low long-term risk. Nevertheless, the absence of consistent surveillance limits certainty. Structured protocols for functional imaging and BP monitoring are warranted to ensure long-term renal health in paediatric trauma.

Keywords: Renal trauma, Kidney injuries, Paediatric, Functional imaging, DMSA, Blood pressure monitoring, long-term outcomes, Follow-up

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EFFICACY OF HEMIEPIPHYSIODESIS IN TREATING LOWER LIMB DEFORMITIES IN CHILDREN WITH RARE BONE DISEASES

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Purpose: This study evaluates outcomes of temporary hemiepiphysiodesis using eight-plate implants for correcting lower limb angular deformities in children with rare bone diseases.

Method: A retrospective review included 56 children with rare bone diseases treated between 2011–2023. Pre- and postoperative radiographs assessed mechanical axis deviation (MAD), lateral distal femoral angle (LDFA), medial proximal tibial angle (MPTA), and lateral distal tibial angle (LDTA). Deformity severity was classified by tibial plateau zones (1–4). Complications were recorded.

Results: The cohort included 31 boys and 25 girls (mean age at surgey: 6.92 years, range: 2–14). Diagnoses included hypophosphatemic rickets (n=38), mucopolysaccharidosis (7), achondroplasia (4), multiple exostoses (3), pseudoachondroplasia (1), metaphyseal chondrodysplasia (1), multiple epiphyseal dysplasia (1), and Shwachman-Diamond syndrome (1). Deformities included bilateral genu varum (36), bilateral genu valgum (19), and mixed unilateral varus/valgus (1). Complete correction occurred in 1 Trevor disease and 7 mucopolysaccharidosis patients. Among hypophosphatemic rickets cases (38), 34 showed partial improvement; 5 required repeat surgery. Improvement was noted in metaphyseal chondrodysplasia, multiple epiphyseal dysplasia, and Shwachman-Diamond syndrome (1 each). Poor outcomes occurred in 2 achondroplasia and 1 pseudoachondroplasia patients. No complications (e.g., implant failure, infection) were reported.

Conclusion: Temporary hemiepiphysiodesis using eight-plate implants is a relatively simple procedure with low surgical risks, allowing immediate weight-bearing postoperatively. Moreover, it can be performed repeatedly in young pediatric patients. The plate and screw fixation remains robust and reliable even in cases of epiphyseal and metaphyseal abnormalities. Hemiepiphysiodesis is effective in managing angular deformities of the lower limbs in children with rare bone disorders, significantly improving lower limb alignment and enhancing mobility. However, the therapeutic effect requires a prolonged duration, typically exceeding two years. The efficacy varies depending on diagnosis and age, with a high likelihood of recurrence necessitating additional surgical interventions.

Keywords: Rare bone diseases, Lower limb angular deformities, Temporary hemiepiphysiodesis

VIDEO PRESENTATIONS

VP - 1

ROBOT-ASSISTED SURGERY ON THE UPPER URINARY TRACT IN CHILDREN

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Introduction: Robot-assisted surgery in pediatric urology is developing most rapidly among other surgical disciplines in the direction of simple to complex reconstructive interventions, including operations on various parts of the ureter. The purpose of this article is to present the current capabilities of robotic surgery in performing surgical procedures on the upper urinary tract in children.

Material and methods: The scientific study was carried out at the Irkutsk State Regional Children's Clinical Hospital from December 2022 to May 2025. Over the entire period, 68 robot-assisted procedures on the ureters were performed. Robotic assisted surgeries are performed using the new Versius platform from CMR (Cambridge Medical Robotics, UK). All surgical procedures were performed according to the same principles and patterns that we adopted from the very beginning of our experience with the Versius system. In all cases, three robotic ports were used: one 12-mm trocar for optics (inserted at the level of the umbilicus in an open manner) and two 5-mm trocars for robotic manipulators. Additionally, a 5-mm laparoport was installed for the assistant to work during the robotic operation. The study recorded patients' perioperative parameters related to geographic location, surgical details, and early and long-term complications.

Results: The total number of patients included in this study was 68, of which 42 (62%) were boys and 26 (38%) girls. The average age at the time of surgery was 10,9±4,1 years (median – 11,0 [8,0; 15,0] years), the average weight at the time of surgery was 41,1±19,1 kg (median – 45,0 [23,5; 55,5] kg). As agreed, the implementation of robotic procedures was distributed as follows:

- pyeloplasty: 28 patients (41%);
- renal cyst fenestration: 12 patients (17,6%);
- nephrectomy: 10 patients (14,7%);
- ureteral reimplantation: 6 patients (8,8%);
- Hellström-Chapman procedure: 3 patients (4,4%);
- ureteroureteral anastomosis for ureteral stenosis: 3 patients (4,4%);
- ureteroureteral anastomosis for duplex kidney: 3 patients (4,4%);
- bladder diverticulum resection: 2 patients (2,9%);
- heminephrectomy: 1 patient (1,6%);
- ureteroplasty with appendix: 1 patient (1,6%);
- ureterolithotomy: 1 patient (1,6%).

The average operation time was 155,0±46,1 minutes (median – 145,0 [128,0; 198,0] minutes). The operations were not accompanied by intraoperative complications. In the early and late period after the operation, no significant reoperations were noted.

Conclusion: Initial experience with robotic surgery has confirmed that robotics can be used safely and effectively in children with ureteral pathology.

Keywords: robot-assisted surgery, pediatric urology, ureter, children.

VP - 2

CONGENITAL HIATAL HERNIA OR SOMETHING MORE? ROBOTIC DIAGNOSIS AND REPAIR OF A CONGENITAL SHORT ESOPHAGUS IN A PEDIATRIC PATIENT

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Background: Congenital hiatal hernia (CHH) is a rare but recognized condition in infants. However, not all CHHs are simply “hernias.” In rare cases, they may conceal a congenital short esophagus (CSE), where the gastroesophageal junction (GEJ) remains intrathoracic despite full mobilization, requiring a different surgical strategy.

Case Presentation: A 4-month-old male infant (approx. 7 kg) was referred for surgical evaluation after a routine echocardiogram incidentally revealed a mass adjacent to the heart. The only clinical symptom was feeding fatigue—short breastfeeding sessions with frequent pauses, without vomiting or weight loss. Imaging suggested CHH.

Robotic exploration revealed a fixed intrathoracic GEJ, no hernia sac, and a severely foreshortened, thin-walled esophagus. These findings confirmed the diagnosis of **true CSE** — a condition sometimes debated, but clearly evident here. Anatomical markers included the **absence of a hernia sac**, **failure to reduce the GEJ despite full mediastinal mobilization**, and **a high phrenoesophageal ligament insertion site**.

A Collis gastroplasty was performed to achieve esophageal length, followed by a Nissen fundoplication and hiatal closure—entirely robotically. All trocars were placed through a low Pfannenstiel incision, under the diaper line, for a scar-free outcome. Due to the small working space, ports were placed before robotic docking.

The p**ostoperative** course was uneventful. The patient was discharged on full oral feeds without vomiting, retching, or other complaints.

Conclusion: To our knowledge, this is the **youngest reported case** of robotic Collis-Nissen repair for CSE. At **4 months of age and ~7 kg**, this case approaches the **lower practical limits for robotic surgery**, highlighting its feasibility in complex foregut pathology. **CSE is not a myth**, but a rare anatomical reality requiring surgical precision and individualized planning.

Keywords: Congenital Short Esophagus , Robotic Collis Gastroplasty, Hiatal Hernia

VP - 3

LAPAROSCOPIC APPENDICOVESICOSTOMY: A SURGICAL ALTERNATIVE TO THE OPEN APPROACH

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Purpose: To present the laparoscopic Mitrofanoff procedure in a pediatric patient with an acontractile detrusor and a history of bilateral ureteral reimplantation for severe vesicoureteral reflux and posterior urethral valves.

Video method: We present the step-by-step laparoscopic Mitrofanoff procedure in a pediatric patient. Three ports are used: a 12 mm telescope port in the left subcostal area, and two 5 mm ports in the right subcostal region and left flank. The appendix is harvested with careful preservation of its blood supply and is ligated at the base using gold Hem-o-lock clips. The tip is excised, and the appendix is spatulated.

Bladder exposure is achieved using 5-0 Prolene traction stitches. A posterior detrusotomy is performed using monopolar energy. A 1 cm longitudinal incision is made in the bladder mucosa at the apex. Through this, 1 to 1.5 cm of the spatulated appendix is introduced to create a valve-like mechanism.

A running anastomosis is performed between the serosa of the appendix and the bladder mucosa using 5-0 PDS sutures. The distal appendix is catheterized with an 8 Fr Nelaton tube. The detrusor muscle is closed over the reimplanted appendix with interrupted 4-0 Caprofyl sutures, creating a submucosal tunnel. The appendix is brought up to the umbilicus, and the appendicocutaneous anastomosis is completed with 6-0 PDS sutures to form the Mitrofanoff stoma.

Results: The child began oral liquids 6 hours post-procedure. Antibiotics were administered at therapeutic doses for one week, then continued at prophylactic doses for four weeks. The urethral catheter was removed after 15 days, and the Mitrofanoff catheter at 4 weeks, once the parents were comfortable performing catheterization through the stoma

Conclusions: This laparoscopic approach combines the benefits of minimal invasiveness with excellent functional outcomes

Keywords: Mitrofanoff, pediatric patient, minimally invasive

VP - 4

VACUUM ASSISTED (CLEARPETRA) MINIATURIZED PERCUTANEOUS HEPATOLITHOTRIPSY FOR COMPLEX INTRAHEPATIC STONES IN A HIGH-RISK PEDIATRIC PATIENT

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Introduction: Intrahepatic stone disease remains challenging in patients with altered biliary anatomy and portal hypertension. Conventional surgical or endoscopic options often carry high risk. We present a novel percutaneous approach utilizing a pre-existing bronchobiliary fistula tract for safe and effective stone removal in a high-risk adolescent patient.

Video Method and Findings: A 17-year-old female with a history of bronchobiliary fistula repair, cholecystoenterostomy, and hepaticojejunostomy developed recurrent intrahepatic stones and biliary dilatation. Conventional re-intervention was contraindicated due to extensive prior surgery and portal hypertension. Imaging revealed a dilated, blind-ended bronchobiliary fistula tract from the left hepatic duct, which was used for percutaneous access, avoiding a new transhepatic puncture.

A two-stage approach was employed. First, a percutaneous transhepatic catheter (PTK) was inserted via the fistula tract, allowing decompression and tract maturation. Several weeks later, percutaneous lithotripsy was performed. After tract dilation to 14 Fr, a ClearPetra suction-assisted access sheath was inserted. A 12 Fr nephroscope was advanced for visualization, and stones were fragmented using both Holmium:YAG laser and pneumatic lithotripter. Continuous low-pressure suction (max 120 mmHg) was applied using a vacuum device connected to the sheath, enabling active removal of fragments and minimizing intrabiliary pressure. A 7.5 Fr flexible ureteroscope confirmed complete clearance, including distal branches. The total fluoroscopy exposure was under two minutes. An 8 Fr PTK was placed postoperatively and removed on day five. No complications occurred.

Conclusion: This novel, suction-assisted percutaneous approach using a repurposed urological sheath allowed safe and complete intrahepatic stone removal via a pre-existing fistula tract, avoiding complications of conventional methods. It may be a valuable alternative in complex hepatobiliary cases with altered anatomy and portal hypertension.

Keywords: bile duct stone, percutaneous lithotripsy, portal hypertension, bronchobiliary fistula, hepatolithotripsy, vacuum asisted lithotripsy

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VP - 5

TYPE II ACHALASIA TREATED WITH PERORAL ENDOSCOPIC MYOTOMY (POEM): A NOVEL AND EFFECTIVE ALTERNATIVE

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Introduction: To present, through audiovisual material, a case of achalasia successfully treated with peroral endoscopic myotomy (POEM), demonstrating the step-by-step technique.

Case presentation: A 12-year-old male initially evaluated for chest pain, who progressively developed dysphagia, was ultimately diagnosed with type II achalasia and successfully treated with POEM. The procedure was performed under general anesthesia using a 9.2 mm gastroscope with a 2.8 mm working channel. Methylene blue was injected into the posterior esophageal wall to create a submucosal bleb, over which a mucosal incision was made 10 cm above the gastroesophageal junction. Through this mucosotomy, the submucosal space was accessed, and a 11 cm submucosal tunnel was created using blunt dissection and monopolar energy, extending beyond the gastroesophageal junction. A myotomy of 4 cm in the esophagus and 2 cm in the stomach was performed, targeting the inner circular muscle layer and transitioning to a full-thickness myotomy at the lower esophageal sphincter. The mucosotomy was closed with six clips. The procedure was uneventful. The patient tolerated liquids within 24 hours and experienced symptomatic relief from the first postoperative day. Discharge occurred on postoperative day four, and at 24 months follow-up, the patient remains asymptomatic. Consent was obtained from patients and/ or legal guardians.

Conclusion: Although laparoscopic myotomy remains the gold standard for pediatric achalasia, POEM has emerged as a minimally invasive, safe, and effective alternative. Given its comparable outcomes to laparoscopic myotomy, it could be considered a first-line therapy in experienced centers.

Keywords: Achalasia, esophagus, POEM, endoscopy, peroral endoscopic myotomy

VP - 6

THORACOSCOPIC REPAIR OF A RARE PEDIATRIC INTERCOSTAL LUNG HERNIATION: CASE REPORT WITH VIDEO PRESENTATION

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Aim: Protrusion of pulmonary parenchyma together with pleura through a thoracic wall defect is rare. We present a case successfully managed through a thoracoscopic approach.

Video method and results: A 13-year-old girl presented with a history of a progressively enlarging, non-tender swelling over the left anterior chest wall, which became prominent with coughing. She was born at 27 weeks of gestation weighing 930 grams and underwent PDA ligation on postnatal day 10. A physical examination revealed a left-sided 3×4 cm thoracal bulge apparent only by coughing and a palpable defect mainly located on the second mid-clavicular intercostal space superior to the previous incision scar. The swelling was a source of significant concern for the patient. Radiology was unremarkable. Based on clinical findings, a diagnosis of intercostal lung herniation was established. A thoracoscopic exploration revealed that the lung tissue was adherent to the thoracal wall at the level of the hernia. Upon releasing it, the fascial defect was detected to include the level of PDA ligation scar as well and measured 9 cm on vertical axis. A composite polypropylene mesh (Covidien, Mansfield, MA) was trimmed accordingly, inserted into the thorax to be placed covering the defect. It was secured to the endothoracic fascia by deploying multiple absorbable tacks (AbsorbaTack™, Covidien, Mansfield, MA) and further fixation was achieved by nonabsorbable 2/0 polyester hand-sewn sutures. The patient was discharged on postoperative day 3 and her 6th month follow up was uneventful.

Conclusion: Lung herniation is the protrusion of the lung beyond the normal boundaries of the thoracic cavity. Although uncommon, prior thoracal surgery is a known causative factor. There is no clear consensus on the management of asymptomatic cases but a potential risk of strangulation of the entrapped lung. Diagnosis is primarily clinical, as imaging findings are frequently inconclusive. Thoracoscopic mesh repair represents a safe and feasible minimally invasive option, associated with low morbidity and excellent outcomes.

Keywords: Intercostal lung hernia, thoracoscopic mesh repair, minimally invasive surgery

VP - 7

LAPAROSCOPIC URETERO-URETERO ANASTOMOSIS: AN ALTERNATIVE IN THE MANAGEMENT OF DOUBLE COLLECTING SYSTEM

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Purpose: To present a laparoscopic uretero-ureterostomy in a pediatric patient with a right-sided duplex collecting system and preserved upper pole function.

Video method: We present step by step the laparoscopic uretero-ureterostomy for duplex systems in a pediatric patient. Informed consent was obtained.

We begin by placing a double-J stent in the ureter of the receiving system. Using 3-mm laparoscopic instruments, both ureters are carefully dissected and exposed. Percutaneous sutures are placed for optimal traction and exposure.

Longitudinal incisions are made in both ureters: the lower system ureter receives the side incision, and the upper system ureter the end incision. A side-to-end uretero-ureteral anastomosis is then performed. The anastomosis begins at the corners with interrupted 6-0 PDS sutures. The anterior wall is sutured using a running technique. To complete the posterior wall, a traction suture is placed on the upper system ureter to improve exposure, followed by a running suture with 6-0 PDS.

The distal upper system ureter is then ligated with a 12 mm Hem-o-lock clip. A closed suction drain is placed.

Results: The postoperative course was favorable, with no progression of urinary tract dilation, no infections, and no complications observed over one year of follow-up.

Conclusions: This is a minimally invasive, reproducible procedure with excellent outcomes when performed by an experienced team.

Keywords: laparoscopic uretero-ureterostomy, duplex collecting system, minimally invasive

CASE REPORTS

CR - 1

BILIARY TRACT RHABDOMYOSARCOMA REQUIRING LIVER TRANSPLANTATION: A CHALLENGING SURGICAL AND ONCOLOGICAL DILEMMA

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Introduction: Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma in children, yet its occurrence in the biliary tract is exceedingly rare. This anatomical region poses significant challenges in both diagnosis and management due to its complexity and proximity to vital vascular structures. This study underscores the limitations of current treatment strategies and the difficulty in determining transplantation candidacy.

Case Presentation: A 7-year-old girl presented with obstructive jaundice and an abdominal mass. Imaging revealed a 7×5 cm mixed cystic-solid lesion in the caudate lobe of the liver. Intraoperative findings showed a 7×8 cm infiltrative mass invading the biliary tract and displacing surrounding organs, without initial metastasis. Biopsy confirmed embryonal-type RMS. The patient received 12 cycles of chemotherapy (VAC). However, residual mass at the hepatic hilum remained unresectable due to risk of portal vein injury. Postoperatively, chemotherapy and radiotherapy were administered, however no regression in the tumor mass was observed. Eventually, liver transplantation was planned. During pre-transplant evaluation, tumor invasion into the portal vein led to hypersplenism and upper gastrointestinal bleeding. A suspicious lesion detected on endoscopy was biopsied twice; both results were negative for malignancy. After open biopsy confirmation, liver transplantation was performed. Postoperatively, complications included pancreatic fistula and sepsis. Despite multiple lines of chemotherapy (VAC, ifosfamide, etoposide, carboplatin), the disease progressed and the patient died due to gastrointestinal hemorrhage and septic complications.

Conclusion: Biliary RMS represents a rare and formidable clinical challenge. Even with aggressive multimodal treatment including chemotherapy, attempted surgical resection, and ultimately liver transplantation, outcomes may remain poor.

Keywords: biliary rhabdomyosarcoma, liver transplantation, children

CR - 2

A NEW TECHNIC FOR TREATING STERNAL CLEFT

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As a rare congenital thoracic deformity, the sternal cleft needs to be treated by surgery. It happens more often in females. The deformity can be partial or complete. Primary repair surgery must be done as soon as possible, best during the neonatal period, when simple surgical technics achieve remarkable results.

Sternal cleft can be repaired using an autologous or a synthetic graft. Different technics for repairing a sternal cleft are described. Here we present a simple surgical one-step method using orthopedic TightRope System. The patient was born at term with visible suprasternal pathological movements and scarlike tissue in the middle of the chest. A newborn female had no other congenital deformities, symptoms or diseases. Plain chest radiographs showed a gap between sternal bars. Based on thoracic computer tomography (CT) with reconstruction, we confirmed the presence of a superior congenital sternal cleft. The extent of the sternal cleft was 25 mm according to 3D CT reconstructions. To remove the deformity, restore bone-protected mediastinal structure and to set normal intrathoracic pressure, we decided to use surgical correction with TightRope system. The patient was discharged and instructed to return at the age of 12 months for a controlled CT and the simple removal of the TightRope system.

In summary, we present a new technic for partial sternal cleft repair using the TightRope system, which can be performed as a single surgical procedure and reduce the risk of mediastinal compression and cardiorespiratory disorders during closure.

Keywords: sternal cleft, neonatal surgery, new technic

CR - 3

USE OF ESOPHAGEAL VAC FOR ANASTOMOTIC LEAK DUE TO TYPE III ESOPHAGEAL ATRESIA. CASE REPORT.

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Introduction: Esophageal atresia may occur alone or as part of a syndrome. Its surgical repair, done via thoracotomy or thoracoscopy, carries risks such as anastomotic leaks (3-17%), stenosis (17-60%), and recurrent tracheoesophageal fistulas (3-10%). These complications often require complex surgical approaches, increasing the risk of dehiscence and fistula, especially under tension or with poor tissue quality. Management can be conservative, endoscopic, or surgical.

Clinical case: We report the successful closure of an anastomotic leak after esophageal atresia type III repair using endo-VAC (Endoscopic Vacuum-Assisted Closure) in a Mexican hospital. A full-term newborn underwent thoracoscopic repair for type III esophageal atresia with a three-vertebra gap. After surgery, on day 7 post-op, a contrast study and endoscopy revealed a 3 mm anastomotic leak to the airway. An endo-VAC system (assembled with adapted materials, 100 mmHg negative pressure) was placed. After 72 hours, endoscopy showed the defect had reduced by 50%. Following a change of endo-VAC, another three days later, endoscopy confirmed no leak at the anastomosis. The patient began oral feeding and, after one week, a control endoscopy showed no refistulization, leak, or stenosis, with continued favorable progress and adequate weight gain.

Conclusion: E-Vac therapy, originally used for skin grafts and chronic wounds, was adapted for esophagogastric fistulas in adults from 2008, and more recently in pediatric post-surgical leaks. It works by maintaining continuous negative pressure via a sponge-drain system, promoting secondary closure. Despite the limited availability of pediatric-specific equipment, reported success rates are high—typically 95% of patients experience favorable outcomes, as demonstrated in this case.

Keywords: Esophageal atresia, Endoscopic Vaccum- Assited Closure, anastomotic leaks, esophageal stenosis

CR - 4

PNEUMOVESICOSCOPIC URETEROCELE EXCISION AND URETERONEOCYSTOSTOMY IN A SINGLE-SYSTEM URETER

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Surgical indications for ureterocele management may include ureteral or bladder outlet obstruction, deterioration of renal function, and presence of symptoms. Since de novo reflux may occur after ureterocele excision, ureteroneocystostomy is necessary. Furthermore, removal of large ureteroceles can result in a significant detrusor defect at the bladder base, which may complicate the repair process.

A 5-year-old female with documented ureterocele in the right kidney was re-evaluated due to new onset symptoms of bladder dysfunction. Ultrasonography revealed 12 mm pelvic diameter in the right kidney and the right ureter diameter measured 8 mm. A 16x16 mm ureterocele was observed within the bladder. Lumbosacral MRI was requested, and no evident spinal anomaly was detected. A DMSA scan revealed scarring in the right kidney with a differential function of 21% and surgery was recommended.

Cystoscopy revealed an obstructive ureterocele on the right side. The bladder was suspended at three points, and ports were introduced; 5 mm from the apex and 3 mm from each lateral side. The right ureterocele was excised using a hook cautery, exposing the ureteral orifice. The ureter was dissected using the hook cautery, including the mucosa at the base of the ureterocele. A new hiatus was created proximally, and the ureter was re-introduced into the bladder through this opening. The old hiatus was closed, and a submucosal tunnel was created. The distal ureter was excised, and a ureteroneocystostomy was performed. A double-J stent was placed, concluding the procedure.

In suitable cases, pneumovesicoscopic ureterocele excision and ureteroneocystostomy allow for a minimally invasive repair with precise dissection under superior visualization. However, due to the narrow working space and difficulty of manipulation, the learning curve is slow and requires experience

Keywords: ureterocele, megaureter, laparoscopy, ureteroneocystostomy

CR - 5

THE ELUSIVE TESTIS: THREE SIBLING CASES OF CROSSED TESTICULAR ECTOPIA

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Introduction: Crossed testicular ectopia (CTE) is a rare congenital anomaly where one testis is located into the opposing abdominal cavity, inguinal canal, or even descend into the opposing hemi-scrotum. It has been classified into three types: Type 1:-associated with inguinal hernia alone. Type 2:-associated with persistent or rudimentary müllerian duct structures. Type 3:-associated with other anomalies without mullerian remnants (inguinal hernia, hypospadias, pseudohermaphroditism, and scrotal abnormmullerian, other Associated anomalies of vas deferens are very rare which include fusion defects, supernumerary vas, discontinuity of vas and agenesis of vas.

Case Presentation: We present a rare case series of crossed testicular ectopia Type 2 in 2-year-old twin brothers and their 1 year- old younger sibling with Type 1 along with vas abnormality. The 2-year old twin brothers presented with a history of bilateral undescended testes.Physical examination revealed underdeveloped empty scrotum and non palpable testes in the line of descent or any ectopic sites. On Ultrasound, only right testes was visulaized above deep ring .Diagnostic laproscopy was performed which showed, right testes above the right deep ring and left testes also on the right side above the right testes. Two separate vas were identified associated with persistent mullerian duct stuctures including rudimentary uterus and left fallopian tube. Due to heterogeneous structures, procedure was concluded and karyotyping was done, which was XY and bilateral orchidopexy and excision of mullerian duct was planned. Their 1-year old brother presented with right undescended testes and left sided inguinal hernia. On examination, both testes were palpable in left hemiscrotum.During herniotomy and bilateral orchidopexy, continuity of both vas deferens near preperitoneal fat was doubtful, for which diagnostic laproscopy was planned later in addition for diagnosis of mullerian duct remnants. On diagnostic laproscopy, testicular arteries were identified but both vas and mullerian duct remanats were not found.

Conclusion: CTE is an extremely uncommon anomaly with no confirmed cause. Multiple related anomalies are evident as mullerian duct remnant, vas anomalies, scrotal problems and hypospadias .Laparoscopy is useful for both evaluation and management of CTE and associated anomalies. Treatment involves surgically relocating CTE to the orthotopic position. When it is Type 2 CTE, this may involve excision of mullerian remnants or leaving behind a cuff of mullerian remnants still attached to the testis or the main bulk of mullerian structure may be left in situ to preserve testicular blood supply. Patients frequently require long-term follow-up since they may have future problems with fertility and are at a greater risk of developing testicular malignancy.

Keywords: Crossed testicular ectopia, Twins, Siblings, Mullerian duct remnants, Vas.

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ULCERATIVE COLITIS-LIKE CHRONIC COLITIS CONFINED TO AN INTERPOSED COLON SEGMENT IN A PATIENT WITH LONG-GAP ESOPHAGEAL ATRESIA: AN EXTREMELY RARE COMPLICATION AFTER COLONIC INTERPOSITION

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Background: Colonic interposition is a well-established surgical technique for esophageal replacement in patients with long-gap esophageal atresia (LGEA). Although long-term outcomes are generally favorable, the behavior of the transposed colon in the esophageal position over time remains incompletely understood. We present a pediatric case of chronic colitis suggestive of inflammatory bowel disease, localized predominantly to an interposed colonic segment.

Case Presentation: We report an extremely rare case of a male infant with trisomy 21, born at 31 weeks of gestation and diagnosed with isolated LGEA. He underwent cervical esophagostomy and followed by a retrosternal colonic interposition using the transverse and descending colon at 18 months. The postoperative period was uneventful, and oral feeding was successfully established. At age four, the patient presented with intermittent abdominal pain and hematochezia. Laboratory tests revealed mild anemia and elevated fecal calprotectin. Initial colonoscopy demonstrated mucosal inflammation in both the native colon and the interposed segment, for which he was started on oral mesalamine and a short course of corticosteroids. On follow-up endoscopy, inflammation was confined to the interposed colonic segment while the native colon and terminal ileum were endoscopically and histologically normal. Histopathologic evaluation revealed chronic inflammatory changes including crypt architectural distortion, focal mucosal hemorrhage, and lymphoplasmacytic infiltration. Given persistent segmental inflammation, azathioprine was added. The patient achieved clinical remission, and subsequent endoscopic evaluation demonstrated complete mucosal healing.

Conclusion: This case illustrates chronic inflammatory bowel disease-like colitis predominantly affecting an interposed colonic segment used for esophageal reconstruction. It highlights the need for long-term gastrointestinal surveillance in patients with colonic interposition and raises questions about the role of local immune and environmental factors in disease development in non-native gastrointestinal segments.

Keywords: Esophageal atresia, Colonic interposition, Chronic colitis, Inflammatory bowel disease.

CR - 7

CHINESE CORHEART-6 LEFT VENTRICLE ASSIST DEVICE IMPLANTATION BRIDGING TO HEART TRANSPLANTATION IN A 12 YEARS OLD BOY

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Introduction: To summarize and analyze our center's experience with the CORHEART-6 implantable LVAD as bridge-to-transplant therapy in a pediatric patient with end-stage heart failure, providing a reference for ventricular assist device (VAD) treatment in Chinese children with advanced heart failure.

Case presentation: The patient was a 12-year-old boy with chronic heart failure secondary to dilated cardiomyopathy and endocardial fibroelastosis. Preoperative assessment showed NYHA class IV and INTERMACS profile IV. His weight was 32 kg, height 152 cm, body surface area 1.18 m², and LVEF 24.5%. On February 25, 2023, he underwent CORHEART-6 LVAD implantation with tricuspid valvuloplasty under cardiopulmonary bypass, showing good postoperative cardiac recovery. After 20 months of LVAD support, he successfully underwent heart transplantation with a donor/recipient weight ratio of 1.07 and achieved satisfactory recovery.

Conclusion: This case represents China's first successful pediatric implantable LVAD bridge-to-transplant. The CORHEART-6 LVAD demonstrated excellent efficacy as a bridge therapy, suggesting that implantable ventricular assist devices are a viable option for children with end-stage heart failure, whether as bridge-to-transplant, bridge-to-recovery, or destination therapy.

Keywords: End-stage heart failure, Ventricular assist device, Bridge-to-transplant, Heart transplantation, Pediatrics

P - 1

COMPARISON OF THE OUTCOMES OF CHILDREN WITH AND WITHOUT ANTI-REFLUX SURGERY DURING CONGENITAL HIATAL HERNIA REPAIR

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Aim: To compare the outcomes of children with and without anti-reflux surgery during congenital hiatal hernia (CHH) repair.

Methods: Children operated on CHH were evaluated for demographic and clinical features, surgical treatment and outcomes. The outcomes of CHH repair were compared in children with and without anti-reflux surgery.

Results: Between xxxx-xx, 20 children operated on CCH, with a median age of 16 months (interquartile range: 8.25-62.5) were included. The male to female ratio was 13:7. Type-1 and 3 (n=8, 40% each) were the most common type of CHH, whereas type-2 and 4 were reported in two of the cases. 60% (n=12) of cases had symptoms of gastroesophageal reflux (GER) and noted in preoperative imaging. Patients with preoperative GER has significantly higher rate of failure to thrive (p=0.04), persistent cough (p=0.01) and dysphagia (p=0,003). 70% (n=13) of patient underwent anti-reflux surgery during CHH repair. Anti-reflux surgery was performed in 7 of type-1 (88%), 5 (63%) of type-3 cases and one in type-2 (50%) case. When postoperative outcomes compared, there was no difference between patients with and without anti-reflux surgery for postoperative persistent cough, recurrent infections, early-late dumping syndrome, need for proton pump inhibitors, wound infections, bowel obstruction, surgical complications and recurrence (p>0.05). Recurrence was noted in 6 (30%) of the cases in which 4 of them had anti-reflux surgery and 2 were did not have. Recurrence was most commonly seen after CCH repair for type-1 (n=4, 67%). Although there was no difference in age of diagnosis in patients with and without recurrence (p>0.05). recurrence was more common in males (p=0,036). There was no difference between patient with and without recurrence for clinical features and postoperative outcomes (p>0.05).

Conclusion: Anti-reflux surgery during CHH repair had similar postoperative outcomes in patients without anti-reflux surgery. Recurrence is not a rare complication after surgery and mostly seen in male patients with type-1 CHH.

Keywords: hiatal hernia, children, anti-reflux surgery, gastroesophageal reflux

P - 2

MINIMALLY INVASIVE ESOPHAGEAL REPLACEMENT IN CHILDREN WITH STRICTURE ESOPHAGUS: A CASE SERIES

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Introduction: Esophageal strictures in pediatric patients pose significant management challenges, often necessitating complex surgical intervention. Thoracoscopic esophagectomy with esophageal replacement has emerged as a feasible and promising minimally invasive approach. This abstract presents our surgical technique and outcomes in three pediatric cases with severe, refractory esophageal strictures.

Methods: A retrospective review was conducted of three pediatric patients who underwent thoracoscopic esophagectomy for refractory esophageal strictures. Each procedure involved thoracoscopic dissection and mobilization of the diseased esophagus, followed by esophageal replacement. Emphasis was placed on minimizing surgical trauma and optimizing functional recovery.

Results: All three children (median age: six years; male:female ratio, 1:2) were successfully treated with thoracoscopic esophagectomy and esophageal replacement. Of these, one patient had a peptic stricture and two had corrosive strictures. Intraoperative blood loss was minimal, and no major intraoperative complications occurred, demonstrating the technical safety of the thoracoscopic approach. Gastric pull-up was used as the conduit in all cases. Postoperative recovery was uneventful, with no significant complications such as anastomotic leaks. All patients tolerated oral feeds well and showed satisfactory weight gain during a median follow-up period of 5.8 months.

Conclusion: Our experience demonstrates that thoracoscopic esophagectomy with esophageal replacement is a safe and effective minimally invasive option for managing severe esophageal strictures in children. This approach enables precise dissection, reduces operative trauma, and supports favorable postoperative recovery and functional outcomes.

Keywords: Thoracoscopy, Esophagectomy, Gastric Pull Up

P - 3

PREDICTORS OF REDO-NISSEN FUNDOPLICATION IN PEDIATRIC PATIENTS

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Predictors of Redo-Nissen Fundoplication in Pediatric Patients

Purpose: Redo-Nissen fundoplication (re-Nissen) is occasionally required in pediatric patients due to persistent gastroesophageal reflux symptoms after initial fundoplication. This study aims to identify the factors influencing the need for re-Nissen, focusing specifically on patient age, neurological impairment, and the initial surgical approach (open versus laparoscopic).

Method: A retrospective analysis was conducted on 221 pediatric patients who underwent Nissen fundoplication between 2019 and 2025. We evaluated demographic data, the presence of neurological conditions, the type of initial surgery, and the duration between initial and redo procedures. Statistical analyses were performed to explore the relationships between patient age, neurological status, surgical approach, and the necessity for a redo procedure.

Results: Of the 221 cases, 20 (9.05%) required re-Nissen fundoplication. The mean age of these patients was 6.75 years (range 6 months–17 years). Of those undergoing re-Nissen fundoplication, 55% had a neurological disorder. A neurological disorder was significantly associated with the need for a redo procedure ($p < 0.05$). The time interval from the initial surgery to the redo surgery ranged from 4 to 20 months (mean 9.1 months). Among patients requiring re-Nissen fundoplication, 60% had initially undergone laparoscopic surgery and 40% had undergone open surgery. However, the difference between the two approaches was not statistically significant ($p > 0.05$). No significant relationship was found between patient age and the likelihood of redo procedures.

Conclusion: Neurological disorder significantly increases the likelihood of requiring a redo Nissen fundoplication in pediatric patients. However, neither patient age nor surgical technique (laparoscopic vs. open) significantly influenced the likelihood of redo surgery.

Keywords: Keywords: gastroesophageal reflux, neurological disorder, Nissen fundoplication

P - 4

TECHNICAL ALTERNATIVES IN MINIMALLY INVASIVE SURGERY FOR CONGENITAL DUODENAL OBSTRUCTION

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Aim of the study: To compare anastomosis techniques and outcomes in minimally invasive surgery for duodenal obstruction.

Patients: We present 7 duodenal obstruction cases (2015-2023) treated by minimally invasive surgery.

Results:

● Type II duodenal atresia (3 patients; 1day, 1day and 7days; 2930g, 3020g and 3440g): one had a side-to-side duodenoduodenostomy using a 5mm stapler; another duodenojejunostomy required conversion to open surgery due to stapler failure; and the third had a side-to-side diamond-shaped Kimura duodenojejunostomy via laparoscopy.

● Annular pancreas (2 patients; 7 months and 1day; 5,8kg and 2330g): one underwent a side-to-side duodenoduodenostomy with a 5mm stapler and V-lock reinforcement, while the other had a termino-lateral duodenojejunostomy, converted to open surgery due to technical difficulties.

● Duodenal membrane (2 patients; 13 and 47 months; 7 and 11 kg): both underwent membrane resection and Mikulicz plasty duodenoduodenostomy; one with interrupted sutures and the other with continuous V-lock sutures.

All patients experienced an uneventful postoperative course and follow-up.

Conclusion: The use of small-caliber surgical tools enables safe and effective minimally invasive treatment of duodenal obstruction with excellent outcomes.

Keywords: duondenal obstruction, duodenal atresia, laparoscopy, minimally invasive technique

P - 5

PEDIATRIC PANCREATIC PSEUDOCYST; PRESENTATIONS, MANAGEMENT, AND COMPLICATIONS IN SUDAN: A MULTI-CENTRE'S STUDY

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Purpose: Pediatric pancreatic pseudocysts (PPCs) are rare complications of acute or chronic pancreatitis. Prompt diagnosis and appropriate management are critical to reducing morbidity and mortality. This multicenter study aimed to describe the demographic characteristics, clinical presentations, complications, and management approaches of PPCs in Sudan.

Methods: This descriptive cross-sectional study was conducted in six pediatric surgery centers in Sudan and included all children diagnosed with PPCs between March 2020 and February 2023. Clinical data, imaging, interventions, and outcomes were analyzed.

Results: Forty pediatric patients were included (26 boys, 14 girls; mean age 7.5 years), with 55% from urban areas. Blunt abdominal trauma was the most common cause (90%), primarily due to cart injuries (42.5%). Common symptoms included epigastric pain (87.5%), abdominal distension (77.5%), and vomiting (70%), with a median symptom duration of 8 weeks. Internal surgical intervention was the most common treatment, primarily open cystogastrostomy (57.5%), followed by percutaneous drainage (39.4%) and marsupialization (9.1%). Laparoscopic-assisted drainage was rare (2 cases). The most frequent complication was intestinal obstruction (57.5%). There were two deaths and five postsurgical complications.

Conclusion: Blunt abdominal trauma, especially from cart injuries, is the leading cause of PPCs in Sudanese children. Open surgical intervention remains the primary management due to resource constraints.

Keywords: Pancreatic pseudocyst, Blunt abdominal trauma, Pediatric pancreatitis, Cystogastrostomy, Resource-limited settings

P - 6

ADDRESSING THE PEDIATRIC OBESITY EPIDEMIC: A SINGLE-CENTER ADOLESCENT LAPAROSCOPIC SLEEVE GASTRECTOMY SERIES WITH EARLY OUTCOMES

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Aim: Pediatric obesity is a silent epidemic — rapidly increasing, underestimated, and inadequately addressed. As severe obesity and metabolic comorbidities rise in adolescents, the limitations of lifestyle-based interventions have become evident. In line with ESPGHAN (European Society for Paediatric Gastroenterology, Hepatology and Nutrition) and ASMBS (American Society for Metabolic and Bariatric Surgery) guidelines, we aimed to share our experience with laparoscopic sleeve gastrectomy (LSG) in selected pediatric patients.

Methods: Between 2024 and 2025, 17 adolescents (12–18 years) with BMI ≥35 kg/m² and obesity-related comorbidities underwent LSG. All patients were preoperatively evaluated by a multidisciplinary team including pediatric endocrinology, pediatric psychiatry, nutrition, and surgery. Seven patients were domestic; ten were referred via international health tourism. Preoperative abdominal ultrasound showed ≥ grade 2 hepatic steatosis in 14 patients. The highest BMI was 64.3. All procedures included intraoperative methylene blue leak tests (no leaks observed). Mean operative time was 55 minutes. Oral intake began on postoperative day 1; drains were removed on day 3 prior to discharge.

Results: No leaks, bleeding, or early complications were recorded. All patients had uneventful recoveries. First-month weight loss ranged from 10–14%. Depending on surgery date, total weight loss reached 20–42%, with no observed weight regain. Clinical improvement was noted in all patients with hypertension or type 2 diabetes. Domestic patients were followed up regularly; long-term follow-up for international patients was limited.

Conclusion: Laparoscopic sleeve gastrectomy is a safe and effective option in well-selected adolescent patients, with promising early outcomes and no major complications.

Keywords: Pediatric obesity, bariatric surgery, laparoscopic sleeve gastrectomy, adolescent

P - 7

OROGASTRIC TUBE MANAGEMENT OF NEONATAL ESOPHAGEAL PERFORATION: A SIMPLE, SAFE AND EFFECTIVE APPROACH.

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Purpose: Iatrogenic neonatal esophageal perforation (NEP) is rare but life-threatening with mortality varies from 20 to 30%. Management oftens involves nil by mouth, parenteral nutrition, antibiotics, steriods and chest drain insertion if needed. The aim of this study is to report the safety and effectiveness of orogastric tube insertion with immediate tube feeding in neonatal esophageal perforation.

Methods: All neonates with iatrogenic esophageal perforation were included in this study from January 2022 to Feberuary 2025. In all cases 5 or 6 F orogastric tube was inserted and its position in stomach was confirmed by contrast in stomach. Feeding was started immediately through the tube. Antibiotics were given in all cases. After 10 days of orogastric tube insertion, esophagogram was done to confirm the healing of perforation.

Results: six cases with iatrogenic esophageal perforation were managed with orogastric tube insertion and immediate feeding through the tube. Non of the patient had received parenteral nutrition. All cases healed well without any mortality.

Conclusion: Orogastric tube insertion and immediate feeding through the tube is simple, safe and effective management of NEP. Parenteral nutrition and its cost and associated complications can be avoided with this simple and safe approach.

Keywords: Iatrogenic neonatal esophageal perforation, Orogastric tube, management outcome.

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PEDIATRIC ESOPHAGEAL STRICTURES: OUTCOMES OF BALLOON DILATATION OVER A 20-YEAR PERIOD IN A SINGLE-CENTER COHORT

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Background: Benign esophageal strictures are the most common cause of esophageal narrowing in children. While various treatment modalities exist, endoscopic balloon dilation remains the standard of care.

Materials and Methods: A retrospective descriptive study was conducted in the Department of Pediatric Surgery at Fattouma Bourguiba University Hospital, Monastir, Tunisia, over a 20-year period. All cases of esophageal strictures managed with endoscopic pneumatic dilation were included. Both short- and long-term outcomes were assessed.

Results: A total of 343 children were included (54.5% male). The leading etiology was caustic ingestion (42%), followed by anastomotic strictures post-esophageal atresia repair (25.4%), peptic strictures (13.7%), achalasia (11.1%), congenital stenosis (5.8%), epidermolysis bullosa (6 cases), and one case of eosinophilic esophagitis. Over half (53.1%) of the patients were under 3 years of age, with a median age of 36 months [15.6–62.6]; age ranged from 9 to 213 months.

Most patients (69%) had a Z-score of 0, indicating average anthropometric status. Stricture length was <2 cm in 49.9% and >5 cm in 15.5%. A single stricture was present in 81.6% of cases. pPatients underwent a mean of 4.2 dilation sessions (range: 1–32).

Esophageal perforation occurred in 9.6%, typically after a median of 2 sessions [1–5]. Most perforations were pinpoint (54.5%), while 36.4% were large and 3 cases involved false passage due to guidewire misplacement. Management was conservative in most cases, with only 3 requiring surgical intervention. Mean hospital stay was 5 days [3–10], ranging from 2 to 52 days.

The overall success rate was 96.3%. The median duration of the dilation program was 10 months [5–27], regardless of etiology. Stenting was required in 5.8% (20 cases), and esophageal replacement was necessary in 5.2% (18 cases).

Conclusion: Endoscopic balloon dilation is a highly effective and generally safe treatment for pediatric esophageal strictures, with a low rate of serious complications. With over 340 patients included, this study represents one of the largest pediatric series to date, reinforcing the reliability of balloon dilation as a first-line therapy

Keywords: esophageal strictures, endoscopic, balloon dilation, esophageal perforation

P - 9

THE IMPACT OF EARLY AND LATE DIAGNOSIS ON ESOPHAGEAL BATTERY INGESTION

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Aim: Button batteries can rapidly lead to tissue necrosis and esophageal perforation. This study evaluated patients who presented with esophageal button battery ingestion.

Methods: From 2020 to 2025, we conducted a retrospective review of 10 pediatric patients with esophageal button battery impaction. The following data were collected for each patient: age, sex, time to admission, presenting symptoms, radiological findings, battery retention time, endoscopic findings, complications, and clinical outcomes (Table).

Results: The mean age was 3 years, with five males and five females. Seven patients presented within six hours of ingestion and underwent urgent esophagoscopy. Mucosal injuries ranged from Grade 2A to 3A (Zargar classification), and no major complications were observed in patients who presented early. However, three patients presented more than 24 hours after ingestion and all of them developed severe complications. One patient died due to a late-onset aortoesophageal fistula. Another patient developed an esophageal perforation and subsequently experienced life-threatening hemorrhaging due to a fistula between the esophagus and an aberrant subclavian artery. A third patient was initially misdiagnosed with an upper respiratory infection and remained undiagnosed for ten days. Endoscopy revealed a tracheoesophageal fistula, and surgical repair was performed.

Conclusion: The occurrence of life-threatening complications, including aortoesophageal fistulas, esophageal perforations, and tracheoesophageal fistulas, in all late-presenting patients (30% of our cases) underscores the severity of battery ingestion in the esophaguson batteries, esophagus

Age (years)	Sex	Time for esophagoscopy after ingestion	Presenting symptoms	Localization of battery in esophagus	Zargar classification	Follow-up
1	Boy	3 hours	Vomiting	Upper	2B	Uneventful
1	Girl	10 days	Hoarseness, wheezing, and coughing	Upper	3B	Tracheoesophageal fistula
2	Girl	6 hours	Vomiting	Upper	2B	Uneventful

5	Girl	5 days	Coughing and vomiting	Mid-esophagus	3A	The patient died due to bleeding due to aortoesophageal fistula and exitus.
4	Boy	4 hours	None	Upper	2A	Uneventful
2	Girl	6 hours	Vomiting	Mid-esophagus	2A	Uneventful
2	Boy	6 hours	Choking	Upper	2B	Uneventful
4	Boy	5 hours	None	Mid-esophagus	3A	Uneventful
3	Boy	24 hours	Hypersalivation	Upper	Esophageal perforation	Esophageal stricture
6	Girl	5 hours	Sudden shortness of breath and cyanosis	Lower esophagus	3A	Uneventful

Keywords: button batteries, esophagus

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MANAGING ESOPHAGEAL ATRESIA IN A LOW-TO-MIDDLE INCOME COUNTRY : A REVIEW OF OUTCOMES AND CHALLENGES

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Background: Esophageal atresia (EA) is a congenital anomaly with significant morbidity, particularly in low- and middle-income countries. This study aimed to evaluate short-, medium-, and long-term outcomes of EA in a Tunisian tertiary center.

Materials and Methods: We retrospectively reviewed all neonates treated for EA between 2018 and 2023. Data were collected from medical records and operative reports, including demographics, associated anomalies, surgical details, and outcomes.

Results: Fifty-three patients were included (67.9% male; 76.5% outborn). Maternal comorbidities were present in 26.4%, mainly gestational diabetes (50%) and preeclampsia (24.1%). Antenatal diagnosis occurred in 11.3%. Prematurity was noted in 22.6%, and 28.3% had birth weight <2000 g.

Diagnosis was immediate in 52.8% (median 0 [0–3] h), and based on respiratory distress (45.3%), hypersalivation (43.4%), or choking (17%) in others. Type III EA accounted for 86.3%. Associated anomalies were present in 54.7%, including VACTERL (46.4%) and congenital heart defects (50% atrial septal defect). Preoperative ventilation was required in 80%; 9.4% died before surgery. Surgery was performed at a median age of 24 h [16–60], via right thoracotomy (70.8% extrapleural). Primary anastomosis was achieved in 91.7%, with tension-free repair in 77.3%.

Early complications (<30 days) occurred in 95.8%, mainly infectious (70.8%) and respiratory. Anastomotic leak occurred in 3 cases (1 fatal). Postoperative mortality was 8.4%. Median ventilation duration was 4 days [1–21].

Late complications (>30 days) occurred in 63.6%, including GERD (43.2%), anastomotic stricture (26.4%), recurrent infections (25%), and tracheomalacia (11.4%). Endoscopic dilatation was required in most strictures. Failure to thrive affected 18.9%; psychomotor delay 9.4%. Median follow-up was 50 months [34–72].

Conclusion: Despite high morbidity, postoperative mortality was low and comparable to high-income countries. Long-term follow-up showed manageable complications and acceptable functional outcomes, highlighting the impact of structured neonatal care in resource-limited settings.

Keywords: Esophageal atresia, neonates, associated malformations, anastomotic leakage, gastroesophageal reflux

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PREVALENCE AND CHARACTERISTICS OF GASTROESOPHAGEAL REFLUX-RELATED SYMPTOMS AMONG SCHOOL-AGED CHILDREN IN YOZGAT, TÜRKIYE

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Purpose: Gastroesophageal reflux disease (GERD) is increasingly recognized as a significant health concern in pediatric populations, with potential consequences for growth and quality of life. This study investigates the prevalence of GERD-related symptoms among preschool, primary, and secondary school students in Yozgat, Türkiye, and examines associated demographic, clinical, and environmental factors.

Methods: A cross-sectional survey was conducted following ethical approvals from institutional and governmental authorities. Standardized questionnaires were administered to parents (for preschoolers) and directly to students (for older age groups) under teachers' supervision. Variables included demographic data, family history of GERD, exposure to tobacco smoke, history of recurrent upper respiratory tract infections (URTIs), and a spectrum of gastrointestinal symptoms suggestive of GERD.

Results: A total of 2,593 students were enrolled (preschool: 241; primary school: 940; secondary school: 1,412). In preschoolers, frequent URTIs correlated significantly with lower body mass index and family history of GERD ($p < 0.007$), suggesting an interplay between recurrent infections, growth impairment, and possible reflux disease. Parental smoking was associated with a higher frequency of abdominal pain ($p = 0.015$). Among primary school students, appetite loss, weight gain difficulties, and gastrointestinal complaints, including constipation and bloating, showed significant age- and gender-related variations ($p < 0.034$). In secondary school students, typical GERD symptoms—such as regurgitation, chest pain, and nausea—were notably more frequent in girls ($p < 0.001$). The duration and severity of symptoms were positively associated with impacts on daily life activities.

Conclusion: Our findings suggest that GERD-related symptoms emerge progressively with age, transitioning from nonspecific infection-related issues in younger children to classical GERD manifestations in adolescents. These results underscore the necessity for early screening and intervention strategies within school health programs to mitigate the long-term effects of pediatric GERD.

Keywords: Gastroesophageal reflux, children, school

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PEDIATRIC ESOPHAGEAL REPLACEMENT: A 34-YEAR SINGLE-CENTER EXPERIENCE IN A MIDDLE-INCOME SETTING

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Introduction:

Esophagoplasty in children represents one of the major surgical challenges, requiring a multidisciplinary approach. Currently, several alternatives exist for esophageal substitutes, each with its own advantages and disadvantages.

Objectives:

To describe our experience with esophagocoloplasty in children. To compare this technique with other esophageal replacement techniques described in the literature in terms of feasibility and outcomes in the short, medium, and long term.

Material and Methods:

We conducted a retrospective, descriptive study, including patients who underwent esophageal replacement surgery in the pediatric surgery department at Fattouma Bourguiba University Hospital in Monastir, over a period of 34 years, from January 1990 to December 2024.

Results:

48 patients were included in our study, with a mean age of 55.5 months, and a male predominance. Caustic stenosis was the main indication for esophageal replacement (84.6%), followed by esophageal atresia in 7 cases. The isoperistaltic transverse colon, pedicled on the left colic vessels, was chosen for all our patients. The graft route was the posterior mediastinum in all cases. Esophagectomy with a closed thorax was performed simultaneously by stripping in 38 patients and a thoracotomy was needed to perform the esophagectomy in only one patien. However, the native esophagus was left in place in 4 patients.

Immediate postoperative complications were dominated by pneumothorax in 67.7% of cases, followed by dysphonia in 32% of cases. Nosocomial infections and cervical fistulas were also relatively frequent complications. The morbidity rate was 69.2% and the mortality rate was 7.7%.

The main long-term complications were cervical anastomotic stenoses (6 cases) and gastrocolic reflux (8 cases). The mean follow-up was 8.4 years, with satisfactory functional outcomes in 69.4% of patients.

Conclusion:

Our experience showed that, despite its complexity and relatively high morbidity, esophagocoloplasty in children is associated with low mortality and satisfactory medium- and long-term outcomes

Keywords: coloplasty, esophageal replacement, children, outcomes

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DOES THE DURATION OF SYMPTOMS AFFECT THE TIME TO FULL ENTERAL FEEDING AFTER PYLOROMYOTOMY FOR INFANTILE HYPERTROPHIC PYLORIC STENOSIS?

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Introduction:

Infantile hypertrophic pyloric stenosis (IHPS) is a common disease. The majority of research on the time to full enteral feeding (TFEF) following surgery focuses on the surgical technique or postoperative feeding technique. Less is known about whether patient characteristics or symptoms can affect the outcome, especially TFEF after pyloromyotomy. The aim of our study was to evaluate if the duration of preoperative vomiting had an impact on TFEF.

Methods

A retrospective chart review of patients who underwent pyloromyotomy at Pediatric Surgery Department “A” between January 2013 and December 2022. Parameters in demographics and in the preoperative and postoperative period were evaluated against TFEF.

Results:

Thirty-seven patients were identified. At presentation, the median range for duration of symptoms was 10 days (3-30 days), and the median time to surgery was 2 days (1-7 days) after admission. Seventeen patients (45.94%) were vomiting in the first day after surgery. Median TFEF was 72 hours after surgery. TFEF increased with the duration of symptoms. Hence, for every day of symptoms, the time for being fully fed increased by one hour.

Conclusion:

In our study, duration of vomiting in hypertrophic pyloric stenosis seems to have a significant impact on the postoperative time to full enteral feeding

Keywords: Hypertrophic pyloric stenosis, Pyloromyotomy, Enteral feeding, Feeding tolerance,

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COMPLICATIONS AFTER SURGICAL REPAIR OF ESOPHAGEAL ATRESIA: INSIGHTS FROM A SINGLE-CENTER EXPERIENCE

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Introduction:

Esophageal atresia (EA) remains a challenging congenital anomaly that requires a multidisciplinary approach, combining surgical precision and effective neonatal intensive care. Despite advances in diagnosis and perioperative management, postoperative complications continue to impact patient outcomes. This study presents a 14-year retrospective review of EA cases managed in our institution, with a focus on the incidence and management of postoperative complications.

Methods:

We conducted a retrospective study, including all children operated for EA between January 2005 and December 2018.

Results:

A total of 285 patients were included. Type III EA was the most common form (88%). Associated congenital anomalies were found in 11% of cases. Primary esophageal anastomosis was achieved in most patients (n = 248). In long-gap EA (n = 37; 13%), initial management included gastrostomy with esophagostomy in 3 patients, and gastrostomy with continuous upper pouch suction in the remaining cases. The postoperative complication rate was significant. Anastomotic leakage occurred in 2% of cases, recurrent tracheoesophageal fistula in 0.4%, and anastomotic stricture in 28% of cases, requiring endoscopic balloon dilatation. Five children (1.7%) underwent esophageal replacement with a colonic graft. In addition, 23 patients (8%) underwent surgical intervention for gastroesophageal reflux disease (GERD) unresponsive to medical therapy.

Conclusion:

Although surgical techniques and neonatal care have significantly improved, postoperative complications such as anastomotic strictures and gastroesophageal reflux remain prevalent following EA repair. Early recognition, systematic follow-up, and multidisciplinary coordination are crucial to reducing long-term morbidity. Our findings underscore the need for standardized postoperative protocols and emphasize the value of close collaboration between surgeons, intensivists, and gastroenterologists to ensure optimal functional outcomes.

Keywords: Esophageal atresia,postoperative complications, outcome, management

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TIMING MATTERS : IMPACT OF DELAY TO FIRST BALLOON DILATION ON OUTCOMES OF PEDIATRIC CAUSTIC ESOPHAGEAL STRICTURES

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Background:
Caustic esophageal strictures are a serious complication in children after corrosive ingestion. Endoscopic balloon dilation is the standard treatment, but the optimal timing for the first dilation remains unclear.

Objective:

To evaluate whether the interval between ingestion and first dilation affects the risk of dilation failure and esophageal perforation.

Methods:

A retrospective study of pediatric patients treated for caustic esophageal strictures from 2004 to 2024 was conducted. Data included demographics, stricture characteristics, timing of first dilation, and outcomes (failure, perforation). Patients were grouped by time intervals (≤30 vs. >30 days; ≤60 vs. >60 days). Outcomes were analyzed using Kaplan-Meier curves and Cox regression ($p < 0.05$).

Results:

Delayed dilation (>30 and >60 days) was associated with significantly longer event-free survival for both failure and perforation. Patients dilated after 60 days showed a mean time to failure of 1416 days versus 30 days for earlier dilation ($p < 0.001$), and mean time to perforation of 1167 versus 30 days ($p < 0.001$). Cox regression confirmed that each additional day of delay reduced the risk of failure (HR=0.995, 95% CI [0.990–1.000], p=0.040). Age, weight, and number of strictures were not significant predictors. Early dilation was linked to earlier perforation occurrence (mean 30 vs. 1167 days, $p < 0.001$).

Conclusion:

Delaying the first balloon dilation beyond 30 days post-ingestion reduces the risk of treatment failure and perforation, likely by avoiding the fragile inflammatory phase, supporting a delayed, individualized approach in managing pediatric caustic esophageal strictures.

Keywords: Caustic ingestion, esophageal stricture, balloon dilation, perforation, Kaplan-Meier, pediatric surgery

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OBSERVATIONAL STUDY OF ADOLESCENT INGUINAL HERNIA REPAIRS IN A TERTIARY PAEDIATRIC SURGICAL DEPARTMENT

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Purpose

The treatment of adolescent inguinal hernia (AIH) has significant variation in surgical approach. This study describes the operative management of AIH in a tertiary paediatric surgical unit.

Method

This is a retrospective study of all AIH repairs in patients aged 10-17 years (defined by WHO) from 2019-2024. Variations in techniques, operative times, outcomes and complications were recorded. SPSS (v30.0) was used for statistical analysis.

Results

33 patients (n=31 male), median age 12.28 years (10.04 –17.04 years) underwent AIH repair (n=22 right, n=2 bilateral) in 5-year period. 3/33 patients had direct inguinal hernia. One patient had a repeat operation for recurrence as adolescent following initial open surgery, totalling 34 operations (n=22 laparoscopic repair).

Mean operative times for open repairs (46.92 mins, SD 29.078) trended greater than laparoscopic repairs (39.55 mins, SD 26.34) (p=0.18). All repairs completed on the pre-operatively planned side, with no incidental contralateral hernia.

9/33 patients underwent preoperative imaging (ultrasound, n=9; MRI, n=1).

2 open hernia repairs were performed emergently for concerns of incarceration, of which one underwent mesh-repair following previous sliding hernia repair.

Laparoscopic repairs demonstrated variability in technique, employing 3/0 Prolene pursestring (n=16), diathermy of internal ring + Ethibond suture (n=5), and bilateral totally extraperitoneal (TEP) repair with mesh (n=1).

Mesh-repairs (n=2) were in conjunction with adult surgeons.

Two recurrences noted (1 following open repair of sliding hernia - recurrence repaired in adolescence, 1 following TEP repair - ongoing review). Two patients have ongoing chronic pain, following mesh-repairs.

Conclusion

These findings demonstrate single-centre multi-surgeon outcomes and procedural variability in AIH repairs, with comparable outcomes but moderate complication rates following mesh repair. Laparoscopic internal ring closure demonstrates good outcomes without recurrence risk in our study.

Keywords: Adolescent inguinal hernia, laparoscopic inguinal hernia repair, general surgery

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GASTROSCHISIS REPAIR: LESS INVASIVE, MORE SUCCESSFUL

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Hospital Miguel Servet

Aim of the Study

This study evaluates a minimally invasive protocol for the management of gastroschisis, which includes vaginal delivery from 36 weeks, bedside progressive reduction, sutureless closure of the abdominal defect, and the use of near-infrared spectroscopy (NIRS) to monitor intra-abdominal pressure.

Methods

A retrospective study was conducted on patients diagnosed with gastroschisis between 2008 and 2024. The cohort was divided into two groups: Group 1 (prior to protocol implementation) and Group 2 (after protocol implementation).

Main Results

A total of 20 patients with gastroschisis were included: 10 in Group 1 and 10 in Group 2. The mean gestational age was 36+4 weeks. The rate of vaginal delivery increased from 40% in Group 1 to 88.8% in Group 2.The average time required for complete reduction of the bowel into the abdominal cavity was 4.2 days, and skin closure was achieved at an average of 24.5 days.

The duration of mechanical ventilation was significantly shorter in Group 2. There were no significant differences in the initiation of enteral nutrition or the duration of parenteral nutrition between the groups.

In the new protocol group, there was an increased incidence of umbilical hernia, but none required surgical repair during follow-up. Mortality was zero in Group 2, despite the presence of two cases of complex gastroschisis.

Conclusions

The implementation of a minimally invasive protocol for gastroschisis management demonstrated several advantages, including an increased rate of vaginal delivery, avoidance of initial intubation and surgical intervention in cases of simple gastroschisis, and a shorter duration of mechanical ventilation. Additionally, morbidity and mortality were reduced, even in cases of complex gastroschisis.

Keywords: Gastroschisis, Minimally Invasive, Suturless Closure

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DELAYED PRESENTATION IN THE COMMON PAEDIATRIC SURGERY CASES AMONG SUDANESE CHILDREN: POSSIBLE CAUSES MARCH 2018 – MARCH 2019

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ABSTRACT

Background: a considerable number of children seek medical/surgical advice so late in the developing countries especially in Africa, even in many African countries surgical care is non-existent. Many factors and obstacles had contributed to that delay. There is a paucity of published data and such information is important for assessing the impact on child health and setting priorities to improve pediatric surgical care.

Aim: to determine the reasons for delayed presentation in the common pediatric surgery cases among Sudanese children.

Methods & materials: this is a descriptive cross-sectional hospital-based study that had been conducted among pediatric surgery units in Sudan from March 2018 to March 2019, all children with surgical conditions whose age between 1 day and 16 years were included after consents were obtained. Using a predesigned data collection sheet (questionnaire) data had been collected and analyzed using SPSS version 22.

Results: one hundred and twenty children were involved in this study, 61% were males, most of the children were either below 10 months of age or between 5-8 years, and 36% of the patients came from the Khartoum and its surroundings. The most common reason for late presentation was the delayed referral either due to misdiagnosis and admission in other wards or being on follow-up with a physician, followed by illiteracy, negligence, ignorance, poverty and living faraway. The most commonly involved condition in the emergencies was complicated appendicitis by 19.9% and in the cold cases was the undescended testis 18%.

Conclusion: there are many factors that lead to delayed presentations of children with surgical conditions. The most common reason was the delayed referral by other medical staff followed by the other factors like living faraway and poverty. All of them have a remarkable impact on the morbidity and mortality of the children so the pediatric surgical care should be given the priority in the future plans.

Keywords: Late presentation

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MINIMALLY INVASIVE SURGERY IN PILONIDAL DISEASE: EVALUATION OF THE GIPS PROCEDURE IN ADOLESCENT CASES

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Purpose: Pilonidal disease is a prevalent chronic inflammatory condition in adolescents, often leading to school absenteeism and reduced quality of life. Traditional excision methods are associated with prolonged healing, postoperative pain, and high recurrence rates. Minimally invasive techniques, such as the Gips procedure, have emerged as promising alternatives. This study aimed to assess the clinical outcomes of adolescent patients treated with the Gips technique.

Methods: Retrospectively analyzed 16 adolescent patients with treated using the Gips procedure in our department. Data collected included demographics, number of sinus orifices, systemic comorbidities, postoperative care details, and recurrence rates. All procedures were performed under local anesthesia or sedation. Sinus tracts and pits were excised using cylindrical punch biopsy instruments. Postoperatively, daily wound care was performed using povidone-iodine to prevent infection and boric acid to promote epithelization.

Results: Of the 16 patients, 10 were male and 6 were female, with a mean age of 15.5 years (range: 13–18). The average number of excised sinus orifices was 1.81. All patients were mobilized within 24 hours and discharged the same day or next morning. They resumed academic and daily activities within an average of 2.3 days. Four patients had systemic comorbidities including hypertension, malignancy, prior cardiac surgery, and type 2 diabetes. Recurrence occurred in two patients (12.5%), both with more than two sinus orifices and comorbid conditions. Recurrences were late, emerging after the sixth postoperative month. Proper wound care was reinforced, and a second Gips procedure was planned for both.

Conclusion: The Gips technique is a safe and effective minimally invasive option for pilonidal disease in the pediatric and adolescent population. It allows fast recovery, low complication and recurrence rates, and is well-suited for outpatient settings. Fewer sinus tracts and absence of comorbidities are associated with better outcomes. Patients should be monitored for late recurrences and reoperation may be needed.

Keywords: Pilonidal disease, Gips procedure, Minimally invasive surgery, Pediatric colorectal surgery

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SUTURELESS CLOSURE IN GASTROSCHISIS: AESTHETIC OUTCOME ASSESSMENT

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Introduction:

Gastroschisis is the most common congenital defect of the abdominal wall. Sutureless-closure is increasingly used due to its benefits: it avoids general anesthesia, reduces mechanical ventilation, and lowers the risk of surgical site infections. However, published literature on aesthetic outcomes is limited.

Objective:

Evaluate the umbilical aesthetic result in gastroschisis patients treated with sutureless-closure and compare it with no surgery and laparoscopic surgery patients.

Methods:

An ambispective study was performed. Standardized photographs (taken from 30cm) of three patient groups—sutureless closure, unoperated, and laparoscopic—were analyzed. Two pediatric surgeons blindly evaluated aesthetics using a 5-item Likert scale (depth, width, length, shape, and natural appearance; score 5–25). Parents of sutureless patients were also surveyed.

Results:

From 160 patients, 86 sutureless-closure, 78 unoperated, and 45 laparoscopic scars were evaluated. Survey from parents was obtained in 38/121 cases. The sutureless group had a median parental score of 22/25 (range 11–25), while surgeons of 12 (range 5–20). Unoperated umbilicus received the highest scores (median 18, range 5–25), followed by laparoscopic ones (median 12, range 5–24). In the sutureless subgroup, neonates ≤1500g and <34 weeks had lower scores (6 and 5), while those >2000g and >37 weeks had higher scores (9.4 and 10.4).

Discussion:

There is a significant discrepancy between parents and specialists, despite this, sutureless closure results were highly acceptable to parents. Interestingly, some sutureless cases received scores similar to unoperated umbilici. Low birth weight and prematurity were associated with lower aesthetic scores.

Conclusion:

Aesthetic evaluation remains subjective, even with validated scales. Some sutureless closures showed outcomes comparable to unoperated umbilicus. This is the first study to show that neonates over 1500g and 34 weeks gestation achieve better aesthetic results, which could guide future clinical decisions.

Keywords: Gastroschisis, sutureless closure, aesthetic outcome

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T-TUBE ENTEROSTOMY IN THE MANAGEMENT OF APPLE-PEEL ATRESIA: A CASE SERIES FROM A SINGLE CENTER

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Background:

Contrary to simple atresias where the surgical technique of choice usually entails bowel resection and anastomosis with or without enteroplasty, managing apple-peel atresia remains more sophisticated. Few reports discussed using tube enterostomy treating apple-peel atresia; nonetheless, no previous prospective studies were conducted to discuss its efficacy on a larger population. In this study, we are describing our experience using this technique on apple-peel atresia patients.

Methods:

A prospective study was conducted from June 2015 to May 2020, including all children who were found to have apple-peel atresia. T-tube was placed through an enterotomy through the dilated proximal bowel, around 10 cm before the anastomotic line, and was kept in place using a double suture (Stamm technique) before closing the anterior face of the anastomosis. The short distal limb of the T-tube was oriented toward the anastomotic line, while the long proximal limb was directed proximally. After finishing the anastomosis, the T-tube was delivered outside the abdominal wall, anchoring the enterostomy along with the proximal dilated jejunum against the anterior abdominal wall.

Results:

A total of 12 cases were encountered throughout the timeframe. The mean age at operation was 4 days and the mean birth weight was 2700 g. The mean time for starting oral feeding postoperatively and T-tube removal was 8 and 10.5 days, respectively. Cases were discharged after a mean of 22 days. A single case developed skin excoriations at the site of tube insertion and was managed conservatively using topical ointments and another case died from overwhelming sepsis 3 days postoperatively.

Conclusion:

T-tube enteroplasty is a safe and feasible option in the surgical management of apple-peel atresia. The main strength of our study is its prospective nature and that it includes apple-peel atresia cases only. However, the main limitation is that a larger sample is needed.

Keywords: apple-peel atresia, intestinal atresia, neonates, Stamm technique, T-tube

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EFFECTIVENESS OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS AFTER GUT ANASTOMOSIS IN PAEDIATRIC PATIENTS

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Introduction: ERAS protocols are comprehensive perioperative care plans designed to facilitate swift recovery. This study is focused on ERAS in pediatric gut anastomosis and contributes valuable insights to perioperative care, with potential implications for future practices.

Material And Method: This prospective descriptive case study was conducted after approval from IRB, on 100 patients undergoing gut anastomosis. ERAS protocol was applied on all patients. Patients were observed for duration of postoperative hospital stay, wound infection and anastomosis leak. Data was analyzed using SPSS v22.0. Data were presented as mean±SD for continuous variables and frequency for categorical variables. Pearson correlation coefficients were calculated to assess the strength of linear relationships between paired numerical variables and binary logistic regression test was performed between outcome and various variables.

Results: Mean age of patients calculated was 4.59±3.64 years. Mean length of hospital stay calculated was 4.63 ±2.49 days. Only 8% patients suffered from wound infection and 6% patients developed anastomosis leak after surgery. Overall ERAS Protocol was effective in 78% patients and had significant p-value for the time to establish full feed.

Conclusions: The implementation of an ERAS protocol in pediatric patients undergoing gut anastomosis demonstrates promising results in terms of reducing the length of hospital stay and potentially lowering the risk of postoperative complications.

Keywords: ERAS, Gut Anastomosis, Pediatric Population

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WHAT INFORMATION DO PARENTS AND CHILDREN NEED FOR THEIR INFORMED CONSENT BEFORE A PEDIATRIC SURGICAL OPERATION AND HOW DO THEY GET IT?

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Purpose:

Parents of children undergoing pediatric surgery need clear information about the medical condition, procedure, and follow-up care. This information should be provided by the treating pediatric surgeon, anesthetist and general practitioners or pediatricians. This study examines what information parents and children want before surgery, where they prefer to get it, where they actually get it, and how their views change over time. Additionally, this study aims to explore the viewpoints of pediatric surgeons in Germany on this subject.

Methods:

A questionnaire was distributed to families undergoing routine pediatric surgical procedures, both before the operation and four weeks afterward. Additionally, members of the national pediatric surgical association were surveyed using a standardized questionnaire to gather their perspectives on preoperative consultations in pediatric surgery.

Results:

A total of 44 parents, 11 pediatric patients, and 135 pediatric surgeons completed the questionnaire. After the informed consent discussion, 90% of parents sought additional information online, most commonly via Google (40%), forums (24%), and Wikipedia (21%). Frequently missing topics included the postoperative course (71%), pain management (71%), and surgery duration (40%).

Among responding children, 64% desired more preoperative information, and 73% used the internet for this purpose.

Pediatric surgeons reported that the duration of preoperative information discussions was less than 5 minutes in 8% of cases, 5–10 minutes in 46%, and >10 minutes in 45%. Overall, 77% stated that they also provide information directly to children, 10% for those <6 years of age, 22% <11, and 39% <14. They acknowledged that families frequently seek additional information, for example from pediatricians (64%), books (52%), or online sources such as Wikipedia (30%).

Conclusion:

Parents and children often lack essential information about the planned surgery. Although pediatric surgeons are aware that families seek additional information, this awareness does not appear to improve the quality of consent discussions.

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ULTRASOUND-GUIDED SALINE ENEMA (USGSE) FOR INTUSSUSCEPTION: OUTCOME AND CLINICAL IMPLICATIONS.

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Purpose:

Intussusception is a common cause of acute abdominal pain in children and can often be managed non-surgically. This study aimed to evaluate the safety and effectiveness of ultrasound-guided saline enema (USGSE) for ileocolic intussusception over a 10-year period in a tertiary pediatric surgical center, and to identify clinical predictors of treatment failure and pathological lead points.

Methods:

We retrospectively analyzed data from 89 pediatric patients (93 episodes) treated for intussusception between January 2012 and December 2022. Only cases requiring intervention (USGSE or surgery) were included. Data on demographics, clinical presentation, treatment course, and outcomes were collected. Statistical analyses included Fisher's exact test, Student's t-test, and multivariate proportional hazard analysis, with significance set at $p < 0.05$.

Results:

USGSE was the first-line treatment in 91 of 93 cases (97.8%) and was successful in 70 cases (77%), with no major complications reported. Surgery was required in 21 cases after insufficient reduction by USGSE, with pathological lead points identified in 61.9%. Among all cases, 21.5% had a pathological lead point. When excluding these, the USGSE success rate was as high as 89.0%. Symptom duration >24 hours and presence of bloody stool significantly predicted USGSE failure in typical cases ($p<0.05$). Failed USGSE and older patient age were significantly associated with the presence of a pathological lead point ($p<0.05$).

Conclusion:

USGSE is a safe and effective treatment for ileocolic intussusception in children, with high success rates and no major adverse events. Prolonged symptoms and bloody stools predict USGSE failure in typical cases, while failed USGSE and older age strongly correlate with pathological lead points. Thorough evaluation is essential following unsuccessful reduction to rule out underlying pathology.

Keywords: Hydrostatic reposition, pathological lead point, ileocoecal intussusception

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INCIDENCE AND NOMOGRAM FOR POI AFTER MAJOR ABDOMINAL SURGERY FOR PEDIATRIC PATIENTS: RESULTS OF RETROSPECTIVE SURVEILLANCE

Purposes: Although postoperative pulmonary infection (POI) is recognized as a major complication occurs in pediatric patients after major abdominal surgery, little is known about the perioperative features, which contribute to POI . We here developed a nomogram to estimate the risk of POI after major abdominal surgery for pediatric patients.

Methods: There were a total of 1238 pediatric patients underwent a major abdominal surgery enrolled and retrospectively investigated. Perioperative parameters were subjected to constructing a nomogram for postoperative POI. The concordance of the model (C-index) and discrimination capability were confirmed by concordance index, calibration curves and receiver operating characteristic (ROC) analysis.

Results: Among the 1075 patients collected, 91 pediatric patients developed postoperative pulmonary infection (POI). The independent predictors for POI were verified using multivariable logistic regression analysis, including fever >37.5 °C, long operation time (hour), LCR, emergency surgery, and intra-operative blood transfusion. We next developed a nomogram using these five variables with good concordance and discrimination capability. The predictive accuracy was varified by ROC analysis, with sensitivity, and specificity of 87.6%, and 78.9%, respectively.

Conclusion: We successfully developed the nomogram, a clinical decision-making tool, to identify accurately the postoperative pulmonary infection (POI). The involved physicians when managed these patients should keep these variables in mind, which would benefit for postoperative recovery.

Keywords: Nomogram; pulmonary infection (POI); major abdominal surgery; Risk factors; post-operative pulmonary complications

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NASAL PROFILE DEVELOPMENT FOLLOWING EARLY COMBINED NASAL CORRECTION IN CHILDREN WITH UNILATERAL CLEFT LIP AND PALATE.

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Purpose. Early repositioning of cleft-affected nasal cartilages during primary repair may guide balanced growth, yet evidence is limited. We tested whether adding closed alar and septal repositioning to primary repair improves five-year nasal profile in unilateral cleft lip–palate (CLP).

Method**.** Seventy infants (mean 112 ± 13 days) were randomised to lip repair with simultaneous nasal correction (early-nasal, n = 35) or lip repair alone (control, n = 35). Three-dimensional stereophotogrammetry at 6 months, 1 year and 5 years yielded dorsum angulation, nasal-tip projection ratio and a nasal symmetry index (lower = better). Secondary outcomes were need for secondary nasal surgery, caregiver satisfaction and adverse events. Intention-to-treat mixed-effects modelling adjusted for baseline cleft width (α = 0.05).

Results Sixty-five children (early-nasal = 33, control = 32) completed follow-up. Mean dorsum angulation at 5 years was 19.4° ± 2.8 vs 24.1° ± 3.0 (difference –4.7°, 95 % CI –5.9 to –3.5; $p < 0.001$). Nasal-tip projection ratio was higher (0.67 ± 0.06 vs 0.59 ± 0.07; $p < 0.001$) and symmetry index lower (0.11 ± 0.04 vs 0.18 ± 0.05; $p < 0.001$). Secondary nasal surgery was required in 9 % vs 34 % (risk ratio 0.27; $p = 0.01$). Complication rates were equivalent.

Conclusion**.** Adding closed alar and septal repositioning to primary repair significantly improves five-year nasal profile and lowers revision surgery without added morbidity in unilateral CLP. Early combined nasal correction should be considered standard practice pending multicentre validation.

Keywords: unilateral cleft lip–palate, early nasal correction, alar and septal repositioning, nasal symmetry, three-dimensional stereophotogrammetry

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LAPAROSCOPIC-ASSISTED MORGAGNI HERNIA REPAIR IN CHILDREN

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Aim: Morgagni hernia is a rare form of pediatric diaphragmatic hernia, and surgical repair remains the standard treatment. This study aims to share our institutional experience in the management of Morgagni hernias.

Methods: A retrospective review was conducted of patients who underwent surgical repair for Morgagni hernia between 2011 and 2025. Data collected included demographics, associated anomalies, presenting symptoms, diagnostic imaging modalities, surgical techniques, and follow-up outcomes.

Results: Twenty-six patients (14 females, 12 males) with a median age of 62 months (range: 3–187 months) were included. Associated genetic anomalies included trisomy 21 in 7 patients, trisomy 18 in one patient, chromosome 18q deletion in one patient, and type 3 mucopolisaccaridosis in one patient. Seven patients had various congenital cardiac defects but none of them had previous sternotomy. Morgagni hernia was diagnosed incidentally in 16 patients, while others presented with respiratory symptoms including cough (6 patients), dyspnea (2 patients), and recurrent lower respiratory tract infections (2 patients). Abdominal X-ray was suggestive in 8 cases; diagnosis was confirmed by computed tomography in 16 patients and by magnetic resonance imaging in 2 patients. All patients underwent laparoscopic-assisted repair with defect closure via primary suturing reinforced Teflon pledgets and Ethibond® 2-0 sutures. Dual-layer patch repair was required in 2 cases, and hernia sac excision was performed in one patient. Only one recurrence was observed in patients during a median follow-up period of 93 months (range: 3–171 months). Suture-related tissue reaction occurred in 15% of patients: one of them was treated with silver nitrate, in two patients the suture material was excised after 6 months, and removal is planned for one patient.

Conclusion: Laparoscopic-assisted primary repair of Morgagni hernia is a safe and effective technique with a low recurrence rate. Retention of the hernia sac does not appear to affect recurrence.

Keywords: Morgagni, laparoscopic, recurrence

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INCIDENTAL FINDING OF ECTOPIC ADRENOCORTICAL TISSUE DURING INGUINAL SURGERY IN CHILDREN

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Purpose:

Ectopic adrenocortical tissue (EACT) is a rare incidental finding during pediatric inguinal surgery. It consists of adrenal cortex cells located outside their usual anatomical site (anywhere between diaphragm and pelvis) and typically presents as a small solid yellow nodule 2-6 mm in diameter in the inguinal canal. Although usually is asymptomatic, EACT may undergo pathological transformation, including hyperplasia or neoplastic change, and may mimic metastatic lesions. The 2022 WHO classification includes adrenal ectopia under potentially neoplastic lesions. This study aimed to determine the incidence of EACT in pediatric patients undergoing inguinal procedures at our hospital and compare it with global data.

Methods:

We retrospectively analyzed 997 pediatric patients with inguinal surgery in last 10 years (performed between June 1, 2015, and May 30, 2025), including hernia repairs, orchidopexies, and hydrocele procedures. All suspicious nodules were excised and pathohistologically examined. Postoperative endocrinological evaluation was conducted in all EACT-confirmed cases. The results were compared with global literatura data.

Results:

Among 997 surgeries (547 hernia repairs, 289 orchidopexies, 161 hydroceles), 37 nodules suspicious for EACT were identified in our 10 years period. Pathohistologically was EACT comfirmed in 33 cases (3.3%): 20 in hernia repairs, 10 in orchidopexies, and 3 in hydrocele surgeries. All confirmed EACT cases were male; none were observed in female patients. No hormonal activity, hyperplasia, or malignancy was detected. Endocrinological evaluations of all children with EACT were performed postoperatively. Four nodules were identified as calcified epidermoid cysts.

Conclusions:

The 3.3% incidence of EACT in our study exceeds reported international rates (1–2.7%). This may reflect regional variability, improved intraoperative recognition, or heightened pathological awareness. Given the potential for pathological change, all incidental founded suspicious inguinal nodules in children should be excised and pathohistologically examined. Further multicenter studies are warranted to evaluate potential epidemiological trends and clinical implications.

Keywords: ectopic adrenocortical tissue, inguinal surgery, child,

8th WORLD CONGRESS of PEDIATRIC SURGERY
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PEDIATRIC SURGICAL RESEARCH DRIVEN BY DATABASES AND CLINICAL REGISTRIES

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Purpose

Databases and clinical registries have advanced pediatric surgical research by aggregating multicenter data that enables the study of rare conditions and outcomes often underpowered in single-center studies. However, little is known about which databases are most used, which subspecialties they support, or which journals prefer publishing database-driven research. This study aimed to map these trends in US-based databases and identify key patterns in the literature.

Methods

Scopus was used as the primary platform for search. A search strategy was formulated incorporating names of all existing US databases for pediatric surgical research and all articles were then screened for relevance. Relevant data like the year of publication, citation count, funding status, open access availability, database used and surgical subspecialty at focus were manually extracted. Findings were summarized using descriptive statistics and associations were assessed using statistical tests where appropriate.

Results

A total of 1,541 articles were identified from 2003 to 2024. Pediatric Health Information System (PHIS) was the most utilized (n=684), followed by the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP, n=439) and the Kids' Inpatient Database (KID, n=274). Most studies focused on pediatric general and thoracic surgery (n=644), followed by cardiovascular (n=167) and otorhinolaryngology (n=158). Journal of Pediatric Surgery published the most studies (n=213), followed by Journal of Surgical Research (n=88) and Pediatric Surgery International (n=35). Journal of Pediatric Surgery consistently published database-based research since the early 2000s, while the other two saw a surge beginning around 2017. No statistically significant association was found between journal impact factor and citation count.

Conclusion

Database-driven pediatric surgical research has markedly increased over the past two decades, with growing diversity in subspecialty focus and publication platforms. Understanding these patterns can guide research dissemination, journal targeting, and highlight the expanding role of large-scale data in shaping pediatric surgical research and care.

Keywords: Pediatric surgery, database-driven research, bibliometric analysis, clinical registries

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ONSET OF FEEDING AFTER SURGICAL PROCEDURES IN NEWBORNS WITH CONGENITAL ANOMALIES AND ITS RELATED FACTORS

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Introduction: Congenital anomalies and related surgeries are common in neonates, especially in developing countries. In recent years, early feeding after surgery has become more popular. Postoperative care protocols should be updated to reflect these changes and improve outcomes. This study aimed to assess the onset of feeding after surgical procedures in newborns with congenital anomalies and its related factors.

Material and Methods: This cross-sectional study was conducted on 90 neonates who underwent surgical procedures between 2011 and 2019 at Valiasr Hospital, Iran. The neonates' demographics, including gender, weight, type of anomaly, presence or absence of heart disease, sepsis, prematurity, duration of surgery, volume of nasogastric tube secretions, time of defecation, and time of onset of feeding were recorded. The relationship between these factors and the early onset of feeding was analyzed in the neonates using the independent t-test, Kruskal-Wallis test, and logistic linear regression ($P \leq 0.05$).

Results: A total of 90 neonates underwent surgical procedures during the specified period, of which 43% were female, 49% had heart disease, 46% had sepsis, and 34% were premature. The mean weight of the neonates was 2726.94 (806.19) grams. The mean time to the onset of feeding was 5.92 (3.97) days after surgery. Sepsis (P=0.000), prematurity (P=0.000), type of anomaly (P=0.000), weight (P=0.000), time of defecation (P=0.000), duration of surgery (P=0.000), and volume of nasogastric tube secretions (P=0.000) had significant correlations with the time of onset of feeding, but gender (P=0.559) and heart disease (P=0.210) had no such correlation.

Conclusions: Regardless of the neonates' gender and the presence of cardiac anomalies, feeding can be started earlier in full-term and overweight infants. The amount of return secretions of the nasogastric tube and the type of surgery should be considered in making this decision.

Keywords: Anomaly, Infant, Surgery, Congenital abnormalities, Enteral nutrition

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FROM DAMAGE CONTROL TO RECOVERY: PEDIATRIC OPEN ABDOMEN – A REVIEW

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Purpose: The aim of this study was to identify potential pitfalls associated with open abdomen in pediatric patients and to formulate recommendations that could help improve decision-making and patient outcome.

Material: We performed a review of relevant case reports published between January 2015 and June 2025 in three databases (ScienceDirect, Springer, PubMed). Extracted data focused on clinical indications that led to open abdomen, the duration of the open abdomen, the treatment strategies, patient outcomes, and length of hospital stay.

Result: Out of 434 articles, nine studies met our inclusion criteria with a total of 225 pediatric patients with open abdomen. The most common underlying condition was abdominal compart syndrome (ACS). The duration of open abdomen varies between 24 hours - 63 days. There were also cases where the abomen was left open. Mortality rates vary widely with the most concurrent cause of the death was ACS.

Conclusion: Managing open abdomen cases in pediatric populations remains a formidable challenge for pediatric surgeons. The diversity of underlying conditions and the variability in treatment outcomes highlights the complexity of these cases. Among the various techniques available, Vacuum-Assisted Closure (VAC) has emerged as the safest and most effective approach. Continued research and refinement of open abdomen technique are essential to further improve the care and prognosis of pediatric patients with open abdomen.

Keywords: Open abdomen, Acute compartment syndrome, Vacuum-assisted closure, Delayed abdominal closure

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SUTURE GRASPER (ENDOCLOSE) VS SIMPLE CLOSURE OF UMBILICAL PORT SITE IN LAPAROSCOPIC APPENDECTOMY IN CHILDREN; A PROSPECTIVE RANDOMIZED CLINICAL TRIAL.

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Background: Closure of umbilical port site with EndoClose has been utilized in adult laparoscopic surgery, particularly in obese patients or difficult cases but never been studied in children. With the increase rates of childhood obesity, EndoClose might be helpful in port site closure. The purpose of the study is to compare the postoperative pain and development of port site hernia at the umbilical port site of EndoClose Vs simple closure in laparoscopic appendectomy. To our knowledge, this is the first study comparing two different closure techniques for the umbilical port site in laparoscopic surgery in children.

Methods: One hundred children undergoing laparoscopic appendectomy for acute appendicitis were randomized into two groups: EndoClose (n=50) and simple closure (n=50). Pain scores (1-10 scale) were recorded daily for five days postoperatively, and port-site hernias were assessed during follow-up visits. Statistical analysis included repeated-measures ANOVA and chi-square tests.

Results: Similar groups were studies with a mean age of 10.5 years No significant differences were observed in postoperative pain scores between the EndoClose and simple closure groups ($p>0.05$). Pain scores declined similarly in both groups from day 1 to day 5. No port-site hernias were detected in either group during the six-month follow-up period.

Conclusion: Closure by EndoClose device is comparable to simple closure in terms of postoperative pain and port-site hernia incidence in pediatric laparoscopic appendectomy. Although it cost more, EndoClose may offer technical advantages in challenging cases. Further studies with larger cohorts and diverse laparoscopic procedures are needed to validate these findings.

Keywords: EndoClose. Suture closure. Umbilical port. Sheath closure. Laparoscopy. Pediatric Surgery.

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FACTORS ASSOCIATED WITH INTESTINAL ANASTOMOSIS FAILURE IN CHILDREN: SINGLE-CENTER RETROSPECTIVE COHORT ANALYSIS

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Purpose: The failure of an intestinal anastomosis is a significant event associated with high morbidity. However, few pediatric studies have focused on evaluating the potential risk factors for this outcome. This study aims to assess various preoperative, intraoperative, and postoperative variables possibly related to an increased risk of intestinal anastomotic leakage in children.

Methods: An observational, analytical, retrospective cohort study was conducted in patients who underwent intestinal anastomoses between January 2017 and July 2023 at a third-level pediatric reference center in Colombia. Demographic data were described, and risk factors for anastomotic failure were analyzed using backwards stepwise logistic regression on potential covariates with an inclusion threshold of $p<0.1$ and a significance definition of $p<0.05$.

Results: A total of 449 anastomoses in 404 patients were identified. The mean age was 4.95 years (SD 5.33), 55% were male, and the main indication for anastomosis was acute inflammatory pathology (n=211, 47%). The population was characterized by a high incidence of acute, high-complexity pathology (41.87% ASA > III, 44.77% postoperative ICU monitoring), and the incidence of anastomotic leakage was 13.14% (n=59), with a median time to diagnosis of 5.47 days (IQR 3). In the multivariate analysis, the only variable associated with a higher risk of anastomotic leak was the presence of laparostomy (OR 7.86, 95% CI 2.099 to 29.427, $p = 0.002$).

Conclusion: Since the only factor increasing the risk of anastomotic leakage in this cohort was the presence of an open abdomen, we conclude that the surgeon's intraoperative judgment holds prognostic value. Failure to identify other statistically significant associations with other variables in the model may be attributed to the sample size. Therefore, further prospective multicenter studies are essential to create predictive tools that may aid in early diagnosis.

Keywords: Intestinal anastomosis, anastomotic leak, anastomotic failure, pediatric

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TREM2-HIGH MACROPHAGES PROMOTE INTESTINAL REPAIR IN NECROTIZING ENTEROCOLITIS BY REGULATING INTESTINAL STEM CELL PROLIFERATION

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Background: Necrotizing enterocolitis (NEC) is a severe gastrointestinal disease that predominantly affects premature neonates and is associated with high morbidity and mortality. Macrophages play a critical role in NEC pathogenesis; however, due to their high heterogeneity, the precise mechanisms by which they influence disease progression remain unclear.

Methods: Single-cell RNA sequencing (scRNA-seq) was performed on intestinal tissues from five NEC patients and four controls. Cell clusters were identified based on canonical marker genes, and subsequent analyses included differential gene expression and pathway enrichment. Mass cytometry (CyTOF) was used to characterize immune cell subsets in both intestinal tissues and peripheral blood during NEC. Triggering receptor expressed on myeloid cells 2 (TREM2) expression was assessed using imaging techniques and Western blotting. NEC models were established in both wild-type (WT) and Trem2 knockout mice to evaluate survival, intestinal injury, and intestinal stem cell (ISC) dynamics.

Results: scRNA-seq analyses revealed a significant reduction in a macrophage subpopulation marked by high TREM2 expression. Based on CyTOF analysis, $CD45^{+}$ immune cells were classified into 27 distinct subsets, while macrophages represented the most prominently increased in both intestinal tissues and peripheral blood in the NEC. Moreover, macrophages were devided into 11 subsets (M01–M11). Among them, subset M11 was the predominant macrophage population in peripheral blood, while M10 represented a tissue-specific subset that was significantly increased following NEC onset. In contrast, M02, which was highly abundant in tissue, and M08, which was predominant in peripheral blood, were both markedly reduced after NEC development. Differential gene expression analysis indicated that TREM2 plays a key regulatory role. TREM2 expression was markedly decreased in intestinal tissues from both NEC patients and NEC-induced mice. Trem2 knockout mice exhibited lower survival rates and more severe intestinal injury compared to WT controls. Additionally, a marked reduction in ISCs was observed following NEC, which was significantly more pronounced in Trem2 knockout mice. In vitro experiments demonstrated that TREM2-high macrophages support the proliferation of ISCs.

Conclusions: TREM2-high macrophages are significantly depleted during NEC and play a protective role in maintaining intestinal integrity by promoting intestinal stem cell proliferation.

Keywords: Necrotizing enterocolitis; Triggering receptor expressed on myeloid cells 2; Intestinal Stem Cell; Macrophage; Proliferation;

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A CROSS-SECTIONAL OBSERVATIONAL STUDY ON PREOPERATIVE FASTING DURATIONS IN PEDIATRIC ELECTIVE SURGERIES

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Despite recommended preoperative fasting durations in children, prolonged fasting is often observed in clinical practice, leading to potential complications including hypotension, ketosis, and patient dissatisfaction.

This cross-sectional observational study aimed to evaluate actual preoperative fasting durations in pediatric elective surgeries, identify discrepancies from guidelines, and explore underlying reasons for these discrepancies. Additionally, perioperative vital signs and hemodynamic parameters were monitored to assess potential clinical effects.

Methods:

Conducted between December 2023 and December 2024 at Yozgat Bozok University the study included 124 pediatric patients (aged 43 days–18 years) undergoing elective surgeries. Data on fasting durations were collected via interviews with patients&caregivers, anesthesia monitoring was utilized to assess vital signs.

Results:

Median last solid food intake was 12 hours (4–48 hours), while median last liquid intake was 11 hours (4–16 hours). Prolonged fasting was common, with 26.7% of children fasting for solids more than 12 hours and 12.1% fasting for liquids over 12 hours. The most consumed solids were breakfast items (33%), and water was the predominant liquid (66.9%). No significant relationship was found between fasting durations and subjective feelings of hunger/thirst. Vital signs showed significant decreases in systolic and diastolic blood pressure and mean arterial pressure over the first 20 minutes of surgery ($p<0.001$). Importantly, a positive correlation was noted between prolonged liquid fasting and perfusion index (PI) at minutes 10 and 15.

Conclusion:

The findings reveal that actual preoperative fasting durations often exceed recommended guidelines without significant adverse effects on perioperative hemodynamic stability. Nonetheless, the observed correlation between prolonged liquid fasting and PI suggests potential subtle physiological effects. The study highlights the need for improved education and communication regarding fasting guidelines to optimize perioperative care for pediatric patients.

Keywords: preoperative fasting, PI, PVI

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HYBRID TECHNIQUE IN REDO SURGERY FOR SEVERE STRICTURE POST ESOPHAGEAL ATRESIA REPAIR: A VIDEO DEMONSTRATION

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Recurrent severe anastomotic stricture after esophageal atresia (EA) repair presents a significant surgical challenge, especially in cases unresponsive to dilatation. This video demonstrates a hybrid approach that combines endoscopic visualization and intraoperative guidance with thoracoscopic dissection and anastomotic reconstruction. The endoscope aids in precise stricture localization and safe esophageal handling, while thoracoscopy allows meticulous resection and tension-free re-anastomosis. This combined modality enhances surgical accuracy, minimizes complications, and preserves esophageal length. The technique is particularly valuable in complex redo cases where conventional approaches carry high risks.

Keywords: Keywords: Esophageal atresia, thoracoscopic repair, long-gap, overlapping pouches, pediatric surgery, minimally invasive surgery.

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IS LAPAROSCOPIC HERNIA REPAIR SAFE FOR BOYS AS WELL AS GIRLS? FIRST RESULTS OF PERCUTANEOUS INTERNAL INGUINAL RING SUTURING WITH A FILLER CANNULA

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Purpose: The PIRS technique is defined as the gold standard for diagnostic and therapeutic procedures in female patients. However, it is considered unsafe in male patients due to the potential risk of injury to the spermatic cord and vessels during internal inguinal ring suturing. Our study aims to demonstrate the safe applicability of this method in all patients, regardless of gender, by minimising hematoma and spermatic cord injuries that may occur when using a filling cannula needle with a blunt tip and metal construction, which is designed to avoid vascular injuries in medical aesthetic applications.

Method: The files of 102 patients who underwent laparoscopic inguinal hernia repair for a diagnosis of inguinal hernia between the ages of 0 and 18 between January 2018 and January 2023 were evaluated retrospectively for the presence of demographic and postoperative recurrence. A total of 102 patients underwent 126 PIRS (Percutaneous Internal Ring Suturing) procedures.

Results: Patients were divided into needle group (60.8% n: 62) and cannula group (39.2% n: 40). Of the 102 cases, 64.7% were female (n: 66) and 35.3% were male (n: 36). Recurrence rates did not statistically significant difference compared to the groups ($p>0.05$).

Conclusions: In our study, we demonstrated that the PIRS technique, combined with the cannula needle, can be applied safely and with high success rates in both boys and girls, as it is minimally invasive to the surrounding tissues and facilitates peritoneal dissection.

Keywords: Inguinal hernia, PIRS (Percutaneous Internal Ring Suturing), cannula needle, postoperative recurrence

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DIAGNOSTIC VALUE OF PDW AND RDW PARAMETERS IN APPENDICITIS: A RETROSPECTIVE COMPARISON OF UNCOMPLICATED AND COMPLICATED CASES

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Purpose:

This study aimed to evaluate the diagnostic significance of platelet distribution width (PDW) and red blood cell distribution width (RDW) values in patients with acute appendicitis. Our objective was to determine whether these parameters, in conjunction with standard laboratory markers, could aid in distinguishing between uncomplicated and complicated appendicitis.

Methods:

A retrospective analysis was performed on 1,230 patients who underwent surgery for acute appendicitis between 2018 and 2023. Preoperative laboratory values, including white blood cell count (WBC), PDW, RDW-CV, RDW-SD, and C-reactive protein (CRP), were recorded. Patients were classified into two groups: uncomplicated appendicitis and complicated appendicitis (combining mildly and highly complicated cases based on intraoperative and histopathological findings).

Results:

Out of 1,230 cases, 72.3% were categorized as uncomplicated and 27.7% as complicated appendicitis. Patients with complicated appendicitis were significantly younger ($p = 0.034$). CRP levels were higher in the complicated group ($p = 0.038$). Compared to the control group, both WBC and PDW levels were significantly elevated in the appendicitis cohort ($p < 0.000$). RDW-CV and RDW-SD values were also significantly higher in patients with appendicitis compared to controls (RDW-CV: $p = 0.009$; RDW-SD: $p < 0.000$).

When comparing uncomplicated and complicated appendicitis groups:

- WBC ($p < 0.000$), RDW-CV ($p = 0.05$), and RDW-SD ($p = 0.05$) were significantly higher in the complicated group.
- PDW was significantly lower in complicated cases ($p = 0.004$).

Conclusion:

PDW, RDW-CV, and RDW-SD could be helpful in diagnosing acute appendicitis when used with common tests like WBC and CRP. These parameters also show potential in differentiating between uncomplicated and complicated cases. However, their diagnostic accuracy for severity assessment is limited, and further prospective studies are needed to establish their clinical utility.

Keywords: Appendicitis, Platelet Distribution Width (PDW), Red Cell Distribution Width (RDW), Complicated Appendicitis, Hemogram, Inflammatory Markers, C-Reactive Protein (CRP), White Blood Cell Count (WBC)

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PLATELET-RICH PLASMA AS AN ADJUVANT THERAPY TO CRYSTALLIZED PHENOL IN THE TREATMENT OF PEDIATRIC PILONIDAL SINUS DISEASE: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL

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Purpose: This study aims to evaluate the safety and efficacy of platelet-rich plasma (PRP) as an adjuvant to crystallized phenol (CP) in treating pediatric pilonidal sinus disease (PSD).

Methods: Eighty-seven patients aged 0-18 were randomly assigned to two groups: the CP group (n=42) and the CP+PRP group (n=45). For those with pilonidal abscesses, incision, drainage, and antibiotics were given. The treatment area was sterilized and numbed with local anesthesia. Hair removal and curettage were performed, followed by the application of crystallized phenol. In CP+PRP group, PRP injections were also administered. The procedure concluded with wound dressing and thorough disinfection.

Results: The CP+PRP group demonstrated significantly shorter healing times (19.4±7.88 days) compared to the CP group (30.7±12.9 days) ($p<0.001$). The cosmetic score was higher in the CP+PRP group (7.42±1.61) than in the CP group (6.11±1.88, p:0.001). CP+PRP group had lower VAS scores at measured all-time points after applications ($p<0.05$ for each). Complications were comparable between the groups, with no significant differences in bleeding, infections, or skin burns ($p>0.05$ for each). No difference was found between groups in terms of total complication rate(p:0.398). The success rate was higher in CP+PRP group (98%; n:44) compared to CP group (86%; n:36) (p:0.039). Recurrence rates were lower in CP+PRP group (2%; n:1) than CP group (14%; n:6) (p:0.039).

Conclusion: The autologous PRP injection in pediatric PSD is safe. The addition of PRP to CP treatment for pediatric PSD significantly improves healing time, cosmetic outcomes, and overall success rates without increasing complication rates. This combined approach offers a promising alternative for effective and efficient treatment of PSD in children.

Keywords: Pediatric pilonidal sinus disease, platelet-rich plasma, crystallized phenol

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IMPROVING POSTOPERATIVE ANALGESIA IN LAPAROSCOPIC APPENDICECTOMY USING QUADRATUS LUMBORUM BLOCKS

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Aim:

Effective postoperative pain control is vital after paediatric laparoscopic appendicectomy, but opioid use carries risks. Quadratus lumborum (QL) blocks provide visceral and somatic analgesia and may reduce opioid requirements. This study assessed the impact of QL blocks on postoperative analgesia in children.

Methods:

We performed a retrospective case–control study (January 2023–September 2024) of patients aged 1–23 undergoing laparoscopic appendicectomy. The intervention group received ultrasound-guided bilateral QL blocks alongside general anaesthesia; controls received local anaesthetic at port sites. Primary outcomes were intraoperative and postoperative opioid use and time to discharge.

Results:

146 patients were included (67 QL; 79 controls), with 49 cases of perforated appendicitis (19 QL; 30 controls). The QL group required lower intraoperative opioids (mean 0.11 mg/kg vs 0.20 mg/kg) and had reduced total opioid consumption during admission, particularly in perforated cases (0.65 mg/kg vs 1.37 mg/kg). In non-perforated cases, the benefit persisted but was less pronounced. The QL group had a longer average hospital stay (103 hours vs 73 hours), likely reflecting higher case complexity. No complications from QL blocks were observed.

Conclusion:
QL blocks modestly reduced opioid requirements after laparoscopic appendicectomy, with a significant benefit in perforated appendicitis. Despite longer hospital stays in the QL group, likely due to case severity, QL blocks appear to be a safe, opioid-sparing adjunct, especially for complex cases. Further prospective studies could clarify their impact on recovery and length of stay.

Keywords: laparoscopic appendicectomy, Quadratus Lumborum blocks, postoperative pain, opioid

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LAPAROSCOPY DIAGNOSTIC AS A LEADING OPTION FOR ABDOMINAL TUBERCULOSIS IN CHILDREN: A REVIEW

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Purpose: This review aimed to evaluate the advantages of laparoscopy in hope of being a first choice in diagnosing paediatric patients with suspected abdominal TB (ATB).

Method: A thorough systematic search was performed through electronic databases including Pubmed, Sciencedirect, and Springer for studies using laparoscopy as a diagnostic tool for ATB.

Results: This review included 8 studies, with 48 ATB patients diagnosed with laparoscopy. We discover that laparoscopy can be a first choice option in case of doubtful diagnosis. Nonspecific symptoms including abdominal pain, abdominal distention, concurrent fever, weight loss, alteration of bowel habit, and signs of intestinal obstruction. Rather than using resources for ultrasound and abdominal CT-scan, it is more cost and time efficient to first use laparoscopy to support clinical suspicion. Histopathological samples can also be taken during laparoscopy. The presence of visualized whitish tubercle is a sign of ATB, with peritoneum as the most common site involved. Laparotomy is required for ATB with signs of acute abdomen.

Conclusion: ATB has to be suspected in cases of patients with vague signs and symptoms. Accurate diagnosis for ATB is crucial to avoid unnecessary diagnostic modalities and treatment. Laparoscopy as a preffered option is reliable, less invasive and cost effective. Early recognition is warranted as antitubercular therapy should be given without delay.

Keywords: abdominal tuberculosis, laparoscopy, diagnosis, tuberculosis peritonitis

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EFFECT OF WAR IN SUDAN 2023 ON PEDIATRIC SURGICAL SERVICE

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Purpose:

To identify the effect of the recent civil conflict in Sudan on the distribution of pediatric surgery services.

Methods:

Data was collected using a structured questionnaire sent to the newly opened pediatric surgery units (n=12) during the period from April-November 2023. Data collected included demographics of the patients, type of surgery performed, the presence or absence of PICU/NICU as well as the number of paediatric surgeons.

Results:

Nine units responded (75%). Specialists run all the responding units. In 3 units there is 1 specialist, and in the others a minimum of 2. Dedicated beds for pediatric surgery range between 4-10. Only 2 Hospitals have a NICU. A total of 817 patients were seen during this period, with 663 (81%) undergoing surgery. One unit accounted for 336 (41.1%) patients. Most of the patients seen were toddlers 292 (34.7%), with 86 neonates and 58 adolescents. Inguinoscrotal conditions accounted for 420 (63%) patients, followed by lower GI 141 (21%) then urological conditions in 40 (6%). The only minimally invasive surgery was done in only one unit (n=7). Seven tumour resections were performed for the first time in 4 units. There were 18 trauma patients and 4 war-related injuries, although these numbers are probably higher as prehospital data is unavailable. Data on complication rates was not recorded.

Conclusion:

The civil conflict had created a "decentralization" of paediatric surgery services. As surgeons flee the capital, they've relocated to rural units and have been able to provide specialized care. Oncology and Minimally invasive surgery can be performed safely in these decentralized units.

Keywords: War, Pediatric surgery , Decentralization

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STAB INCISION VS CANNULA INSERTION FOR INSTRUMENT ACCESS IN PAEDIATRIC LAPAROSCOPIC SURGERY

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Objectives: To compare the operative feasibility and complications encountered in paediatric laparoscopic surgeries while using ports or stab incision for instruments' insertion

Methodology: This Retrospective study was conducted at the department of paediatric surgery Khyber Teaching Hospital Peshawar Pakistan after formal ethical approval from institutional review and ethical approval board. Three common Paediatric surgical procedures including pyloromyotomy, hernia repair and orchidopexy were considered and record from Feb 2022 to Feb 2025 was retrieved. Patients of either sex from 0 to 12 months were included in the study.Patients were divided into two groups.One included patients in which instrumentation was done via formal cannulation(ports placement) and other included those where instruments were inserted directly via simple small stab incision under laparoscopic vision. Operative time, incision site bleeding and incidence of leakage of gas were compared between the groups.Operative time was measured in minutes, and complications were recorded in percentages.Groups were compared for results and p value of less than 0.05 was considered significant

Results:

Among the 210 patients included in the study, 141 patients had undergone surgical procedures via formal ports insertion and 69 patients were operated via instruments access without port placement. For orchidopexy and pyloromyotomy the mean operative time was more in stab incision group as compared to cannulation group(p value of 0.004 and 0.003 respectively) while for hernia repair the operative time difference was statiscally insignificant (p value =0.8). Incidence of gas leakage and site bleeding were more in stab group (p = 0.0005 & 0.0008 respectively) for all the three procedures.Rate of acces site infection was not different between the groups for all the three procedures (p= 0.78)

Conclusion: Standard method of Ports insertion for instrument access is a safe and feasible trend in Paediatric laparoscopic surgery with minimal complications and acceptable operative time.The apparently attractive stab incision for instrumentation does not bear any technical benefit.

Keywords: Laparoscopic surgery, stab incision, Canula insertion

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SINGLE-CENTER EXPERIENCE OF VASCULAR INTERVENTIONAL TECHNIQUES IN NEONATAL COMPLEX VASCULAR DISEASES

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Objective

To evaluate the safety and clinical efficacy of vascular interventional techniques in treating neonatal Budd-Chiari syndrome, kaposiform hemangioendothelioma, superior vena cava obstruction, and head/neck vascular anomalies.

Materials and Methods

This single-center retrospective study analyzed 16 neonates (≤28 days) who underwent vascular intervention between July 2021 and December 2024. Cases included head/neck vascular anomalies (11, 68.75%), kaposiform hemangioendothelioma (3, 18.75%), superior vena cava obstruction (1, 6.25%), and Budd-Chiari syndrome (1, 6.25%). Interventions included transcatheter arterial embolization (14) and venous balloon dilation (2).

Results

Technical success rate was 100% (16/16). Clinical effectiveness reached 93.75% (15/16), with complete symptom resolution in 12 cases (75.0%), partial improvement in 3 (18.75%), and no improvement in 1 (6.25%). By disease type, clinical effectiveness was 90.9% for vascular anomalies, 100% for kaposiform hemangioendothelioma, superior vena cava obstruction, and Budd-Chiari syndrome. Mean hospitalization was 9.2±3.1 days. No intervention-related complications occurred. At 12-month follow-up, 14 patients (87.5%) maintained clinical improvement, while 2 (12.5%) required secondary intervention.

Conclusion

Vascular interventional techniques demonstrate excellent safety and efficacy in treating complex neonatal vascular diseases, offering a minimally invasive option for high-risk cases. Implementation requires specialized neonatal intervention teams with careful consideration of physiological characteristics, weight limitations, and contrast agent dosage.

Keywords: Neonatal, Transcatheter embolization, Minimally invasive therapy

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ULTRASOUND-GUIDED LASER ABLATION IN TWIN-TWIN TRANSFUSION SYNDROME: EVALUATING EFFICACY, SAFETY, AND PERINATAL OUTCOMES

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Background: Twin-twin transfusion syndrome (TTTS) is a severe complication of monochorionic diamniotic twin pregnancies, resulting from unbalanced placental vascular anastomoses. Ultrasound-guided fetoscopic laser ablation, which coagulates these anastomoses, has become the standard treatment to improve survival and perinatal outcomes. This scoping review evaluates the efficacy, safety, and overall outcomes of the procedure.

Methods: A comprehensive literature search was performed across PubMed, Embase, Cochrane Library, and Web of Science for studies published up to June 2025. Keywords included “twin-twin transfusion syndrome,” “fetoscopic laser ablation,” “ultrasound-guided laser,” and “perinatal outcomes.” Eligible studies of any design that reported on efficacy, complications, and neonatal outcomes following the procedure were included. Due to variability in study design and outcome measures, data were synthesized descriptively.

Results: Included studies comprised randomized controlled trials, cohort studies, and large case series. Landmark investigations such as the Eurofetus trial and later meta-analyses showed that fetoscopic laser ablation improves survival of at least one twin to 70–80%, compared to ≤50% with conservative management. Procedural complications, including preterm premature rupture of membranes (PPROM) and preterm labor, occurred in 20–30% of cases. Perinatal outcomes indicated reduced neurological morbidity and increased gestational age at delivery. However, heterogeneity in outcome definitions and limited long-term neurodevelopmental data were common limitations.

Conclusion: Ultrasound-guided fetoscopic laser ablation is an effective and relatively safe intervention for TTTS, significantly improving survival and reducing perinatal morbidity compared to historical options. Risks such as preterm delivery persist, but the benefits remain substantial. There is a pressing need for standardized reporting of outcomes and extended neurodevelopmental follow-up. Future studies should refine surgical techniques and focus on long-term outcomes to improve overall TTTS care.

Keywords: twin-twin transfusion syndrome, fetoscopic laser ablation, ultrasound-guided surgery, monochorionic twins, placental anastomoses, perinatal outcomes, fetal therapy, neurological morbidity, preterm birth, survival rate

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CARINAL RECONSTRUCTION… MORE THAN A CHALLENGE

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Purpose

To describe three pediatric patients who underwent carinal reconstruction between December 2016 and March 2025, outlining the underlying pathology, clinical presentation, surgical approach, and outcomes.

Methods

A retrospective review of medical records and imaging was conducted for pediatric patients who required carinal reconstruction. Data collected included demographics, clinical presentation, type of airway pathology, surgical technique, and postoperative evolution.

Results

Three patients underwent carinal reconstruction:

- Patient 1: A 10-year-old male with a mucoepidermoid tumor compromising the anterior carinal wall. Resection involved two distal tracheal rings and the first bronchial rings. Surgery was performed via right thoracotomy with veno-venous ECMO support. The patient was extubated postoperatively and remains disease-free after six years.
- Patient 2: A 2-month-old female with distal tracheal stenosis, complete obstruction of the right main bronchus, and secondary lung exclusion. Emergency surgery with veno-arterial ECMO support involved resection of the distal trachea and left bronchial ring, reinsertion of the upper lobar bronchus, and enlargement plasty of the intermediate bronchus. Right bronchial restenosis was later managed with dilation. One year later, the patient remains symptom-free.
- Patient 3: A former extremely premature female with prolonged intubation for two months, later diagnosed with 70% distal tracheal stenosis, spiral scarring of the carina and left bronchus, 80% left main bronchus stenosis, and 20% right main bronchus stenosis. Carinal and bronchial reconstruction was performed under bypass support, resulting in a trifurcated neocarina connecting the left main bronchus, intermediate bronchus, and right upper lobar bronchus. Bronchoscopic follow-up confirmed resolution of all stenoses and intact bilateral tracheobronchial anastomoses with no leaks or dehiscence.

Conclusion

Carinal pathology in pediatric patients is rare and technically demanding. Successful outcomes depend on individualized planning, advanced surgical techniques, and interdisciplinary management in specialized centers.

Keywords: Carinal reconstruction, ECMO support, bypass support, trachea stenosis, bronchus stenosis

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RESULTS OF NONOPERATIVE METHOD OF TREATING PECTUS EXCAVATUM

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Objective: To evaluate the effectiveness of the use of vacuum bell (VB) in the treatment of pectus excavatum.

Methods: This nonoperative method has been used since 2017. During which time more than 220 patients have been treated using VB. The study included 56 children. The inclusion criteria were age from 3 to 17 years, the presence of chest CT before and after treatment, and a duration of use VB of more than 12 months. The division of patients into groups was based on a point scale, which took into account changes in both the external depth of deformation and the percentage of correction of CT indicators.

Results: Group 1 with good results included 30 patients (53.6%), whose deformity correction percentage was >50, group 2 included 26 patients (46.4%), whose deformity correction was <50%. The effectiveness of treatment with a VB largely depended on the duration of daily use (Me in group 1 - 8 hours, in group 2 - 5 hours, $p<0.001$), regular exercise (in group 1 n=22 (73.3%), in group 2 n=9 (34.6%), $p=0.004$) and the severity of pectus excavatum (I-II degree in group 1 n=16 (53.3%), in group 2 n=6 (23.1%), $p=0.021$). There was no statistically significant difference in the age at which treatment began in the two groups ($p=0.369$). The VB is ineffective in girls with developed mammary glands with asymmetrical deformations due to the technical impossibility of installing the VB.

Conclusions: VB is an effective nonoperative method of treating pectus excavatum in patients with shallow symmetrical forms of deformities who regularly engage in sports. Treatment with VB is possible in children of different age groups and can also be an alternative for patients who wish to avoid surgical treatment.

Keywords: vacuum bell, pectus excavatum, children

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EFFECT OF LATERALITY OF CDH ON LONG-TERM LUNG FUNCTION

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Background: Congenital diaphragmatic hernia (CDH) is a serious congenital defect causing herniation of abdominal contents into the chest, resulting in pulmonary hypoplasia and long-term respiratory issues. Most cases are left-sided (L-CDH), but right-sided defects (R-CDH) have unique challenges. The effect of laterality on long-term lung function is unclear.

Method: Following Cochrane Rapid Review guidelines, this review analyzed studies reporting long-term lung function (≥1 year) in pediatric CDH survivors, comparing left- and right-sided defects. Databases searched included PubMed, Scopus, and Web of Science through July 2025, focusing on spirometry, oxygen needs, chronic lung disease, and lung structure.

Results: Both L-CDH and R-CDH survivors show persistent mild-to-moderate airway obstruction and reduced diffusion capacity into adolescence, irrespective of ECMO or initial severity. R-CDH is linked to greater supplemental oxygen need at discharge, increased respiratory support including tracheostomy, and more severe pulmonary hypoplasia, despite similar mortality and pulmonary hypertension rates as L-CDH. L-CDH is more often prenatally diagnosed and associated with higher risk of severe pulmonary hypertension and neonatal mortality. Long-term lung function in survivors is similar between groups, though L-CDH may require less chronic respiratory support. Both have significant ipsilateral lung volume loss and impaired alveolar development; the left lung is more affected in L-CDH. About 20–50% of survivors experience chronic pulmonary morbidity.

Conclusion: CDH laterality affects long-term lung outcomes, with R-CDH linked to greater respiratory support needs and L-CDH linked to higher early mortality. Both require ongoing multidisciplinary follow-up.

Keywords: congenital diaphragmatic hernia, laterality, long-term lung function, right-sided CDH, left-sided CDH, pulmonary morbidity, rapid review

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REVISITING MORGAGNI HERNIA IN PEDIATRICS: INSIGHTS INTO CLINICAL COURSE, SURGICAL OUTCOMES, AND PROGNOSTIC FACTORS

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Introduction:

Morgagni hernia (MH) is a rare congenital diaphragmatic defect, accounting for less than 5% of all congenital diaphragmatic hernias. It occurs through the retrosternal (Larrey's) space and may remain asymptomatic until late childhood. While various surgical approaches exist, laparoscopic transabdominal repair has emerged as a preferred minimally invasive option.

Objectives:

To evaluate the clinical characteristics, operative outcomes, and predictors of postoperative recovery in children undergoing surgical repair for Morgagni hernia over an 18-year period.

Results:

A total of 63 pediatric patients underwent MH repair. The mean age at presentation was 22.2 ± 28.7 months, with a male predominance (79.4%). Most patients were full-term (68%) and presented with recurrent respiratory infections (85.7%). Laparoscopic repair was performed in 76.2% of cases. The colon was the most frequent herniated content (54%), and the mean operative time and hospital stay were 120.9 ± 40.5 minutes and 6.1 ± 4.9 days, respectively. Only one recurrence (1.5%) was noted.

Subgroup analysis showed that Down syndrome (28.6%) was significantly associated with cardiac anomalies ($p = 0.003$), but did not significantly affect other perioperative variables. Similar findings were observed in the cardiac vs non-cardiac comparison.

Multivariate linear regression revealed that higher weight at surgery was significantly associated with shorter operative duration ($p = 0.024$). Age and weight at surgery showed trends toward influencing hospital stay, though not statistically significant ($p = 0.066$ and 0.067). Neither Down syndrome nor cardiac anomalies significantly impacted surgical or recovery outcomes.

Conclusion:

Laparoscopic repair is a safe and effective approach for Morgagni hernia in children, with low recurrence and favorable outcomes. Patient weight, rather than syndromic or cardiac status, appears to be a more relevant predictor of operative and recovery parameters.

Keywords: Children, Laparoscopy, Morgagni Hernia, Pediatric

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SURGICAL MANAGEMENT STRATEGY FOR ESOPHAGEAL BURNS IN CHILDREN

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Purpose:

To improve treatment outcomes for esophageal burns in pediatric patients.

Methods:

Between 1994 and 2024, 274 children aged 1 to 18 years with esophageal burns were treated. All patients underwent esophagogastroduodenoscopy (EGD) between days 2 and 6 post-injury.

Results:

First-degree esophageal burns were diagnosed in 97 patients (35.4%), who did not require specific treatment and were discharged within the first week. Second-degree burns were identified in 65 patients (23.7%) based on dynamic endoscopic monitoring during weeks 2–3. These patients recovered without the need for dilation therapy and were discharged after resolution of dysphagia. Third-degree esophageal burns were found in 112 patients (40.9%). Of these, 46 patients (16.8%) received conventional treatment, while 66 (58.9%) were managed using a modified technique developed at our clinic. This method involved early bougienage between weeks 2–3 post-injury, performed under endoscopic guidance with the aid of a guidewire.

Conclusion:

The application of the proposed treatment strategy, particularly early guidewire-assisted bougienage, increased the effectiveness of conservative dilation therapy from 45.7% to 60.6%. Simultaneously, the need for gastrostomy followed by bougienage using a thread decreased from 54.3% to 39.4%.

Keywords: esophageal burns, pediatric surgery, esophagogastroduodenoscopy, surgical management

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EXPLORATION OF URINARY METALS AFTER PECTUS BAR PLACEMENT

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Aim of the Study: To investigate the presence of urinary metals in patients with a pectus bar implant.

Methods: A prospective study was conducted on patients undergoing pectus bar removal starting October 2024 at a pediatric hospital. Urinary levels of nickel, vanadium, molybdenum, and chromium were measured on the day of surgery (D0), the first postoperative day (D1), and three months later (M3). Consent was obtained from patients and/ or legal guardians.

Results: Five patients (mean age 13 ± 1.2 years; 3 females, 2 males) were included. Nickel was the most elevated metal with an average level of 5.4 mcg/L ± 2.6 on D0 (reference range [RR]: 0–5.0 mcg/L), increasing to 8.8 mcg/L ± 8 on D1 (p=0.686). Molybdenum levels on D0 were near the upper limit of normal (89 mcg/L ± 26.9; RR: 10–124 mcg/L) but dropped substantially on D1 (23.8 mcg/L ± 11.8; p=0.043). Vanadium and chromium showed no significant changes. At this time, samples from the three-month follow-up are only available for two patients, one of whom shows progressive nickel clearance (D0 9.2; D1 7.4; and M3 5.3 mcg/L).

Conclusions: Patients with thoracoplasty bars may develop metallosis, evidenced by dark tissue discoloration and urinary metal excretion. This could contribute to metal sensitization and hypersensitivity reactions in some cases. Nickel was the most elevated metal in urine, with levels rising further after surgical manipulation, suggesting implant mobilization may exacerbate metal release. These preliminary findings highlight the need for perioperative allergy assessment and careful selection of implant materials. Further research is required to establish long-term implications.

Keywords: Pectus, Nuss procedure, Metallosis, Thorax, Allergy

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MANAGEMENT OF PEDIATRIC PRIMARY SPONTANEOUS PNEUMOTHORAX: WHEN SHOULD SURGERY BE CONSIDERED?

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Purpose: Management of pediatric primary spontaneous pneumothorax (PSP) lacks standardized protocols, particularly recommended timing for surgical intervention. Current evidence suggests potential benefits of early surgery after 48 hours of drainage without resolution. We aimed to determine if persistent pneumothorax over a timeframe of drainage is associated with increased need for surgical intervention or ipsilateral recurrence.

Method: A retrospective analysis was conducted on all first episodes of PSP treated with chest tube drainage, in our department, between January 2018 and August 2024. Data collection included demographics, duration of thoracic drainage, need for surgical intervention, and recurrence. Fisher's Exact Test and Phi Coefficient were used for statistical analysis. These were performed using SPSS Version 22.

Results: 29 patients were included, 89.7% were males. Mean body mass index of 18.6 kg/m². Median age at the first PSP was 16 years and 52.7% involved the left lung. Median chest drainage time was 71 hours. Apicectomy with mechanical pleurodesis was performed in 24% of patients. Ipsilateral recurrence occurred in 34% cases, most (80%) in patients without initial surgery. No statistically significant differences were found between need for surgery or recurrence after 48-hours (p=0.14 and p=0.43) or for recurrence after 72-hours (p=0,71). However, persistence of pneumothorax beyond 72 hours was significantly associated with the need for surgical intervention (p=0.02; phi coefficient of 0.58).

Conclusion: Our results suggest that a 72-hour drainage period may be a useful clinical threshold for determining the need for surgical intervention in PSP. Further research is warranted to validate these findings and refine management guidelines.

Keywords: primary spontaneous pneumothorax, surgical treatment, recurrence

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CHARACTERISTICS OF CONGENITAL BRONCHIAL ATRESIA WITH CYSTIC LESIONS: A SINGLE-CENTER RETROSPECTIVE STUDY

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Purpose

Congenital bronchial atresia (CBA) is a rare lung abnormality and often associated with cystic lesions (CLs) mimicking congenital pulmonary airway malformation (CPAM). The management of CBA remains uncertain; however, surgery is the preferred option, particularly for symptomatic cases. This study aimed to characterize CBA with CLs and investigate the association between CLs and the symptomatic rate.

Method

Patients with prenatally detected lung lesions who were born between April 2015 and March 2024 were collected. Among them, patients with radiologically or pathologically diagnosed CBA in our hospital were included. Clinical, radiological, surgical, and pathological data were retrospectively reviewed and analyzed. Continuous variables were presented as median [range], and $p<0.05$ was considered statistically significant.

Results

Twenty-three patients (13 female; 15 left-sided) were diagnosed with CBA. Computed tomography (CT) revealed that CLs were detected in 18 patients (78%) with a maximum size of 16 [4-28] mm. Thirteen patients with CLs required radiological differentiation between CBA and CPAM; however, CBA was finally diagnosed based on pathological findings of peripheral dilated bronchiole due to bronchial obstruction. Conversely, all five patients without CLs could be diagnosed with CBA based on the CT findings of hyperlucency in the lung field. All patients remained asymptomatic immediately after birth regardless of CLs. Only two patients without CLs chose conservative management, and the other patients underwent lobectomy or segmental lobectomy at 329 [187-1152] days of age. Six patients (26%) experienced lower respiratory tract infection, and the symptomatic rate of CBA with or without CLs was not statistically significant (28% vs. 20%, $p=1.00$).

Conclusion

CBA with CLs required differentiation from CPAM, and all patients with CLs underwent surgery. Conservative management was an option for CBA without CLs; however, CLs were not associated with symptomatic rate.

Keywords: Congenital bronchial atresia, congenital pulmonary airway malformation, symptomatic rate

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SURGICAL APPROACH TO LUNG HYDATID CYSTS IN CHILDREN

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Aim: Literature data on pulmonary hydatid cysts in children are insufficient. The aim of this study was to determine the treatment options for pulmonary hydatid cysts in children according to the size, location of the cyst and the presentation of the patients.

Methods: Patients 0-18 years of age treated for pulmonary hydatid cyst between 2004-2022 in our clinic were included. Demographic characteristics, treatment modalities, complications and follow-up were evaluated. Data were compared by grouping the patients according to the size of the hydatid cyst and those with ruptured and intact cysts at the time of presentation. ROC curve was created to determine the need for operation according to hydatid cyst size. P<0.05 was considered statistically significant.

Results: A total of 29 female and 43 male patients with a mean age of 8.9±3.4years were included in the study. Hydatid cysts were localized in 64% right lung, 29% left lung and 7% bilaterally. The size of hydatid cysts in the lung ranged between 2.5-18cm and 15 (21.7%) had giant cysts (>10cm). Half of the patients had rupture into the bronchial system or pleural space at presentation. 46 patients (64%) were operated. Of the hydatid cysts with bronchial rupture, 52.4% were in the left lung (p=0.012), their size was smaller than other hydatid cysts (p=0.021) and only 4 (19%) required surgery (p<0.0001). In the ROC curve created to determine the need for operation, the cut-off point was found to be 6.1cm. Patients with cysts that ruptured into the bronchial system and whose cyst contents were emptied by coughing were started on antihelminthic treatment and followed up.

Conclusion: Surgical treatment should be planned without delay for pulmonary hydatid cysts exceeding 6cm in size. Bronchial rupture and coughing up the cyst contents, only medical treatment can be applied.

Keywords: Keywords: Hydatid cyst, child, lung, rupture, management

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KEY DETERMINANTS GUIDING TREATMENT ALGORITHMS IN PEDIATRIC EMPYEMA: FIVE YEARS OF SINGLE-CENTER EXPERIENCE

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Objective: This retrospective study evaluated pediatric empyema outcomes by stage and sought predictors for surgical decortication, particularly after intrapleural tissue plasminogen activator (tPA) therapy.

Materials and Methods: We retrospectively analyzed 96 cases between 2020-2025.

Results: Cases were classified as StageI (n=34), StageII (n=48), and StageIII (n=14). Mean age was 8.7 years, and 33% were female.StageI had the shortest hospital stay (mean 13.5 days) versus StageII (25.5 days) and StageIII (29.5 days; p<0.001). StageI was predominantly managed non-surgically: 76% improved with thoracentesis and IV antibiotics (mean duration 11.6 days).Tube thoracostomy was performed in 42 cases (StageI: 8; StageII: 34). In StageII, 59% (20/34) received intrapleural tPA, but 30% of those required video-assisted thoracoscopic surgery (VATS).Overall, tPA was given to 26 patients (20 StageII; 6 StageIII), and 46% (12) required decortication (83% VATS, 17% open); mean time to tPA initiation and subsequent surgery were 10.2 and 19.5 days, respectively. Hospital stay averaged 22 days with successful tPA alone versus 35.5 days when tPA failed and surgery was needed (p=0.002). Surgical decortication via VATS was performed in 32 patients (StageII: 20; StageIII: 12), with a mean stay of 29 days; early VATS within 7 days (n=6) yielded much shorter stays (13.6 days, p<0.001). All four patients requiring open thoracotomy were Stage III with bilateral involvement; their surgery occurred at 17 days and mean stay was 38 days.

Conclusion: Despite tPA, 46% of patients ultimately required surgery. StageIII, prolonged symptom duration, and necrotizing pneumonia predicted the need for decortication. Early surgical intervention (within 7 days) reduced hospital stay. These findings highlight the need for better algorithms to predict fibrinolytic therapy failure and for prompt surgery in high-risk patients to reduce morbidity.

Keywords: empyema, tPA, VATS, thoracotomy, fibrinolytic, therapy, parapneumonic, effusion, pediatric

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COMBINED USE OF RIGID AND FLEXIBLE BRONCHOSCOPY IN CHALLENGING PEDIATRIC FOREIGN BODY ASPIRATION CASES

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Introduction

Rigid bronchoscopy (RB) remains the gold standard for the treatment of foreign body aspiration (FBA). However, in young children and cases with distally located foreign bodies (FBs), limitations in the diameter and flexibility of rigid instruments may hinder access and retrieval. Flexible bronchoscopy (FB), with its smaller diameter and flexibility, offers advantages in reaching FBs lodged in narrow distal airways. This study aims to evaluate the outcomes of cases where both RB and FB were used in combination for FBA management.

Methods

We retrospectively reviewed the medical records of patients who underwent bronchoscopy for FBA between May 2024 and June 2025. Demographic data, clinical findings, and operative details were analyzed for cases where FB was used as an adjunct during RB.

Results

A total of 45 patients were evaluated. In 41 patients, FBs were removed successfully using RB alone. In 5 cases, RB alone was insufficient, and FB assistance was required. The mean age of these 5 patients was 15 months (range: 8–20). The median duration between aspiration and bronchoscopy was 105 days (range: 2–420). The FBs were located in the basal segments of the right lower lobe (n=3) and the distal right main bronchus (n=2). In two patients, FBs were removed using a basket or grasper inserted through the FB alone. In the remaining three cases, FBs were mobilized proximally using FB and removed with RB. All FBs were of organic origin. Post-removal inspection of distal bronchi was performed using FB.

Conclusion

The availability and timely use of a flexible bronchoscope during rigid bronchoscopy can facilitate successful removal of foreign bodies, particularly in challenging cases with distal airway involvement. This combined approach enhances procedural success and may reduce the need for repeat interventions.

Keywords: foreign body aspiration, rigid bronchoscopy, flexible bronchoscopy, combined technique, distal airway obstruction.

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CPAM: HISTOPATHOLOGICAL RECLASSIFICATION AND IMAGING CORRELATION UNDER NEW GUIDELINES IN JAPAN

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Background: Although the classical typing of congenital lung cyst by Stoker was based on the size of lung cyst, the revision of the clinical practice guidelines in Japan for congenital cystic lung diseases incorporated histopathological findings was published in 2022. According to the new classification, we tried retrospectively re-classification of our cases of congenital pulmonary airway malformation (CPAM) and compared them with corresponding imaging findings.

Methods: We reviewed patients who surgically treated for CPAM between January 1, 2009, and March 31, 2024, at our center. Histopathological specimens were reclassified according to the new criteria and compared with prenatal ultrasound (US), fetal MRI, and neonatal CT findings.

Results: A total of 17 patients were clinically diagnosed with CPAM during the 16-year period. Based on histopathology, 3 were classified as Type 1 and 14 as Type 2; no cases were classified as Type 3 or 4. All 17 cases were prenatally diagnosed via US. Fetal MRI was performed in 15 cases, of which 8 were interpreted as CPAM (Type 1: n=2, Type 2: n=1, unclassifiable: n=4, normal: n=7). Neonatal CT identified CPAM in 16 of the 17 cases. Discrepancies between MRI and CT findings were noted in 6 cases.

Conclusion: Imaging-based classification still primarily depends on cyst size, which may not capture all relevant pathology. Some cases previously diagnosed as Type 2 required differentiation from bronchial atresia. The revised classification incorporating histopathology is essential for a more accurate understanding and etiological analysis of the disease.

Keywords: congenital pulmonary airway malformation (CPAM), re-classification, Imaging-based classification, bronchial atresia

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SURGICAL MANAGEMENT OF INFLAMMATORY MYOFIBROBLASTIC TUMORS IN CHILDREN WITH BRONCHOPULMONARY LOCALIZATION: A SINGLE-CENTER EXPERIENCE

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Purpose: To present a clinical series of pediatric patients with inflammatory myofibroblastic tumors (IMFTs) of bronchopulmonary origin, highlighting diagnostic and therapeutic strategies for achieving optimal outcomes.

Materials and Methods: Between 2017 and [current year], eight patients (aged 8–17 years; male-to-female ratio 7:1) with histopathologically confirmed IMFT were treated at our institution. Preoperative biopsy confirmed the diagnosis in six cases. Tumor localization included the trachea (n=1), left main bronchus (n=1), and pulmonary parenchyma (n=6). Surgical interventions comprised:

- Circular resection of the trachea/bronchi (n=2)
- Thoracoscopic lobectomy (n=2)
- Open thoracotomy lobectomy (n=1)
- Thoracoscopic anatomical segmentectomy (n=2).
  Three-dimensional modeling and augmented reality were utilized for preoperative planning and intraoperative navigation.

Results: All procedures were completed without intraoperative complications (operative time: 80–190 minutes). *R0 resection* (margin-negative) was achieved in all cases, with no instances of residual disease. During follow-up (1–3 years), no recurrences were observed.

Conclusions: IMFTs of the bronchopulmonary system are rare in pediatric populations. Radical surgical excision with clear margins remains the cornerstone of treatment, ensuring long-term remission and preventing recurrence. Minimally invasive techniques, supported by advanced imaging technologies, offer a safe and effective approach for resection.

Keywords: Inflammatory Myofibroblastic Tumors, thoracic surgery, Minimally invasive techniques, Three-dimensional modeling, augmented reality

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3D PRINTING IN PEDIATRIC SURGERY: A SYSTEMATIC REVIEW AND IN VITRO EVALUATION OF 3D-PRINTED NUSS IMPLANTS

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This study aimed to conduct a systematic review of three-dimensional (3D) printing applications in pediatric populations, focusing on the thoracic cavity, and to design, fabricate, and evaluate 3D-printed Nuss implant models for treating Pectus Excavatum through in vitro mechanical testing.

A systematic literature search was conducted in accordance with PRISMA guidelines using the PubMed to identify studies published between January 2013 and February 2025. In the experimental phase, Nuss implant models were fabricated using a P1S 3D printer (BambuLab) with ASA, TPU, PETG, and PLA filaments. Mechanical testing used a Sauter FH 1K force gauge (range: 1000 N; tolerance: ±0.5%; resolution: 0.5 N) and a Sauter TVL displacement gauge (range: 200 mm; resolution: 10 µm). Parametric optimization via the Levenberg–Marquardt method identified virtual material properties based on experimental data, supporting model validation. Fatigue testing determined the maximum duty cycle of each material under dynamic loading.

Twenty studies involving 136 patients (mean age: 11.26 years) were included. 3D printing was primarily applied in diagnostic and preoperative planning, particularly for congenital respiratory anomalies (36.8%), Pectus Excavatum (31.6%), and spinal deformities (10.5%). Therapeutic applications most frequently addressed tracheobronchomalacia (88.9%) and spinal fractures (5.6%). In experimental study, 3D-printed implant models were subjected to compression testing with forces ranging from 0 to 250 N in 10 N increments. The TPU sample tolerated a progressive 1N force increase up to 18N before reaching the setup's limit, yielding 18 data points. Maximum displacements for the remaining filaments were: TPU – 42.28 mm, ASA – 19.79 mm, PETG – 19.35 mm, and PLA – 11.96 mm.

Three-dimensional printing demonstrates potential for application in pediatric thoracic surgery. Among tested materials, TPU exhibited the highest deformation capacity, while PLA showed the least. These results support the feasibility of custom 3D-printed Nuss implants and warrant further clinical investigation.

Keywords: Three-dimensional (3D) printing, Custom implant, Pectus Excavatum

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LONG-TERM OUTCOMES OF GASTROESOPHAGEAL REFLUX DISEASE IN PATIENTS OPERATED FOR ESOPHAGEAL ATRESIA: A 15-YEAR SINGLE-CENTER EXPERIENCE

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Objective: This study aims to evaluate the incidence, clinical course, and treatment outcomes of gastroesophageal reflux disease (GERD), a major contributor to long-term morbidity, in patients who underwent surgical treatment for esophageal atresia (EA).

Methods: We retrospectively analyzed data from 125 patients who underwent surgery for EA at our center between January 2010 and May 2025. Forty-seven patients died within the first six months due to other causes; four patients died during follow-up, and two were lost to follow-up. Ultimately, 76 patients were eligible for GERD evaluation. All patients received standard medical anti-reflux therapy during the first year of life.

Results: GERD was detected in 23 of 76 evaluated patients after the age of one. Additionally, four patients underwent Nissen fundoplication before the age of one due to recurrent aspiration pneumonia and swallowing dysfunction, and one patient received simultaneous anti-reflux surgery during a gastric pull-up performed as part of the esophageal repair. In total, 12 patients (15.8%) underwent antireflux surgery, while GERD resolved clinically with extended medical therapy in 16 patients (21.1%). Two of the operated patients required reoperation due to persistent symptoms and radiologic findings. Of the 12 patients who underwent surgery, 4 had Type A, 1 had Type B, and 7 had Type C EA. Among the six surviving patients with Type A, four required surgical intervention. The surgical rate was significantly higher in Type A patients ($p<0.05$). Nine operated patients had required esophageal dilatation preoperatively. Two patients had experienced frequent pulmonary infections and severe reflux symptoms prior to surgery.

Conclusion: GERD is among the most common long-term complications following EA repair. The need for surgical intervention is significantly higher in patients with Type A EA. Early diagnosis and individualized treatment strategies may improve long-term outcomes.

Keywords: Esophageal atresia, Gastroesophageal reflux, Pediatrics, Anti-reflux surgery

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OUR EXPERIENCE OF 104 PATIENTS WITH LIVER MASSES: A STUDY FROM TERTIARY CARE HOSPITAL

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Purpose
Liver tumors are the third most common intra-abdominal malignancy in children. Approximately two-thirds of liver tumors in children are malignant, Complete surgical excision remains the cornerstone of curative treatment. The purpose of this study is to present our institutional experience in the diagnosis, surgical management, and outcome of pediatric liver tumors over a period of 16 years.

Method

A retrospective study of 104 children who underwent surgical intervention for liver masses between 2007 and 2024.. Data were reviewed regarding demographics, clinical presentation, diagnostic workup, tumor histopathology, surgical procedures, postoperative complications, and final outcomes. Malignant cases were treated with neoadjuvant chemotherapy followed by surgical resection.

Results

The mean age at diagnosis was 40.09 ± 39.0 months. Male-to-female ratio was 1.66:1. Right hypochondrial mass (63.5%) and abdominal pain (21.2%) were the most common presenting symptoms. Malignant tumors comprised 81.9% of cases, with hepatoblastoma accounting for 64.4%. Benign tumors included mesenchymal hamartoma (12.5%) and biliary cystadenoma (4.8%). Right lobectomy was the most performed surgery (42.3%) with resection of involved segments 5, 6, 7 and 8 in 39.4% followed by Left lateral segmentectomy (14.4%). Chemotherapy (pre and post) was administered in 44.2% of malignant cases. Postoperative complications occurred in 23%, including recurrence (9.6%) and liver failure (2.9%). Overall, 58.7% of patients were discharged alive, 15.4% died, and 17.3% were lost to follow-up.

Conclusion

Complete surgical excision significantly improves survival in pediatric liver tumors. Early referral, timely diagnosis, coordinated multidisciplinary care, and safe hepatic resection are critical for favorable outcomes. Despite being in a resource-limited setting, our survival outcomes remain comparable to international standards.

Keywords: Liver Tumors, Hepatoblastoma, Pediatric Liver Tumors, Liver Resection

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PRIMARY HEPATIC NEUROENDOCRINE NEOPLASMS OF CHILDREN, A SYSTEMATIC REVIEW

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Purpose: The term “carcinoid tumour” is no longer used and has given up its place to neuroendocrine neoplasms (NENs). Primary hepatic neuroendocrine neoplasms (PHNENs) are as rare as compromising 0.4% of all neuroendocrine neoplasms (NENs).

Method: Searching the central medical databases of PubMed/Medline, Web of Science, Scopus, Google Scholar, and the references of the articles, we have collected 10 cases of pediatric PHNENs of children. The inclusion criteria were full-text available literature in English and those under and equal to 19 years old. Diseases found during autopsy, carcinoma, and isolated gall bladder involvement also made the exclusion criteria.

Results: The mean age of the patients was 13.86 years, ranging from 8 to 19 years. Six female patients (55%) were in front of 5 males (45%). The right lobe was the most frequent site of involvement and surgery in four cases. Abdominal pain comprised the main symptom, and CT scans of most of them were common which helped in diagnosis.

Conclusion: While a hepatic tumour is considered NEN, a detailed systemic evaluation of a primary tumour is mandatory to exclude metastatic HNEN. Secondary hepatic NENs are more common than primary ones. Surgical resection has had the most long-term success.

Keywords: carcinoid tumour, hepatic neuroendocrine neoplasm, paediatric, primary

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CLINICAL INSIGHTS INTO CONGENITAL NEUROBLASTOMA IN EARLY INFANCY

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Introduction: Congenital neuroblastoma represents approximately 5% of all neuroblastoma cases and is typically diagnosed within the first two months of life. Despite its rarity, the prognosis is generally favorable, underscoring the importance of early diagnosis and timely intervention.

Objective: To describe the clinical characteristics and therapeutic management of congenital neuroblastoma.

Materials and Methods: We conducted a retrospective study of all patients diagnosed with neuroblastoma before the age of two months, between 2016 and 2023.

Results: Seven infants (4 boys, 3 girls) with a mean age of 1.6 months (range: 1 day to 2 months) were included. Abdominal distension was the presenting symptom in all cases, with hepatomegaly observed in three. One patient was diagnosed prenatally with an abdominal mass. Imaging (abdominal ultrasound and thoraco-abdomino-pelvic CT scan) revealed tumor localization as follows: unilateral adrenal in 4 cases, bilateral adrenal in 1, mediastinal in 1, and midline in 1. Three patients presented with Pepper syndrome, characterized by diffuse micronodular hepatic involvement. Diagnosis was confirmed by CT-guided tumor biopsy in all cases, with hepatic biopsy confirming liver metastasis in three. N-Myc amplification was detected in five patients, and bone marrow infiltration was present in three. All patients received neoadjuvant chemotherapy followed by complete surgical excision of the tumor. Only one patient required adjuvant chemotherapy. Postoperative follow-up showed no clinical or radiological recurrence in any case.

Conclusion: Although rare, congenital neuroblastoma should be considered in any infant under two months presenting with an abdominal mass. Early diagnosis and appropriate multidisciplinary management are essential to ensure a favorable outcome

Keywords: Congenital neuroblastoma, N-Myc amplification, Chemotherapy, Multidisciplinary management

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MANAGEMENT OF OVARIAN MASSES IN CHILDREN: LAPAROSCOPY VS LAPAROTOMY

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Introduction

Ovarian masses in pediatric population are the most common genital neoplasms. The treatment often involves surgical intervention. Both laparoscopy and laparotomy are commonly employed, each with distinct advantages and limits.

Aim

To compare the indications, clinical outcomes, complications, and recovery times rates between laparoscopic and open approaches in the surgical management of ovarian masses in children.

Methods

A monocentric retrospective study was conducted on children diagnosed with ovarian masses who underwent surgical intervention from 2008 to 2023. Data on demographics, surgical duration, postoperative recovery, and complications were collected and analyzed.

Results

Thirty-one patients with a mean age at diagnosis of 7.5 years (2 years- 13 years) were studied. In 58.1% [n=18] of our cases, the primary presenting symptom was acute abdominal pain, in 22.6% [n=7], it was chronic abdominal pain or abdominal/pelvic discomfort and in 38.7% [n=12] a palpable mass.The ultrasonographic appearance of the mass was complex in 51.6% [n=16] of the cases. Serum levels of tumoral markers were tested in 25 cases and resulted elevated in one of them. All patients underwent surgery: 45.2% [n=14] had oophorectomies and 54.8% [n=17] had ab ovary sparing surgeries. Laparotomy access was performed in 67.7% [n=21]. Ten patients were conducted via laparoscopy.

The mean size of the mass was 9.3 cm for the open surgery group vs 6cm for the laparoscopy group, measured by ultrasonography pre-operatively.

The average operating time was longer for the laparoscopy group [87.2min vs 128.3min, $p<0.001$ but the duration of hospital stay after surgery was shorter [4.69days vs 3.2 days] and the need for analgesic medication was lower [2.92 days vs 1.6 days].

Conclusion

Both laparoscopy and laparotomy are possible options for the management of ovarian masses in children. The seize of the ovarian mass remains the most decisive factor in choosing one technique over another.

Keywords: children, ovarian, tumor, laparoscopy

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ADRENOCORTICAL CARCINOMA – AN AUDIT FROM A TERTIARY CARE CENTRE

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Purpose:

Adrenocortical tumours (ACTs) are rare in childhood, representing 0.2% of all paediatric tumours with an incidence of 0.2 new cases per 1 million children per year. Distinction between large benign adenoma (ACA) and adrenocortical carcinoma (ACC) may be difficult, and optimal treatment tricky. Complete surgical resection provides the best chance of cure, and in case of ACC is a prerequisite of cure. The aim of this study is to review our experience in the management and outcome of ACC at our institute.

Methods:

Retrospective analysis of 17 patients with ACT, who underwent treatment, from January 2012 to June 2025 at our centre was done. Collected data included clinical details, chemotherapy, operative details, histopathology, complications, and outcomes, etc.

Results:

Total 17 patients (09 females) were included. 14 patients had Cushing's syndrome (CS), 03 patients had virilizing tumours, 03 had systemic hypertension. Histopathological diagnoses were ACC in all patients of which 9 were left sided. Median age was 24 months. One received neoadjuvant chemotherapy. Tp53 germline mutations were found in 4 patients. Surgeries performed include Right adrenalectomy (06), Left adrenalectomy (06), Left adrenalectomy with left nephrectomy (01), Left adrenalectomy & left nephrectomy with IVC thrombectomy (01), Left adrenalectomy with IVC thrombectomy (01), Right adrenalectomy with right nephrectomy (01), Left adrenalectomy with IVC thrombectomy (01). Postoperative complications included postoperative ileus (03), Surgical site infection (02). Three were lost to follow up, two had remote (01 Liver, 01 Lung) metastasis. Rest other patients are under follow-up without local or remote recurrence with no sequelae of chemotherapy till date. Follow-up ranged from 12 - 155 months.

Conclusion:

Paediatric ACT are rare. Little information is available on the incidence, risk factors, prognostic factors, treatment, and overall survival. Therapeutic approaches are typically multimodal. Careful evaluation, multidisciplinary team approach, individualized surgical planning, appropriate chemotherapy are necessary for better outcome

Keywords: Adrenocortical tumors, adrenocortical carcinoma

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MULTIMODAL MANAGEMENT OF DESMOPLASTIC SMALL ROUND CELL TUMOR IN CHILDREN: A SINGLE-CENTER EXPERIENCE INCLUDING CYTOREDUCTIVE SURGERY AND HIPEC

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Purpose: Desmoplastic small round cell tumor (DSRCT) is an extremely rare and aggressive malignancy in the pediatric population. Due to its rarity, no standardized treatment protocol exists. This study presents our institution's multidisciplinary treatment approach, including cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC), alongside systemic chemotherapy.

Methods: We retrospectively analyzed patients diagnosed with DSRCT between January 2020 and June 2025. Demographics, clinical, surgical and oncological data were collected and analyzed.

Results: Our cohort included 3 patients with a median age of 13,6 years. The mean peritoneal cancer index (PCI) was 26. Complete cytoreduction (CC-0) was achieved in 2 patients. While one patient remained disease-free for 18 months, however one patient died due to recurrence even after two CRS/HIPEC procedures. Additionaly, one patient died of disease progression. Data is summarized in Table 1.

Conclusions: CRS combined with HIPEC is a feasible and safe option for selected pediatric DSRCT patients, offering the potential for improved local control when complete cytoreduction is achieved.

Table 1:

Patient	Age (years)/Sex	Preoperative biopsy	Neoadjuvant therapy	Operations/ duration	HIPEC	Adjuvant therapy	Outcome
1	12/M	Yes	Yes	Unresectable/6 hours	No	Yes	DOD
2	16/M	No	No	Omentectomy, complete tumor resection/4 hours	No	Yes WART	
				Peritonectomy / 7.5 hours	Yes		Complete remission (18 months)
3	13/M	Yes	Yes	Omentectomy, small-large bowel resections, pelvic tumor resection, segmental liver resection, segmental ureteral resection, partial diaphragmatic resection, peritonectomy/23 hours	Yes	Yes WART	
				Small and large bowel resections/16 hours	Yes	Yes	DOD Relapse after 15th month of remission

DOD: Dead of disease
WART: Whole abdominal radiotherapy
M: Male

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EXPANDING THE LIMITS OF MINIMALLY INVASIVE SURGERY IN PEDIATRIC ONCOLOGY: A SINGLE-CENTER EXPERIENCE

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Purpose:

Minimally invasive surgery (MIS) has become increasingly applicable in pediatric tumour surgery with advances in technical equipment and surgeon experience. This study aims to present five selected pediatric oncological cases operated on with minimally invasive methods in our clinic between September 2020 and December 2023.

Methods:

Patients suitable for MIS were selected after preoperative radiological and serological examinations and multidisciplinary evaluation involving pediatric oncologists, radiologists, pathologists, and surgeons. All operations were performed by the most experienced senior surgeon in both laparoscopic and oncological surgery.

Results:

All five patients were male, with a mean age of 9.3 years (range: 6 months–16 years). One patient underwent thoracoscopic excision of a mediastinal mass, three patients underwent laparoscopic adrenalectomy, and one underwent laparoscopic nephrectomy. The average hospital stay was 5.2 days (range: 3–7 days). No postoperative complications were observed.

Conclusion:

In our clinic, approximately 150 minimally invasive surgeries are performed annually. Our experience suggests that MIS can be safely applied in pediatric oncology when performed by experienced surgeons in carefully selected cases.

Table 1. Demographic findings of patients undergoing minimally invasive tumour surgery

Patient	Age (Month)	Sex (M/F)	Location	Size (MM)	Operation	Patology	Outcome
1	6	M	Mediastinal	27x26x19	Thoracoscopy- mass excision	Ganglioneuroblastoma	No event
2	128	M	Left Surrenal	43x30x27	Laparoscopy- left surrenalectomy	Pheochromocytoma (Von Hippel-Lindau Syndrome)	No event. Follow-up pediatric endocrinology
3	45	M	Left Surrenal	35x25x22	Laparoscopy- left surrenal mass excision	Ganglioneuroma-Mature Type	No event
4	188	M	Right Surrenal	32x30x17	Laparoscopy- right surrenalectomy	Pheochromocytoma	No event
5	195	M	Left Kidney	40x40x39	Laparoscopy- left nephrectomy	Metanephric adenoma	No event

M: Male, F: Female, MM: Millimetre

Keywords: Minimal invasive surgery, laparoscopy, thoracoscopy, tumor

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HIGH-QUALITY GENOMIC DNA FROM LIQUID AND TUMORTISSUE BIOPSIES IN NEPHROBLASTOMA

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Background

High-quality genomic DNA from liquid and tumor tissue biopsies are necessary for biomedical research in pediatric solid tumors like nephroblastoma.

Aim

This study analyzes the qualification and purity in genomic DNA derived from liquid and tumor tissue biopsies in children with nephroblastoma.

Method

Children (0 months to 18 years) with nephroblastoma admitted in the department of pediatric surgery, Dhaka Medical College Hospital from December, 2021 to December, 2023 were included in this study with approval from Ethical Review Committee of Dhaka Medical College. Blood sample in EDTA tube and tumor tissue sample in RNA Later Solution were collected during nephrectomy after neoadjuvant chemotherapy from children with nephroblastoma. The tumor tissue biopsy used for the isolation of DNA using the QIAamp Fast DNA Tissue Kit according to the manufacturer's protocol (Qiagen). Genomic DNA was extracted from the peripheral blood samples using the QIAamp DNA Blood Mini Kit (Qiagen). The quantity of the extracted DNA was measured using the Nanodrop. The quality of the extracted DNA was analyzed using the bioanalyzer (the bioanalyzer is a chip-based automated electrophoresis solution for the analysis of the fragment size and quality of biomolecules including RNA, DNA, protein). The DNA samples were stored at -800C before using them for studies. The ratio of absorbance at 260 and 280 nm is used to assess DNA purity. The 260/230 ratio is widely used as a secondary measure of DNA purity.

Results

Nine children with nephroblastoma were enrolled in this study. Most of the patient were unilateral localized nephroblastoma. Three children were excluded from the study after DNA extraction due to a reading below 1.6 and integrity below 7.

Conclusion

We concluded that DNA quantification and qualification is necessary for Genomic DNA in biomedical research with avoidance of high costs, low confidence results and a waste of samples.

Keywords: Quantification of DNA Isolation, Liquid Biopsy, Tumor Tissue Biopsy, Wilms Tumor (WT)

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ASSESSMENT OF MALIGNANCY RISK OF THYROID NODULES IN CHILDREN

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We present the results and clinical validation of the author's prognostic scale for assessing the oncological risk of thyroid nodules in children based on a combination of clinical, anamnestic, and ultrasound criteria. The scale combines a multifactorial approach, including anamnestic data, clinical symptoms, and highly informative ultrasound signs. Such an integral construction significantly increases the accuracy of risk assessment compared to the use of individual parameters. The study included patients aged 8 to 18 years, classified based on the results of clinical and morphological examination as follows: patients with benign thyroid nodules (n = 62) and children with thyroid cancer (n = 12). The control group consisted of clinically healthy children (n = 100). Intergroup statistical analysis, ROC analysis and assessment of the internal consistency of the scale were performed. The results obtained in the work showed the proposed scale's high sensitivity, specificity, and reliability. The proposed approach allows for primary screening covering various groups of the pediatric population. The scale provides for increased diagnostic accuracy, minimization of unnecessary invasive interventions, and improved routing of patients with thyroid lesions.

Keywords: thyroid cancer, screening, PC program, risk assessment, children

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DIAGNOSTIC ACCURACY OF ULTRASOUND-GUIDED CORE NEEDLE BIOPSY IN PEDIATRIC ONCOLOGY

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Background and Aim: Ultrasound-guided core needle biopsy (CNB) is increasingly used in pediatric oncology as a minimally invasive method for obtaining tissue samples from lesions suspected of malignancy. It offers high diagnostic accuracy, low complication rates, and allows for comprehensive histopathological evaluation. The aim of this study was to evaluate the diagnostic performance and safety of CNB in a pediatric population.

Materials and Methods: We retrospectively analyzed CNBs performed between 2023 and 2024 in patients aged 4 months to 17 years. All procedures were performed under ultrasound guidance using an 18G tru-cut needle. A minimum of four needle passes was obtained in each case to ensure sufficient tissue for analysis.

Results: Fifteen biopsies were included in the study, renal malignancies were diagnosed in 8 cases, 1 renal angiomyolipoma, 2 rhabdomyosarcoma, 2 neublastoma and 2 non-neoplastic lesions. In all cases, the CNB diagnosis was concordant with the final histopathological diagnosis established after surgical resection. No false-positive or false-negative results were observed. Only 1 minor bleeding occured.

Conclusions: Ultrasound-guided CNB is a safe, accurate, and minimally invasive diagnostic technique inpaediatric oncology. It provides adequate tissue for definitive histological diagnosis, including immunohistochemical analysis. In our experience, number of passages should not be lower than 4.

Keywords: core needle biopsy, ultrasound guided, diagnostic, minimal invasive, diagnostics of pediatric tumors

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GIANT OVARIAN CYSTADENOMAS AND STRUMA OVARII IN ADOLESCENTS: A COSMETIC AND ONCOLOGIC CHALLENGE

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Purpose:

Surface epithelial-derived tumours are the most common tumours of the ovary; however, they are rare in children. Mucinous tumours of the ovary, a subtype of epithelial-derived tumours, can reach large sizes and may remain asymptomatic or cause an acute abdomen. This study aims to present five adolescent patients diagnosed with mucinous cystadenomas and struma ovarii.

Methods:

Five adolescent patients, with a mean age of 14 years, presented with gastrointestinal symptoms. Diagnosis was established by abdominal tomography. Preoperatively, tumour markers including α-fetoprotein, β-human chorionic gonadotropin, CEA, neuron-specific enolase (NSE), CA 15-3, CA 125, and CA 19-9 were measured. NSE was borderline high in all patients, and CA 19-9 was found to be ten times elevated in one patient. All patients underwent salpingo-oophorectomy via laparotomy.

Results:

Pathological examination revealed that four patients had intestinal-type mucinous cystadenomas and one had struma ovarii. In four patients with giant masses filling the entire abdomen, midline incision was preferred, whereas in one patient with a mass confined to the pelvis, a Pfannenstiel incision was performed.

Conclusion:

Salpingo-oophorectomy after aspiration of the cyst contents through a Pfannenstiel incision has been recommended in adolescents for cosmetic reasons. However, considering the risk of intraoperative rupture and possible malignancy, a midline incision is safer for large masses occupying the whole abdomen. With increasing experience, we believe Pfannenstiel incision can be used safely for smaller pelvic-confined masses, offering better cosmetic results.

Keywords: Ovarian masses, adolescent, mucinous cystadenoma

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EWING'S SARCOMA-RELATED PARANEOPLASTIC SYNDROMES IN CHILDREN, A SYSTEMATIC REVIEW

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Purpose: It is not far from the truth that sometimes the onset of a neoplasm is a series of nonspecific syndromes called paraneoplastic syndromes. This group of rare disorders occurs when the immune system, while trying to fight cancer, mistakenly attacks healthy cells and tissues in the body. These disorders are not caused by the direct spread or growth of cancer cells, but rather by substances produced by the tumour or the body's immune response to the tumour.

We aimed to review the paraneoplastic syndromes caused by pediatric Ewing's sarcoma.

Method: We searched the central medical databases of PubMed/Medline, Web of Science, Scopus, ScienceDirect, and Google Scholar, as well as the references of the articles, to collect ten syndromes. The inclusion criteria were full-text available literature and those published for individuals under 19 years old. Autopsy cases made our exclusion criteria.

Results: There were five female cases in front of four males. One study did not mention the sex. The average age of the patients was 15.75 years. The most common syndromes were those with excessive, uncontrolled corticosteroid secretion, with seven cases. The others were cerebral vasculitis, limbic encephalitis and parathormon-independent hypercalcemia, all with a single case.

Conclusion: Although rare, facing a Non-depressible serum cortisol level should raise a suspicion of the presence of a neoplasm, even Ewing's sarcoma

Keywords: Ewing's sarcoma, Paraneoplastic syndrome, Children, Systematic review

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MITOCHONDRIAL GENETIC MARKERS IN NEUROBLASTOMA: A SYSTEMATIC REVIEW OF THEIR ROLE IN TUMOR PROGRESSION, PROGNOSIS AND THERAPEUTIC POTENTIAL

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Background

Neuroblastoma (NB) is a highly aggressive pediatric malignancy accounting for a significant proportion of childhood cancer-related deaths. Despite intensive multimodal therapy, outcomes remain poor in high-risk cases. Emerging evidence highlights mitochondrial dysfunction as a key player in NB pathogenesis, influencing tumor metabolism, apoptosis resistance, and therapeutic response.

Objective

This systematic review aims to evaluate mitochondrial genetic alterations including mitochondrial DNA (mtDNA) mutations, mitochondria-associated proteins (MAPs), and mitochondria-related genes (MRGs) and assess their relevance to NB progression, prognosis, and therapeutic targeting.

Methods

A comprehensive search was conducted in PubMed for studies published from 2015 to 2024, following PRISMA guidelines. Studies involving genetic, transcriptomic, or proteomic profiling of mitochondrial alterations in NB were included. Reviews, case reports, and studies lacking NB-specific mitochondrial data were excluded. Data extraction and quality assessment were conducted independently by two reviewers.

Results

Eight studies met the inclusion criteria, analyzing 5,826 NB patients, 15,634 controls, and 70 NB cell lines. Recurrent mtDNA mutations, including variants in *MT-ND4, MT-ND5*, and *MT-CYB* (e.g., rs2853493, rs2853499), were associated with NB susceptibility. Transcriptomic data revealed over 1,700 MAP genes implicated in tumor progression, with scoring models (mtScore, mtRisk) effectively predicting prognosis. Functional studies highlighted mitochondrial metabolic reprogramming—such as the Warburg effect, impaired OXPHOS, and MERCS dysfunction contributing to chemoresistance. Therapeutic targets like FEN1, LETM1, MTCH2, and VDAC1 showed potential in sensitizing NB cells to apoptosis.

Conclusion

Mitochondrial genetic alterations significantly influence neuroblastoma biology and offer promising biomarkers and therapeutic targets. Further research is needed to validate these findings and explore mitochondrial-targeted treatment strategies in clinical settings.

Keywords: Neuroblastoma, Mitochondrial DNA (mtDNA), Mitochondria-associated proteins (MAPs), Mitochondria-related genes (MRGs), Oxidative phosphorylation (OXPHOS),

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PRELIMINARY STUDY ON THE HETEROGENEITY AND INTERCELLULAR INTERACTIONS IN PEDIATRIC NEUROBLASTOMA BASED ON SINGLE-CELL RNA SEQUENCING

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Background: Neuroblastoma (NB) is a common pediatric solid tumor originating from the sympathetic nervous system, characterized by high heterogeneity and a complex tumor microenvironment. This study aims to explore the cellular heterogeneity and the features of tumor-associated cell subsets, as well as potential intercellular interactions, using single-cell RNA sequencing (scRNA-seq).

Methods: Tumor and adjacent normal tissues from four pediatric NB patients were collected for single-cell suspension preparation and sequencing on the 10X Genomics platform. Standard bioinformatic pipelines were applied for data quality control, dimensionality reduction, clustering, and cell-type annotation. Malignant cells were identified using InferCNV and CopyKAT algorithms, and cell annotation was supported by known marker genes from literature. Gene set enrichment scoring was conducted to explore functional relationships among key cell populations.

Results: A total of 61,735 high-quality cells were obtained and annotated, including tumor cells, fibroblasts, T/NK cells, endothelial cells, and myeloid cells. Malignant cells were primarily localized within tumor clusters, with notable heterogeneity. Gene set scoring revealed upregulation of immune regulatory genes in tumor-infiltrating fibroblasts, whereas T/NK cells in adjacent tissues displayed more active functional phenotypes, suggesting possible immune-modulatory interactions between these subsets.

Conclusion: This study provides a single-cell atlas of pediatric NB and adjacent tissues, revealing the heterogeneity of key cellular subsets and potential intercellular communication networks. These findings offer valuable insights into the pathogenesis and therapeutic targeting of neuroblastoma.

Keywords: Neuroblastoma; Single-cell RNA sequencing; Intercellular communication; Cellular heterogeneity

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TRANSCATHETER ARTERIAL EMBOLIZATION COMBINED WITH TRIAMCINOLONE ACETONIDE IN THE MANAGEMENT OF PROPRANOLOL RESISTANT INFANTILE HEMANGIOMA

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Objective: The main objective of this study is to evaluate the clinical efficacy and safety of transcatheter arterial embolization combined with triamcinolone acetonide sclerotherapy in the treatment of IHs with propranolol resistance

Methods: A total of 32 cases of propranolol-resistant hemangioma (PRIH) admitted to our center from October 2019 to December 2024 were included. PRIH is defined as the continued growth during the proliferation stage or no reduction in size during the post-proliferative stage after at least 4 weeks of regular propranolol treatment at a dose of 2 mg/kg/d. Based on the different treatment methods, the observation group (n=15) underwent transcatheter arterial embolization (TAE) using bleomycin iodized oil emulsion combined with polyvinyl alcohol particles (PVA) followed by intralesional injection of triamcinolone acetonide; while the control group (n=17) was treated with TAE alone. The clinical efficacy, severity scores, and incidence of complications were compared between the two groups.

Results: The total effective rate of clinical treatment in the observation group was higher than that in the control group, the difference was statistically significant (93.3% vs 88.24%, $P<0.05$). After 6 months of treatment,the hemangioma severity scores of both groups were significantly lower than before treatment, with the observation group (7.39±2.16 vs 1.78±0.45) exhibiting lower scores than the control group (7.58±2.31 vs 2.34±1.05), demonstrating a statistically significant difference ($P<0.05$). There was no significant difference in the incidence of complications between the two groups ($P>0.05$), which were primarily minor including fever, swelling, blisters, and pigmentation.

Conclusions:The transcatheter arterial embolization combined with triamcinolone acetonide is a effective and safe therapy for the management of propranolol-resistant hemangiomas and should be further applied in clinic.

Keywords: Transcatheter arterial embolization, Triamcinolone acetonide, Propranolol resistant, Infantile hemangioma

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PENILE CURVATURE IN PROXIMAL HYPOSPADIAS: WHAT IS THE MAIN CONTRIBUTORY FACTOR?

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Introduction

In STAC1 (STraighten And Close) repair, penile curvature (PC) is repaired by ventral degloving, urethral mobilisation and transection (UT), and three ventral corporotomies (VC) if there is residual chordee of >30-degrees. Our aim was to assess which contributes most to the correction of PC.

Method

Searches of prospectively maintained databases identified patients who underwent primary STAC1 repair between March 2021 and June 2024. Case notes were reviewed to collect the presented data.

Results

55 boys underwent STAC1 repair at a mean age 3y (1-7). Initial median curvature was 90-degrees (40–120) reducing to 70-degrees (30-110) after degloving, and then 60-degrees (25–100) after UT. Ventral lengthening by corporotomies resulted in mean 112% (40-320) increase in length; those with greater residual PC achieving greater lengthening (R^2-0.23 $p<0.0005$). 32 boys underwent STAC2 with median PC 0-degrees (0-20). 5 patients (16%) needed dorsal plication at STAC2 for residual PC</=30-degrees. 1/55 patient required re-do single VC. Patients with pre-STAC1 PC greater than 90-degrees after degloving and UT were more likely to have PC greater than or equal to 60-degrees in comparison to the groups with less than 90-degrees ($p<0.02$), or equal 90-degrees ($p<0.01$).

Conclusion

Significant PC remains after degloving and UT; corrected fully by VC in 82% of patients rising to 97% after dorsal plication at STAC2. The more severe PC; the greater lengthening achieved by VC.

Group	Degloving	Additional Correction - UT	Degloving + UT
Overall	20 (10-30)	21 (10-30)	22 (10-30)
< 90 degrees (n=8)	14 (0-27)	5 (0-9)	18 (0-33)
90 degrees (n=16)	25 (17-34)	19 (9-24)	41 (33-50)
>90 degrees (n=18)	17 (10-30)	22 (4-33)	33 (15-46)

Table 1. Mean %reduction in PC

Keywords: hypospadias, curvature, chordee, STAC, corporotomy

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THE ABSENCE OF GANGLION CELLS IN PRIMARY OBSTRUCTIVE MEGAURETER

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Background:

Primary obstructive megaureter (POM) is a prevalent cause of congenital hydroureteronephrosis, characterized by the dilation of the ureter proximal to a narrowing at the vesicoureteral junction (VUJ).

Objective:

This study investigates the hypothesis that the absence of ganglion cells in the distal ureter contributes to the pathogenesis of POM, leading to impaired peristalsis and functional obstruction.

Methods:

A prospective, observational study was conducted at Kanti Children's Hospital, involving 16 patients diagnosed with primary megaureter. Distal ureter biopsies were collected intraoperatively and examined using hematoxylin and eosin (H&E) staining to identify the presence of ganglion cells.

Results:

All 16 patients (100%) demonstrated complete absence of ganglion cells in the distal ureter. Patients ranged in age from 9 to 132 months (median age: 36 months), with a male-to-female ratio of 1.7:1. Right-to-left side involvement ratio was 1:3.

Conclusions:

Absence of ganglion cells may contribute to persistent functional obstruction in POM. Early surgical intervention may be warranted in such cases. Further research with advanced histological methods is necessary.

Keywords: megaureter, primary, obstruction

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THE POSTERIOR URETHRAL VALVE: IS IT POSSIBLE TO IMPROVE VESICO-SPHINCTER DYSFUNCTION BY EARLY ABLATION

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Purpose: Posterior urethral valves are the most common cause of congenital obstructive uropathy which will alter the bladder filling and emptying function leading to renal failure in childhood. The aim of this study was to evaluate the contribution of early ablation of post-urethral valves on the improvement of bladder dynamics in children

Materials and Methods: Postnatal monitoring of 50 antenatal renal dilations revealed 40 postnatal urethral valves, valve ablation was performed during the neonatal period in 22 of them (Group 1) , the second group at the age of 1 year. Post-operative follow-up of the incidence of bladder dysfunction in the 2 groups assessed on clinical grounds, ultrasound, urethrocystography and urodynamics, At age 3 years voiding diary and toilet training results were obtained.

Results: The mean follow-up was 3 years. Post-void residual improved in 20 patients (87.5%) in group 1, 12 (62.5%) in group 2, vesicoureteral reflux initially present in 24 renal units (group 1), disappeared in 12, improved in 08, reflux present in 28 units (group 2) is improved in 15. Bladder capacity was 147 ± 22 ml (group 1), comparable to the normal capacity expected at this age. 132 ± 30 ml (group 2) which was significantly lower than to the normal capacity expected at this age.hypocompliance, instability were significantly lower in Group 1 , moreover toilet training was easier with best results for dryness . Overall bladder dysfunction was present in 3 boys (12.5%) in Group 1 and 9 (50%) in Group 2

Conclusions: Neonatal valve ablation allow full and cyclic bladder emptying which preserves its function, improves the uro-nephrological prognosis of the upper urinary tract. This inderlines the importance of routine prenatal screening and an early care from this abnormalitie

Keywords: urinarybladder, urethra, prenataldiagnosis, urinarybladder neck obstruction, urogenital abnormalities

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URETEROCUTANEOSTOMY IN PEDIATRIC MEGAURETER: A STAGED SURGICAL APPROACH.

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Ureterocutaneostomy is a temporary urinary diversion technique used as a staged of surgical treatment of megaureter in cause of severe condition and young age of the child, which don't allow performing reconstructive surgery in small bladder capacity, significant decrease in renal function due to upper urinary tract urodynamic disorders and obstructive pyelonephritis. Despite of various techniques, it is believed that bringing the ureter to the skin is a traumatic surgery that inhibits the functional state of the ureter, and in case of bilateral, leads to loss of bladder volume.

To evaluate optimal ureterocutaneostomy techniques and their role in renal function rehabilitation in pediatric patients with megaureter.

Materials and Methods

The study included 105 patients (82 with bilateral and 23 with unilateral megaureter, totaling 149 ureters) with three types of ureterostomas: Loop (82 cases), High Y-type (32 cases), Distal end stomas (35 cases)

Results

The timing and degree of renal function recovery, restoration of anatomical and functional state of the ureter, necessity of forming ureterocysto-, ureteropyelo- or ureteroureteroanastomosis during closure, and possibility of using ureterocutaneoustoma for artificial access to the bladder for intermitted catheterization were analyzed.

Stoma type had minimal impact on urinary diversion. Three patients required continuous kidney drainage. Ureteral size reduction occurred within 3–6 months.

Closure principles varied. 70 loop and all Y-type stomas required primary ureterovesical junction correction (dilation or ureterocystoanastomosis), followed by closure of ureterocutaneous stoma with ureterouretero- or ureteropyeloanastomosis.

12 loop stomas underwent distal resection with ureterocystoanastomosis. Distal end stomas followed similar closure protocols

In 28 patients, the distal ureter served as artificial bladder access for rehabilitation. Six patients later underwent nephrectomy and ureterovesicostomy.

Conclusion

Ureterocutaneostomy proves effective in preserving and restoring renal function while enabling lower urinary tract rehabilitation. Individualized planning of urodynamic rehabilitation is crucial for optimal outcomes.

Keywords: megaureter, ureterostomy, urinary diversion

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COMPARISON OF TWO VASCULAR SECTION TECHNIQUES IN LAPAROSCOPIC VARICOCELECTOMY: A PROSPECTIVE STUDY

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Introduction: Varicocele is an abnormal dilatation of the pampiniform plexus. It can affect up to 20% of adolescent-adult males. The importance of diagnosis is due to the fact that it can induce testicular hypotrophy and fertility problems. The aim of this study is to evaluate whether there is a higher rate of complications, including recurrence of varicocele, depending on the vascular occlusion technique used in the laparoscopic Palomo technique.

Material and Methods: Prospective longitudinal study performed from 2019 to 2023. Two therapeutic groups were created according to the method of vascular occlusion used during laparoscopic varicocelectomy: clip and section or vascular sealer. Patients were included in one group by alternating consecutive systematic allocation. The variables age, degree of varicocele according to the Dubin-Amelar classification, post-surgical complications, follow-up and recurrence of varicocele, according to the method used, were analysed.

Results: 37 boys were operated on, mean age of 12 years (10-15 years) and a mean follow-up of 12 months (8-14 months). 20 patients (54.1%), clips and cut were used, and in 17 (45.9%), vascular sealant. Symptomatic Grade II varicocele was present in 24.3% and Grade III in 75.7%. 32.4% of the boys presented some post-surgical complication during follow-up (8 in clipping group vs 4 in sealing group, p=0.286). 29.7% presented hydrocele after surgery, 8 boys in the sealing group and 3 boys in the clipping group (p=0.138). 13.5% required reoperation for this reason. No patient had recurrence of varicocele.

Conclusions: The laparoscopic Palomo technique is safe and effective with good results in paediatric patients and presents few post-surgical complications, regardless of the vascular occlusion device used. In our study, no statistically significant differences have been demonstrated in the use of clip vs vascular sealant technique. However, further studies with larger sample sizes are needed to find differences.

Keywords: Varicocelectomy, section technique

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DISORDERS OF SEX DEVELOPMENT (DSD): THE SCENARIO OF DSD CLINIC- DEPARTMENT OF PEDIATRIC SURGERY, BANGLADESH MEDICAL UNIVERSITY (BMU), BANGLADESH

Background: DSD is an emerging issue in developing country like Bangladesh. Most of the DSD patients are not under proper health coverage but people are being aware about this condition from multimedia. Although, some patients knows about their condition but unable to reach their destination because of multifactorial problems. Most of them also deprived from basic rights and privileges of our society. BMU has been initiated DSD clinic for management in Bangladesh.

Objective: To classify DSD and assign their gender for further management

Materials and methods: An observational cross-sectional prospective study was being carried out in DSD clinic, Department of Paediatric Surgery, BMU from Nov. 2021 to Nov. 2023.Total 120 patients attended to our DSD Clinic. Classified (Chicago Consensus-2006) and Gender assignedby their phenotypic, genotypic and hormonal status and managed by our protocol.

Results: Total 120 patients of different types of DSD have been visited. 40%of them present at late (pre-pubertal or pubertal) age. 56 (46%) patients were46 XY DSD, 40(33%) patients were 46 XX DSD, 9(8%) patients weresex chromosome DSD and 15(13%) patients were multiple malformation syndrome.Management protocols include proper sex assignment, counseling, hormone therapy, surgery and follow up. Only out of 120 patients, 20 (16.6%) patients got opportunity of their surgical correction but rests of them are in long queue for operation.

Discussion: DSD a generic definition encompassing any problem noted at birth where the genitalia are atypical in relation to the chromosomes, gonads or anatomical sex [1].An experienced multidisciplinary team that uses a shared decision-making approach with a medical, surgical, ethical, psychological and human rights framework is required to maximise longterm positive outcomes for people born with DSD.

Conclusion: People are becoming aware of DSD and seektheir management.However, social awareness and management facility for DSD is crucial but inadequate.

Keywords: DSD, BMU

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HISTOLOGIC EVALUATION OF THE REMNANT ASSOCIATED WITH TESTICULAR REGRESSION SYNDROME

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Purpose: Testicular Regression Syndrome (TRS) involves partial or complete testicular tissue regression in 46 XY individuals. Management of residual tissue remains controversial, with some experts recommending routine surgical excision due to concerns about potential malignant transformation of viable germ cells, while others question its necessity given inconsistent histopathological findings. This sudy aimed to ascertain the incidence of presence of germ cells and seminiferous tubules within excised nubbins.

Methods: A retrospective analysis of all specimens of resected testicular remnant in patients with non-palpable testis during a period of 15 years.

Results: TRS was diagnosed in 57 patients with a male phenotype. The median age at diagnosis was 5.5 years. The left side the most affected (66% vs. 34%). All patients underwent laparoscopic exploration. The remnant was identified in the inguinal region in 33 cases (58%), in the scrotum in 4 cases (8%), and in the abdominal cavity in 9 cases (15%). In 11 cases (19%), the exact location was not documented. Macroscopically, the remnants consisted of a fibrous cord, frequently ending in a nodule, which was observed in 50 patients (88%). Histopathological analysis revealed normal-appearing spermatic cord structures and the presence of the vas deferens in 45 cases. The epididymis was identified in 34 cases (59%). In 43 patients, the nodule had a fibrous composition. Calcifications and hemosiderin deposits were present in 30% and 31.5% of cases, respectively. Seminiferous tubules were found only in two patients (3.5 %) and were formed by Sertoli cells without associated germ cells. Leydig cells were absent in all cases.

Conclusion: The management of the remnant associated with TRS is still controversial. In our study, identifiable testicular tissue was found only in 3.5% of examined remnants with no germ cells seen. Based on these results, the removal of the remnant associated with TRS appears unnecessary after laparoscopic exploration.

Keywords: Testicular Regression Syndrome, Non-palpable testis, Testicular remnant, Seminiferous tubules, Laparoscopic exploration, Histopathology

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BLADDER EXSTROPHY: UPDATES – BANGLADESH PERSPECTIVE

Background:

The Exstrophy-epispadias complex (EEC) is rare variant of full thickness infra umbilical anterior abdominal wall defect involving urinary bladder, external genitalia, pelvic bone, anorectum and perineum muscle. Incidence of spectrum of the EEC can be approximate at 1 in 10,000 births with male predominance. Diagnosis is obvious and managed surgically. Because of poor health care facility and lack of trained health care staff in rural area most of our patients referred to the tertiary center at the age of 1 to 2 months. Over last 30 years of clinical experience we focused on a simplified and effective approach suited to solve the problem with limited resource.

Objective:

To introduced a relatively safe and effective management protocol focused on soft tissue mobilization. .

Methods:

Patients were managed with a two-stage repair strategy initiated after 3 months of age. The surgical procedure involved transperitoneal soft tissue mobilization focused on bladder neck and intra-pubic bar of soft tissue without osteotomy.

Results:

Out of the 265 patients, 110 (41%) achieved good continence (dry for 2–3 hours during the day), 125 (47%) had partial continence, and 30 (11%) required a Mitrofanoff procedure for total incontinence. Cosmetic outcomes were satisfactory. Common complications included wound infections, bladder prolapse, and fistulas.

Conclusion:

Bladder exstrophy, though complex, is not life-threatening and can be effectively managed with a simplified surgical approach. A two-stage repair using soft tissue mobilization yields good outcomes in cosmesis and continence while preserving renal function. This technique is adaptable, cost-effective, and suitable for both primary and failed cases, making it ideal for application in developing healthcare systems.

Keywords: Bladder Exstrophy, Bangladesh perspective

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ENDOSCOPIC COMBINED INTRARENAL SURGERY COMPOSED OF MICRO-PERC AND RETROGRADE INTRARENAL SURGERY IN THE TREATMENT OF COMPLEX KIDNEY STONES IN CHILDREN

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Objective This research aims to explore the efficiency and safety of endoscopic combined intrarenal surgery (Micro-ECIRS) composed of micro-percutaneous nephrolithotomy (Micro-perc) and retrograde intrarenal surgery (RIRS) in the Galdakao-modified supine Valdivia (GMSV) position for a single session for the treatment of complex nephrolithiasis in children.

Materials and methods This study retrospectively reviewed patients aged<18 years who underwent Micro-ECIRS in the GMSV position for renal stones larger than 2 cm under ultrasound guidance between August 2020 to May 2024 at our institution.

Results A total of 23 patients (14 males and 9 females) received Micro-ECIRS for renal stones under ultrasound guidance while adopting the GMSV position. The average stone size was 2.8 cm (range: 2.1–3.8 cm). Among them, 11 patients had left kidney stones, 8 patients had right kidney stones, and 4 patients had bilateral kidney stones. The mean operative time was 64.5 min (range: 50–100 min). The mean hospital stay was 6.2 days (range: 4–10 days). The mean hemoglobin decrease was 7.9 g/L (range: 4.3–13.1 g/L). The total number of kidneys that had complete stone clearance was 11 kidneys at 48 h postoperatively, 17 kidneys at 2 weeks postoperatively, and 19 kidneys at 1 month postoperatively.

Conclusion Our results demonstrate that Micro-ECIRS while patients are in the GMSV position is a safe and effective method for the treatment of complex children nephrolithiasis. However, all children made three hospital visits and received anesthesia three times. Further research is needed to confirm these findings.

Keywords: Endoscopic combined intrarenal surgery, Micro-perc, Retrograde intrarenal surgery, Complex kidney stones, Galdakao-modified supine Valdivia

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CIRCUMCISIONS : A COMMON PRACTICE, AN UNCOMMON COMPLICATION

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Background

Although circumcision is one of the most frequently performed surgical procedures worldwide, it is often perceived as a minor or routine intervention. However, like any surgical act, it carries a risk of significant complications. In many regions, cultural and religious practices lead to circumcisions being performed by untrained individuals under non-sterile conditions, often disregarding basic anatomical and aseptic principles. As a result, adverse outcomes remain prevalent.

Objective

To analyze the epidemiological, clinical, and therapeutic aspects of circumcision-related complications and emphasize the importance of recognizing this procedure as a true surgical act requiring appropriate expertise and environment.

Methods

This is a retrospective study conducted in the Department of Pediatric Surgery at Fattouma Bourguiba University Hospital in Monastir, Tunisia. Over a 36-year period (1984–2023), 71 cases of circumcision-related complications were reviewed.

Results

The mean age of the patients was 2.5 years. Circumcisions were performed by traditional practitioners in 20 cases, nurses in 33 cases, physicians in 15 cases, and were unspecified in 3 cases. Complications included partial or total glans amputation in 10 cases (including 1 complete penile amputation and 4 complete glans amputations), bleeding in 22 cases among them 3 needed blood transfusion, local infection in 21 cases, urethrocutaneous fistula in 8 cases, meatal stenosis in 5 cases, and 5 cases of unrecognized hypospadias where circumcision was performed before planned urethroplasty. All amputations required surgical intervention, employing various reconstructive techniques with variable outcomes. Other treatments included meatoplasty, fistula repair, meatotomy, and mucosal bridge excision, with generally satisfactory results.

Conclusion :
Circumcision complications can have serious functional and even life-threatening consequences. This underscores the need to treat circumcision as a true surgical procedure that must be performed under sterile conditions by qualified and licensed healthcare professionals in a medical setting.

Keywords: cirumcision, accidents, bleeding, glans amputation, repair

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MODIFIED SHANFIELD URETERIC REIMPLANTATION WITH OR WITHOUT URETERIC TAILORING IN PRIMARY OBSTRUCTIVE MEGAURETER IN A PAEDIATRIC AGE GROUP IN LOWER-MIDDLE INCOME COUNTRY.

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Background: Obstructive megaureter is one of the leading cause of renal failure. If not resolve on time, surgical correction is necessary**.** Excision of stricture part and ureteric reimplantation is procedure of choice. Modified shanfield technique is one of the surgical procedures for ureteric reimplantation with good outcome. Those with huge megaureter, excisional tapering of distal ureter to facilitate ureteric reimplantation is mandatory. The objective of this study was to evaluate and assess the outcome of modified shanfield procedure in children with obstructive megaureter.

Methods: A retrospective review of all patients with obstructive megaureter who underwent modified shanfield ureteric reimplantation with or without ureteric tailoring between April 2022 to March 2024 was done. The following were recorded for each patient: age, sex, laterality, ureteral diameter, operative time, hospital stay, outcome and complications.

Results: This study consisted of 16 paediatric patients (6 boys and 10 girls) who underwent modified shanfield ureteric reimplantation with or without ureteric tailoring with a mean age of 47 months (12 months to 132 months). Left side repair was performed in 10 patients (62.5%). Mean operative time was 118 minutes. The mean length of hospital was 6.65 days (5- 9 days). None of the patients developed major complications including vesicoureteric reflux or stricture but three cases had febrile UTI. Follow up ultrasound and DTPA scan was obtained after 6 months postoperatively, which showed improved renal function in DTPA in 14 patients (93.4%).

Conclusions: Modified shanfield ureteric reimplantation is also an alternative procedure for ureteric reimplantation because of its easiness, quick and good outcome. Its implication in paediatric age group is also safe. For better outcome, patient selection and refinement technique should be pursued.

Keywords: Modified shanfield, Obstructed megaureter, Ureteric reimplantation, ureteric tailoring.

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EFFICACY AND SAFETY OF A1-ADRENERGIC BLOCKERS AFTER EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY IN PEDIATRIC KIDNEYS STONES

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Purpose. Urolithiasis in children is a growing concern, necessitating effective non-invasive treatments. This study evaluates the role of α1-adrenergic blockers (tamsulosin and silodosin) in enhancing stone clearance after extracorporeal shock wave lithotripsy (ESWL). The aim of the study was to improve outcome of ESWL in kidneys.

Methods: A prospective comparative study included 200 pediatric patients (2–18 years) after ESWL, divided into a study group (n=50, receiving α1-blockers) and a control group (n=150, standard therapy). Primary endpoints were stone-free rate (SFR) and expulsion time; secondary endpoints included pain dynamics, analgesic use, and safety. Statistical analysis was performed using StatTech v.4.8.3.

Results: The study group showed a 2.111-fold higher SFR (OR = 0.474; 95% CI: 0.229–0.980) and reduced median expulsion time (5 vs. 7 days, p=0.010). ROC analysis identified 6 days as the optimal efficacy threshold (AUC=0.627). Pain intensity decreased significantly by day 2 (p<0.001), with lower analgesic demand (p=0.003). Adverse effects were rare (14%) and mild.

Conclusion: α1-blockers significantly improve after ESWL outcomes in children, accelerating stone expulsion, reducing pain, and demonstrating a favorable safety profile. Optimal efficacy assessment occurs at 6 days.

Keywords: urolithiasis, children, α1-adrenergic blockers, medical expulsive therapy, extracorporeal shock wave lithotripsy

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HYPERBARIC OXYGEN THERAPY IN PREVENTION OF ISHEMIA-REPERFUSION INJURY AFTER TESTICULAR DETORTION SURGERY

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Introduction

Hyperbaric oxygen therapy(HBOT), however, has shown promising results in animal models of ischemia-reperfusion injury in testicular torsion-detorsion. There are no clinical studies reported except for a single case report. We aimed to evaluate the outcomes of patients with testicular torsion who underwent HBOT after surgery.

Materials&Methods

This preliminary study was conducted retrospectively between 2017-2025. Patients(n=24) who underwent successful detorsion surgery within 24 hours of diagnosis were included.

The median time from symptom onset to surgery was 4.75-hours (range 1–14hours). Postoperatively, twelve-patients received HBOT, while the other 12-patients did not receive HBOT due to treatment refusal by the parents, HBOT intolerance or contraindications. Follow-up was available for 18-patients(mean duration 10.1±5.7months), and testicular atrophy was observed in only three patients(14.3%)

There were no statistically significant differences between the groups in terms of the duration of torsion($p = 0.446$). The presence of testicular atrophy in the long-term was similar($p = 0.214$). The Doppler-ultrasonography with elastography was performed in 14-patients but the comparison of Doppler-elastography parameters between HBOT and non-HBOT groups revealed no significant differences in testicular volume ($p=0.686$), shear wave elastography(SWE)($p=0.170$), or microvascular imaging (MVI)($p=0.208$).

Discussion

Our clinical data did not reveal any statistically significant differences in testicular atrophy rate or Doppler parameters between groups during long-term follow-up period. Although not statistically significant, there was a tendency for lower SWE values—indicating reduced testicular stiffness—and higher MVI values—indicating enhanced microvascularity—in the HBOT group. The limited number of patients(n=14), no standardization in the torsion degrees in patients at the time of hospital admission and not enough long term follow-up period may have contributed to the lack of statistical significance and proper evaluation.

Keywords: Hyperbaric oxygen therapy, testicular torsion, Doppler elastography, shear wave elastography, microvascular imaging

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ADVICE PROVIDED AFTER COMMON PAEDIATRIC SURGICAL PROCEDURES – A MULTI-CENTRE PROSPECTIVE STUDY

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Purpose

We aimed to report advice provided after common paediatric surgical procedures including return to education and physical activity.

Methods

Multicentre prospective UK observational study of advice provided by surgeons post-operatively for select elective/emergency procedures. Outcomes of interest were whether advice was provided, method of this and content of advice.

Results

Across 10 centres, 113 children were included (n=30 orchidopexy, n=26 inguinal herniotomy/PPV ligation [henceforth n=56 groin surgery], n=19 scrotal exploration, n=17 circumcision/preputioplasty, n=12 laparoscopic inguinal-hernia repair, n=5 umbilical/epigastric hernia repair, n=4 laparoscopic appendicectomy).

97/113 (86%) children were male, and median age was 6 years (range 4 months–17 years). 94/113 children had no comorbidities.

Post-operative advice was provided by a consultant/attending (n=26), registrar/resident (n=65), SHO/junior resident (n=18), or FY1/intern (n=1). Overall, 32% children received verbal advice only, 7% received written advice (e.g. discharge summary/leaflet), and 59% received both verbal and written information. 1% received no post-operative advice.

There was wide variation of advice provided, including duration of regular analgesia, time to first shower/bath/swim, time to contact/non-contact physical activity, and time before restarting nursery/school (Table 1).

Regarding return to nursery/school, following groin surgery, 8/56 children were advised 1-3 days off, 18/56 advised 4-6 days, 6/56 advised 1-2 weeks and 24/56 received no advice. Following circumcision/preputioplasty, 4/17 children were advised 1-3 days off school, 6/17 advised 4-6 days, 1/17 1-2 weeks, 6/17 received no advice. Similar variation was seen across procedures

Conclusion

Variation in post-operative advice provided is evident, highlighting uncertainty amongst surgeons regarding optimal post-operative care. Better evidence is required to allow adequate recovery balanced against minimising impact to the family.

Keywords: General surgery, Post-operative advice, collaborative study, elective surgery

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INFLAMMASOME-MEDIATED GSDMD ACTIVATION DRIVE INTESTINAL INJURY IN EXPERIMENTAL NECROTIZING ENTEROCOLITIS

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This study investigates the role of Gasdermin D (GSDMD) in macrophage pyroptosis and its impact on intestinal injury in necrotizing enterocolitis (NEC), a severe gastrointestinal emergency in neonates. The research aims to elucidate the mechanisms underlying GSDMD-dependent pyroptosis and its contribution to inflammation and intestinal damage in NEC.

Research Background

NEC is a leading cause of gastrointestinal emergencies in neonates, characterized by intestinal inflammation and necrosis. The pathogenesis of NEC is largely attributed to heightened macrophage inflammasome activity, leading to pyroptosis and cytokine release. GSDMD is a key mediator of pyroptosis, facilitating the formation of membrane pores and the release of pro-inflammatory cytokines like IL-1β. However, the specific role of GSDMD in NEC remains unclear.

Methods

The study analyzed human intestinal samples from infants with NEC and used a mouse model to investigate the effects of GSDMD deficiency and pharmacological inhibition with disulfiram on NEC development. Intestinal tissues were examined for GSDMD expression, macrophage infiltration, and inflammatory markers. Bone marrow-derived macrophages (BMDMs) were used to assess pyroptosis and cytokine release.

Results

GSDMD expression was significantly elevated in the intestines of NEC patients. GSDMD deficiency in mice delayed NEC onset, reduced intestinal macrophage infiltration, and improved survival rates. Disulfiram treatment similarly mitigated NEC severity by inhibiting GSDMD pore formation, reducing IL-1β release, and enhancing macrophage antibacterial activity.

Conclusions

The study demonstrates that GSDMD plays a critical role in macrophage pyroptosis and intestinal injury in NEC. Targeting GSDMD with disulfiram could be a potential therapeutic strategy to reduce inflammation and improve outcomes in NEC. Future research should focus on further exploring the mechanisms of GSDMD in NEC and its potential as a therapeutic target.

Keywords: NEC; GSDMD; macrophage; IL-1β; disulfiram

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EXPERIMENTAL EVALUATION OF 3D-PRINTED REFEEDING TUBES USING A SIMULATED HIGH-OUTPUT BOWEL STOMA: FLOW EFFICIENCY BASED ON TUBE DIAMETER, CONFIGURATION AND INFUSION RATE

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Purpose

Refeeding in pediatric patients with a high-output bowel stoma is critical for maintaining intestinal continuity and nutrient absorption. While larger tubes are thought to provide better flow efficiency, they may increase risks such as mucosal injury, perforation, and obstruction, especially with repeated catheterization. This study's primary aim was to assess if indwelling, smaller-caliber tubes could achieve sufficient flow efficiency in a bench setting. The secondary aim was to examine how tube configuration and infusion rate influence performance.

Method

Nine 3D-printed tubes (5, 7, and 9 mm diameters) with U, straight, or V shapes were tested in a simulated stoma (12.25 mm). A liquid nutritional formula (1000 mL, Newcare) was infused at 100 and 50 cc/hour using a feeding pump. Each model was tested five times. Flow efficiency was defined as the percentage of input volume passing through the tube.

Results

No significant differences in flow efficiency were found between configurations. At 100 cc/hour, 9 mm tubes had the highest efficiency (95.2%), followed by 7 mm (62.5%) and 5 mm (55.5%). At 50 cc/hour, 9 mm tubes again performed best (96.9%), followed by 7 mm (64.7%) and 5 mm (57.9%). Although efficiency improved slightly at lower rates, differences were not significant.

Conclusion

Indwelling smaller-caliber tubes, slightly less than half the lumen diameter, showed stable flow with ~60% efficiency. Combined with strategies like reinfusion of residual output, these systems may offer a safer refeeding approach requiring further study.

Keywords: refeeding, tube, high-output, stoma

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FROM PREDICTION TO PRECISION: CHARACTERIZATION OF PRENATALLY DIAGNOSED ABDOMINAL CYSTS TO GUIDE OPTIMAL SURGICAL OR CONSERVATIVE MANAGEMENT

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Purpose: The prenatally diagnosis of intraabdominal cysts in newborns is relatively common. These cysts can be caused by a wide variety of conditions in newborns that may require surgical intervention or follow-up. The origin, size and symptoms of prenatally diagnosed abdominal cysts are important factors in the decision of surgical approach and incision site. The aim of this study was to determine the postnatal diagnosis, characteristics, outcomes and management of antenatally diagnosed intra-abdominal cysts.

Method: Hospital records of newborns with intraabdominal cysts who were prenatally diagnosed and treated at our department between 2008 and 2024 were retrospectively reviewed. Patients with urinary tract cysts or missing data were excluded from the study. Demographic data, cyst characteristics and progression, postnatal diagnosis and treatment approach, and final outcomes were analyzed.

Results: Intra-abdominal cysts were present in 115 (female:89, male:26) neonates diagnosed prenatally. The most common were ovarian cysts (n:70, 66.9%), intestinal duplication cysts (n:15, 13.0%), hepatobiliary cysts (n:14, 12.2%), meconium cyst (n:10, 8.7%), hidrocolpos (n:4, 3.8%), mesenteric cyst (n:1, 0.9%), sacrococcygeal teratoma (n:1, 0.9%).

Emergency postnatal surgical treatment was performed in 85 (73.9%) cases. Seventy percent of prenatally diagnosed ovarian cysts underwent surgery in the postnatal period. There were eight misdiagnosed pathologies, and the most frequently misdiagnosed pathologies were intestinal duplication cysts (n:3). A neonate with an antenatal ovarian cyst was operated on with a prediagnosis of duplication cyst postnatally. Because the pathology reported a sacrococcygeal teratoma, a posterosagittal coccyx excision was also performed.

Conclusion: The postnatal course of prenatally diagnosed intra-abdominal cysts can be variable. In neonatal surgery, accurate identification of the origin of an abdominal cyst is essential for determining the optimal surgical incision. Therefore, it is important to evaluate and manage each case individually and use preoperative imaging when necessary.

Keywords: Congenital abdominal mass, Intra-abdominal cyst, Postnatal outcome, Prenatal diagnosis, Newborn surgery, Cysts

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PROGNOSTIC VALUE OF THE HISTOPATHOLOGY OF THE APPENDIX FOR CHILDREN WITH RECURRENT APPENDICITIS

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Aim. To determine prognostic value of the histopathology of the appendix for children with recurrent appendicitis (RA).

Methods.A retrospective cohort study was conducted for patients (7-18 years) with RA in paediatric tertiary care institution (January 2019 - December 2022). All patients underwent appendectomy (interval or urgent) and were divided in three groups - uncomplicated RA (21), complicated RA (28) and chronic RA (14) based on histopathological analysis of the appendix. Data analysis of duration of symptoms, Alvarado score (AS), serum C-reactive protein (CRP), interleukin-6 (IL-6), white blood cells count (WBC), abdominal ultrasound (US) among patients were obtained during the first episode of uncomplicated acute appendicitis (AA). The analysis of the data was processed by IBM SPSS 29 ($p<0.05$). Ethical approval was given by the local institutional review board.

Results. The study included 63 patients with the mean age of 12.4 (SD2.6), of them 37 (58.7%) boys. A relapse during a 6-month period after the first AA episode was observed for 27 patients (42.9%). Most interval appendectomies were seen in chronic RA group (62,5%) but more than half (59,6%) of urgent appendectomies in complicated RA group. The median of WBC for uncomplicated RA and chronic was 15.64x103/μL (IQR=2.89) and 12.75x103/μL (IQR=4.12). Patients with chronic RA had significantly lower cut-off values of WBC compared to uncomplicated RA ($H(2)=15.369$; $p=0.045$). Patients with complicated RA had a tendency towards statistical significance: they were younger than patients with uncomplicated RA ($H(2)=5.171$, $p=0.075$). There were no statistically significant differences among the study groups for the following parameters: duration of symptoms, AS, CRP, IL-6, US.

Conclusion. Children with normal or slightly elevated WBC receiving conservative treatment of AA could be predicted to receive interval appendectomy in a case of RA.

Keywords: Recurrent appendicitis, children, histopathology of appendix

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RELIABILITY OF ALVARADO SCORE IN DIAGNOSIS OF ACUTE APPEDICITIS IN PEDIATRIC PATIENTS ,OUR CENTER EXPERIENCE

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Abstract Background: In children, diagnostics tools for appendicitis are more critical. Younger patients, diagnostic challenges become more. scoring systems are not employed regularly in children.

Methods: In this cross-sectional study performed fo one year, ten provinces out of the 31 provinces in Iran were randomly selected. A total of 631 patients were assessed. Related variables were taken from recorded files by pediatricians. Alvarado scoring system was used to assess the accuracy of this test for diagnosis of appendicitis in our centers.

Results: The mean age of eligible patients was 9.3 ± 3.21 years ranged from 3 years to 18 years, and 380 (60.5%) were male. Using the Alvarado score system in this study, considering the cut-off point value of 7 to decide for operation, the positive predictive value (PPV) showed 32.6%, and negative predictive value (NPV) was 76.73%, with a sensitivity of 44.05% and, specificity of 66.95%. There were statistically no significant correlations among the scoring of the Alvarado and diagnosis of AA ($P < 0.05$). Regarding receiver operator characteristic curves (ROC), the area under curve (AUC) was 0.58 (0.54 to 0.63) for Alvarado. The AUC was very low, so there was no value for the diagnosis of appendicitis. According to the findings of the present study, the cut-off point of 4.5 is suggested for the diagnosis of acute appendicitis in children with a sensitivity of 73% and specificity of 58%.

Conclusions: Although the Alvarado scores supply obviously practical diagnostic information in the management of pediatric population with supposed appendicitis, this method delivers no adequate PPV for clinical practice as a safe way for determining necessary operation.

Keywords: Acute Appendicitis, Alvarado Score, Abdominal Tenderness

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POTENTIAL PREDICTORS OF SURGICAL NECROTIZING ENTEROCOLITIS IN EXTREMELY LOW-BIRTH-WEIGHT INFANTS: ANALYSES OF COAGULATION AND FIBRINOLYSIS MARKERS AT BIRTH

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Purpose: We analyzed coagulation and fibrinolysis markers at birth to identify predictors of the onset of necrotizing enterocolitis (NEC) in extremely low-birth-weight infants (ELBWIs).

Methods: We reviewed the medical records of ELBWIs born at our institution between 2013 and 2022. Patient background and blood test results at birth were compared between the surgical NEC and control groups.

Results: Two hundred forty-six ELBWIs were enrolled in this study (control group, n=190; surgical NEC group, n=22). The body weight at birth of surgical NEC group was lower than the Control group. The following coagulation and fibrinolysis markers at birth were compared between the control and NEC groups: prothrombin time (%), 62.2±19.4 vs. 54.2±24.4, p=0.169; prothrombin ratio, 1.65±0.55 vs. 1.39±0.27, *p*=0.052; activated partial thromboplastin time (min), 78.5±31.1 vs. 95.6±40.6, *p*=0.083; fibrinogen (mg/dL), 160.7±124.2 vs. 107.3±67.1, p=0.004; antithrombin III (%), 29.1±7.8 vs. 28.4±9.9, *p*=0.083; D-dimer (μg/mL), 3.2±2.5 vs. 11.7±13.9, *p*=0.013; soluble fibrin (μg/mL), 30.0±26.9 vs. 35.7±25.4, *p*=0.372; thrombin antithrombin III complex (ng/mL), 9.0±7.9 vs. 20.5±28.1, *p*=0.082; plasmin-α2 plasmin inhibitor complex (μg/mL), 1.04±0.67 vs. 1.88±3.0, *p*=0.254; plasminogen activator inhibitor-1 (ng/mL), 23.0±14.3 vs. 42.5±59.5, *p*=0.160; and factor XIII (%), 25.7±8.2 vs. 24.7±9.7; *p*=0.667.

Conclusions: Low fibrinogen and high D-dimer levels at birth are potential predictors of the onset of NEC in ELBWIs.

Keywords: necrotizing enterocolitis, extremely low birth weight infant, predictive factor, coagulation system, fibrinolysis

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THE APPLICATION OF INDOCYANINE GREEN-GUIDED DELOYERS PROCEDURE IN REOPERATION AFTER SUBTOTAL COLECTOMY: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY

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Purpose: Subtotal colectomy with ascending colon inversion (Deloyers procedure) is widely used in the definitive surgery of Hirschsprung's disease (HD) when the abnormal parts involve transverse or even descending colon. However, as short as 10-15 cm colon remained after the operation brings great difficulty to the reoperation for various postoperative complications, facing the risk of total colectomy. Previous researches have proved that indocyanine green (ICG) fluorescence imaging is useful in assessing anastomotic perfusion. This study aims to review our surgical experience and outcome of ICG-guided Deloyers procedure during reoperation after subtotal colectom.

Methods: A retrospective study was conducted on HD patient who underwent reoperation after subtotal colectom in our center from 2016 to 2024. Whether to had reserved the colon, surgical complications and bowel functional outcomes were compared between the with-ICG-guided group (n=11) and the without-ICG-guided group (n=9).

Results: 20 Patients were included with median age 17.2(0.1–132) months at primary subtotal colectom and 63.2 (7–192) months at reoperation. Compared with patients without ICG-guided Deloyers procedure, those with the ICG-guided had higher incidence of colon reservation (100% vs 44.4%, p=0.008) but similar incidence of surgical complications. In terms of bowel functional outcomes, incidence of perianal infection was lower in ICG-guided group (0% vs 55.6%, p=0.029) , while the differences were not significant in enterocolitis (22.2% vs 77.8%, p=0.057) and soiling (66.7% vs 66.7%, p=1).

Conclusion: For children who have undergone subtotal colectomy and developed complications, ICG-guided Deloyers procedure in reoperation is safe and effective. Through such technical improvements, a considerable number of children can retain some length of the colon to improve the quality of their future life.

Keywords: Deloyers procedure; indocyanine green; reoperation; Hirschsprung's disease

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AN ANATOMICAL LOCATION OF INTESTINAL ATRESIA AS A PREDICTOR OF CLINICAL COURSE IN SMALL BOWEL ATRESIA: A TWO-CENTER STUDY AT SOUTHERN IN JAPAN

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Purpose: Small bowel atresia requires precise perinatal management and early surgical intervention owing to complications such as polyhydramnios and preterm labor. The etiology and pathology vary from case to case, and a prenatal diagnosis is possible in only approximately half of the cases. We investigated the relationship between the atretic location and both prenatal and operative findings to elucidate the characteristics of small-bowel atresia.

Method: We retrospectively reviewed the medical records of patients who underwent surgery for small-bowel atresia at two institutions between April 2000 and March 2024. Patients were divided into the jejunal atresia (JA) and ileal atresia (IA) groups, based on the atretic location relative to the ligament of Treitz. Cases of multiple atresia were classified according to the most proximal atretic site. We compared the prenatal and operative findings between the two groups.

Results: Fifty-eight patients were analyzed (JA group, n=22; IA group, n=36). The JA group showed significantly lower gestational age (33.4±3.3 vs 37.7±2.8 weeks, $p<0.001$) and birth weight (1970±671.6 vs 2893±644.2g, $p<0.001$) relative to the IA group. The JA group had higher rates of prenatal diagnosis (95.2% vs. 66.7%, $p<0.05$), polyhydramnios (92.9% vs. 20%, $p<0.001$), and bowel dilatation on prenatal ultrasound (95.0% vs. 67.9%, $p<0.05$). Additionally, cesarean delivery was significantly more frequent in the JA group than in the IA group (90.9% vs. 22.2%, $p<0.001$), and preterm delivery was more common (54.5% vs. 25.7%, $p<0.05$). There was a significant correlation between birth weight and the distance from the ligament of Treitz to the site of atresia (correlation coefficient=0.63, $p<0.0001$).

Conclusions: The clinical features of small-bowel atresia vary depending on the location of atresia. The diagnosis of prenatal small bowel obstruction and the identification of the site of obstruction may be useful for determining appropriate perinatal and operative management strategies.

Keywords: small bowel atresia, jejunal atresia, ileal atresia, prenatal diagnosis, perinatal management.

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MACROPHAGE POLARIZATION-REGULATED CXCL5 IN NEURAL DEVELOPMENT AND SUSCEPTIBILITY TO ENTEROCOLITIS IN HIRSCHSPRUNG'S DISEASE

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Hirschsprung's disease (HSCR) is pathologically defined by distal colonic aganglionosis, resulting in functional intestinal obstruction. Crucially, 30–50% of patients develop life-threatening Hirschsprung-associated enterocolitis (HAEC), the pathogenesis of which remains elusive. Whereas conventional research emphasizes defective neural crest cell migration, accumulating evidence implicates dysregulation of the intestinal immune microenvironment in both HSCR pathogenesis and its complications. Our prior work demonstrates that exogenous CXCL5 attenuates apoptosis in injured enteric neurons, indicative of neuroprotective functions. Paradoxically, CXCL5 functions as a potent neutrophil chemoattractant that is markedly upregulated during inflammatory responses. Macrophages—primary cellular sources of CXCL5—may orchestrate dual pathology through functional polarization (pro-inflammatory M1/anti-inflammatory/reparative M2 phenotypes): their polarization status within the HSRC bowel directly modulates CXCL5 expression, concurrently impairing enteric nervous system development and disrupting local immune homeostasis, thereby potentiating HAEC susceptibility. This study integrates mechanistic interrogation of macrophage polarization-dependent CXCL5 regulation to delineate CXCL5-mediated neuroprotective pathways in enteric neural development, while evaluating how CXCL5 overproduction drives intestinal immune dysregulation and increases HAEC vulnerability, ultimately defining neuro-immune crosstalk in HSCR's core pathology and complications.

Keywords: CXCL5, macrophage polarization, neural protect, HAEC vulnerability

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TIMING AND OUTCOMES OF SURGICAL INTERVENTION IN NECROTIZING ENTEROCOLITIS: A 7-YEAR RETROSPECTIVE STUDY OF 277 CASES

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Aim of the study:

The study aimed to determine the optimal stage for surgical intervention in NEC (Necrotising Enterocolitis) management, focusing on mortality reduction.

Materials:

A retrospective analysis of 277 NEC patients (2016–2023) included birth details, treatment methods, surgical indications, and outcomes.

Results:

Of 7,584 births, 277 (3.7%) had NEC, with a male-to-female ratio of 1.5:1. Prematurity was observed in 79% of cases, and birth weights ranged from 490 to 3,900 g. Surgery was performed on 34 patients (12.2%), mostly on premature infants (82.3%).

Surgical indications included air in the portal vein (12), pneumatosis intestinalis (8), and pneumoperitoneum (2). Decision criteria encompassed poor clinical condition, thrombocytopenia, dilated bowel, palpable abdominal mass, and other factors (12).

Procedures involved resection stoma (25), resection-anastomosis (3), multiple resection-anastomosis-stoma (3), and neovascularization through liver capsule incision (1). Ileocecal valve removal occurred in 10 total colonic NEC cases. A SECOND LOOK method (1), laparoscopy (5 cases), and intraperitoneal drainage (3 cases) were employed. No Hirschsprung's in 3 biopsies.

Some patients received proximal stomas for protective reasons. Stoma closure time averaged 86 days (14 days–6 months). Morbidity affected 25%, with one requiring surgical treatment for perforation proximal to the stoma. Mortality was 6%, while 25 patients developed sepsis postoperatively. Long-term complications included gallbladder stones (3 patients) and kidney stones (1 patient).

Conclusions:

Notably, multiple resection-anastomosis-stoma prevented anastomotic leakage. Suturing small intestines to the liver capsule induced neovascularization during total intestinal NEC. If intestinal perforation or intestinal necrosis is present in a patient with NEC, we recommend surgery if the operating room, anesthesia, and neonatology team are available. We believe that preservation of hypotension and hypothermia and the involvement of a neonatologist in the operation greatly increase the prognostic factor.

Keywords: NEC (Necrotising Enterocolitis), neovascularization, hypotension, hypothermia, neonatologist

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TRANSUMBILICAL VIDEO-ASSISTED APPROACH VERSUS CONVENTIONAL LAPAROSCOPY APPENDECTOMY IN COMPLICATED ACUTE APENDICITIS IN CHILDREN

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Introduction

Single-port transumbilical video-assisted appendectomy has become an increasingly alternative in the management of complicated acute appendicitis (CAA) in children. The aim of this review is to report the surgical outcomes of this approach in the treatment of CAA and compare it with standard laparoscopic technique.

Material and Methods

Retrospective study of CAA treated on a 2-years period (2022-2024) using video-assisted (G1) or laparoscopic (G2) technique. Sociodemographic characteristics, type of appendicitis, surgical time, length of stay (LOS) and post-surgical complications were studied, considering complicated appendicitis from the gangrenous stage.

Results

39 patients underwent minimally invasive surgery for CAA, 17 using video-assisted technique and 22 using conventional laparoscopy. Mean age of 8.7±3.1 years (2-13 years). 70.6% treated in G1 were gangrenous, 11.8% perforated and 17.6% generalized peritonitis, compared to 40.9%, 36.4%, 22.7% treated in G2 (p=0.139). Mean surgical time of 70.1±20 minutes for G1 vs 88.7±33.2 minutes for G2 (p=0.049). LOS was 3.2±1.8 days for G1 and 4.6±2.4 days for G2 (p=0.059). Related to post-surgical complications, wound infection 5.8% in G1 vs 4.5% in G2, (p=0.851) and no intra-abdominal abscess in G1 and 27.2% in G2 (p=0.019). No patient was readmitted in G1, while in G2 readmission rate was 22.7% (p=0.035)

Conclusions

Video-assisted appendectomy appears to be a safe and efficient modality for treatment of CAA in children without increased morbidity. Comparing it with conventional laparoscopy, we observed a significant reduction in surgical time, without an increase in post-surgical complications or readmisión rate.

Keywords: Complicated acute appendicitis, Video-assisted appendectomy

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TRANSRECTAL SONOGRAPHY IN PEDIATRIC COLORECTAL DISEASE: INTERRATER RELIABILITY

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Assessment of fecal load is an essential component of long-term follow-up in children with colorectal conditions. While the use of ultrasound in this context is under debate, it offers a potential non-radiative alternative to imaging techniques such as X-ray. This study evaluates the interrater reliability of transabdominalrectal ultrasound measurements in pediatric patients with Hirschsprung's disease, Anorectal Malformation, Chronic Constipation, and healthy controls.

This investigation is a substudy of the ReKiSo study. Between October 2024 and June 2025, a total of 220 ultrasound measurements were independently obtained by two examiners. A Toshiba Aplio 300 ultrasound machine equipped with a curved array probe was used. The transducer was positioned just proximal to the pubic symphysis and angled 15 degrees caudally in the transverse plane.

Measurements were performed independently by two raters: a pediatric surgery consultant and a medical student. Interrater reliability was assessed using the Intraclass Correlation Coefficient (ICC), which yielded a value of 0.954. This reflects excellent agreement between observers and supports the use of transrectal ultrasound as a reliable diagnostic tool in pediatric colorectal assessment. Despite concerns about user dependency, these findings suggest that with appropriate training, ultrasound may serve as a consistent and non-invasive alternative for evaluating fecal load.

Keywords: transrectal ultrasounf, faecal load, clinician ultrasound, bowel management, colorectal condition

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INHIBITION OF GASDERMIN D ATTENUATES NEUTROPHIL EXTRACELLULAR TRAP FORMATION INDUCED BY PLATELET-DERIVED EXOSOME IN NECROTIZING ENTEROCOLITIS

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This study investigates the role of gasdermin D (GSDMD) in platelet pyroptosis and its impact on neutrophil extracellular trap (NET) formation in necrotizing enterocolitis (NEC), a severe gastrointestinal emergency in neonates. The research aims to explore the mechanisms underlying GSDMD-dependent platelet pyroptosis and its contribution to excessive NET formation and associated inflammation in NEC.

Research Background

NEC is a leading cause of gastrointestinal emergencies in neonatal intensive care units, characterized by intestinal inflammation and necrosis. Despite advancements in medical treatment, the incidence and mortality rates of NEC have remained largely unchanged. Platelets play a significant role in inflammation and sepsis, and recent evidence suggests that platelet-derived exosomes may contribute to NET formation, which exacerbates inflammation. This study hypothesizes that GSDMD-dependent platelet pyroptosis is associated with the release of exosomes that induce excessive NET formation and subsequent intestinal damage in NEC.

Methods

The study retrospectively reviewed clinical data from preterm infants diagnosed with NEC and found elevated inflammatory markers and platelet pyroptosis. Platelet-derived exosomes were characterized using transmission electron microscopy and western blotting. Animal models of NEC were used to evaluate the effects of platelet depletion and pharmacological inhibition of GSDMD with disulfiram on NET levels, exosome release, and intestinal damage.

Results

Clinical data analysis revealed elevated inflammatory markers and platelet pyroptosis in NEC patients. Platelet-derived exosomes promoted NET formation, characterized by increased levels of MPO-DNA and dsDNA complexes. Platelet depletion reduced NET levels and exosome release, while pharmacological inhibition of GSDMD with disulfiram mitigated intestinal damage and improved survival rates. Mechanistically, mitochondrial ROS and oxidized mitochondrial DNA (ox-mtDNA) were identified as key mediators linking platelet pyroptosis to NET formation.

Conclusions

The study demonstrates that GSDMD-dependent platelet pyroptosis and the subsequent release of exosomes play a critical role in promoting NET formation and exacerbating inflammation in NEC. Targeting GSDMD with disulfiram could be a potential therapeutic strategy to reduce excessive NET formation and associated inflammation, thereby improving outcomes in NEC. Future research should focus on further elucidating the mechanisms underlying platelet pyroptosis and NET formation in NEC and exploring the clinical applications of targeting GSDMD in neonatal intensive care.

Keywords: Necrotizing enterocolitis (NEC); gasdermin D; Neutrophil Extracellular Trap; Platelet; Exosome

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LONG NON-CODING RNAS AS MOLECULAR DRIVERS AND BIOMARKERS IN NEUROBLASTOMA: A SYSTEMATIC REVIEW

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Background:

Neuroblastoma (NB) is the most common extracranial solid tumor in children and a major contributor to pediatric cancer mortality. It is characterized by clinical heterogeneity and poor prognosis in high-risk cases. While multimodal therapies have improved outcomes for some, the underlying molecular mechanisms remain incompletely defined. Long non-coding RNAs (lncRNAs), once considered transcriptional noise, are now recognized as key regulators of gene expression involved in tumorigenesis, metastasis, and drug resistance.

Objective:

This systematic review aimed to consolidate evidence on the roles, regulatory mechanisms, and clinical implications of lncRNAs in NB, focusing exclusively on studies using patient-derived human samples.

Methods:

A comprehensive search was conducted in PubMed and Web of Science (2015–2024), adhering to PRISMA 2020 guidelines. Studies evaluating lncRNA expression, function, or polymorphisms in NB using human tissues, serum, or patient datasets were included. Reviews, animal-only studies, and non-mechanistic reports were excluded. After screening 335 articles, 80 studies met the inclusion criteria.

Results:

Numerous lncRNAs were found to be dysregulated in NB. Oncogenic lncRNAs (e.g., *NEAT1, MALAT1, SNHG1/7/16, XIST*) and tumor suppressors (e.g., *NBAT1, MEG3, CASC15, GAS5*) modulate critical signaling pathways including PI3K/AKT/mTOR, p53, and Wnt/β-catenin. Several lncRNAs function as competing endogenous RNAs (ceRNAs), modulating miRNA activity and influencing proliferation, apoptosis, metastasis, and chemoresistance. Polymorphisms in lncRNAs such as LINC00673, MEG3, and HOTAIR were associated with NB risk and prognosis. Liquid biopsy-based detection of circulating lncRNAs also shows promise for early diagnosis. Prognostic lncRNA signatures were linked to overall survival and disease stage.

Conclusion:

LncRNAs are emerging as pivotal players in NB pathobiology. Their diagnostic, prognostic, and therapeutic potential warrants further clinical validation. Incorporating lncRNA profiling into current clinical workflows could enhance precision medicine strategies in neuroblastoma.

Keywords: Neuroblastoma, Long non-coding RNAs (lncRNAs), Tumor progression, Prognostic biomarkers,

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THORACOSCOPIC REPAIR OF ESOPHAGEAL ATRESIA: SURGICAL CHALLENGES IN LONG GAP AND OVERLAPPING POUCH VARIANTS

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Thoracoscopic repair of esophageal atresia (EA) has become the preferred approach in many centers, yet it presents distinct challenges based on anatomical variation. This video presentation explores two major technical obstacles encountered during thoracoscopic EA surgery: long-gap atresia and overlapping pouches. In long-gap cases, the distance between the proximal and distal esophagus limits tension-free anastomosis, requiring intraoperative adaptations such as mobilization techniques or staged strategies. Conversely, overlapping pouches may give a false impression of continuity, risking misidentification or misalignment. We discuss key considerations in choosing the surgical approach, optimizing visualization, and ensuring precise anastomosis. Through real-case footage, the video highlights decision-making steps, pitfalls, and technical pearls to enhance the safety and success of thoracoscopic EA repair.

Keywords: Keywords: Esophageal atresia, thoracoscopic repair, long-gap, overlapping pouches, pediatric surgery, minimally invasive surgery.

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LIPOBLASTOMA IS A RARE CAUSE OF MIDLINE NECK MASS IN A 2 YEAR-OLD GIRL

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Background: Lipoblastoma is an unusual rare, benign soft tissue tumor that usually affects infants and young children under there years old. It is developed from embryonic white adipose tissue. Lipoblastomas located in the midline can compress the airway and are difficult to distinguish from other midline neck cases. A 2-year-old girl with a lipoblastoma localized in the midline in the neck is reported to discuss the clinical features and differential diagnosis of lipoblastoma in children.

Case Presentation: A 2-year-old girl admitted to our department with a gradually enlarging, midline anterior neck mass, causing tracheal deviation and compression. Imaging studies including ultrasonography and magnetic resonance imaging revealed a well-circumscribed, fat-containing lesion located anterior to the trachea, measuring up to 62 mm. Preoperative bronchoscopy confirmed tracheomalacia and tracheal narrowing at the level of the mass. Surgical excision was performed under general anesthesia and en bloc excision of the mass confirmed lipoblastoma with focal involvement of surgical margins in histopathological analysis. The patient recovered uneventfully and was discharged on postoperative day 2.

Conclusion: This case highlights the importance of including lipoblastoma in the differential diagnosis of pediatric anterior neck masses, especially when imaging suggests a fat-containing lesion with compressive features. Early surgical intervention is crucial to prevent airway obstruction, and close postoperative follow-up is recommended in cases with positive margins to monitor for recurrence.

Keywords: Lipoblastoma, pediatric neck mass, tracheal compression, airway management, soft tissue tumor, surgical excision

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LOST IN TRANSITION

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We report on a now 34-year-old patient with congenital cloacal exstrophy, who has been continuously cared for in our pediatric surgical center after the primary closure of the bladder and pull-through operation in early childhood.

In 2004 and 2005, a bladder augmentation through ileal pouch and the creation of a continent bladder stoma (Mitrofanoff) were performed, along with vaginal reconstruction. In 2008, vulvoplasty and labial reconstruction were carried out, as well as a repeat sphincter dilation for recurrent anal stenosis. Upon discharge from the pediatric clinic, the patient performed bowel irrigations every 2 days and clean intermittent catheterization (CIC) 6-8 times per day via the Mitrofanoff stoma, maintaining social continence.

Since 2008, there have been recurring hospitalizations in the departments of gynecology, urology, nephrology, gastroenterology, and general surgery. Long-term complications included recurrent urosepsis leading to emergency left nephrectomy, severe recurring episodes of urolithiasis requiring multiple surgical removals of bladder stones via high-section, and a persistent bowel emptying disorder with massive coproliths requiring regular surgical intervention over months. Colleagues in gynecology have been conducting regular bougienage and revision surgeries on the stenosed and scarred neovagina since 2010, as well as recurring surgical procedures for abscesses in the internal and external genitalia.

Currently, the vagina and anus are at most fingertip-accessible, with ongoing regular dilations. Neither vaginal nor anal intercourse is possible. The Mitrofanoff stoma, following the last Deflux injection in 2020, is currently continent, and CIC is uncomplicated with normal creatinine levels.

A structured transition between pediatric and adult medicine, along with care in a competence center involving interdisciplinary collaboration of all specialists for patients with rare congenital malformations beyond childhood, must be a shared goal to ensure the best possible medical care and quality of life for patients beyond primary reconstruction.

Keywords: Transition, bladder exstrophy, cloacal exstrophy

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POSTRENAL ACUTE KIDNEY INJURY IN INFANT WITH BILATERAL PUJO OF HORSESHOE KIDNEY

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Male infant 2.5 month years old was presented with 8 hours of anuria. Prenatal ultrasound showed nothing. Soon after birth bilateral pyelectasia was founded. On the ultrasound examination two days before anuria, bilateral hydronephrosis of horseshoe kidney was noted. During examination we found growing of kidney dimensions (plus 1 cm), collection of paranephral fluid, absance of urine in the bladder and high grade of serum potassium up to 7,5 mmol/l, creatinine 236 mcmol/l and urea 17 mmol/l. We performed emergent cystoscopy with transurethral intubation of both kidney pelvis by 3F and 4F catheters and got a quick resolve of AKI in 12 hours. Ten days later we have change intubators on J-J stents and have made diagnostic laparoscopy of right part of kidney. We found paranephral edema, compression of pyelo-ureteric junction (PUJ) by main renal vessels and stenosis of urether in the same place, after mobilization and dislocation of pelvis we performed laparoscopic dismembered pyeloplasty with anastomosis 1 cm distal to the vessels. Patient was discharged on the 3rd day after operation. One month later we have take out the J-J stent from right side and perform the laparoscopic dismembered pyeloplasty on the left side, where we found the compression of PUJ by main renal vessels, stenosis of urether and a severe scarring process around the left pelvis. Continious examinations after removingg of J-J stent shows normal ultrasound parmetres of the kidney and normal value of serum potassum, creatinine and urea.
Conclusion: Caution is needed in case of bilateral hydronephrosis of the horseshoe kidney in terms of a possible total kidney block, which may manifest as a clinic of anuria with the development of AKI. The choice of surgical procedure for vascular compression of the PUJ should be carried out depending on the clinical situation.

Keywords: bilateral hydronephrosis, horseshoe kidney, postrenal acute kidney injury

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PREPUBIC SINUS: 2 CASE-REPORTS OF A RARE VARIANT OF URETHRAL DUPLICATION

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Introduction: Prepubic sinus (PPS) is a rare congenital anomaly characterized by a midline tract, typically located dorsally to the urethra and opening near the base of the penis. Fewer than 50 cases have been reported in the literature, and its etiology remains debated. Some authors consider PPS a variant of urethral duplication, supported by histological findings of transitional epithelium in many cases.

Case Reports: We present two male patients, aged 4 and 15 years, referred for a small pit-like opening at the base of the penis, caudal to the pubic symphysis. Both had no history of urinary symptoms, infection, nor pain, and only the second mentioned an intermitent low-volume serous discharge. In the older patient, magnetic resonance imaging confirmed a midline blind-ending tract with no communication to the urinary tract.

Surgery consisted of complete excision of the, after fistulography with methylene blue was performed to delineate the tract at the beginning of the procedure. Intraoperative findings confirmed a blind-ending sinus with no communication to the urethra nor bladder.

Both patients recovered uneventfully and were discharged on the first postoperative day. No recurrence or complications were observed.

Conclusion: Prepubic sinus is an extremely rare entity in pediatric patients and should be considered in the differential diagnosis of persistent midline penile base or suprapubic discharge. Despite its benign course, proper identification and complete surgical excision are essential to prevent misdiagnosis and ensure definitive treatment. Increased awareness and reporting of such cases are important to improve understanding of this uncommon condition.

Keywords: prepubic sinus, urethral duplication, urethra

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PYLOROSPASM: A LESS COMMON FUNCTIONAL DISORDER MIMICKING HYPERTROPHIC PYLORIC STENOSIS, LEADING TO PERSISTENT VOMITING IN A PRETERM MALE INFANT

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Introduction: Historically, Pylorospasm is defined as a condition in which the infant's pyloric canal has some functional obstruction to organic matter, compared to hypertrophic pyloric stenosis, a well-known cause of after-feeding and repetitive vomiting in infancy. It is 61 years since the first use of oral Atropine for treating HPS, especially in those children with anesthesia or surgery who have restrictions. Afterward, in limited trials, IV Atropine was introduced for its more effective and less complicated nature.

Case presentation: We have reported a case of a premature male infant born by surrogacy and fed from a milk bank, whose acute after-meal intermittent vomiting led to a Pylorospasm diagnosis. He was successfully treated non-surgically by Intravenous (IV.) Atropine and gained weight.

Conclusion: In cases of suspension to HPS without sonographic evidence, Pylorospasm should be considered. In these conditions, Atropine can be a suitable and less complicated therapeutic alternative.

Permission has been obtained from the patient's legal guardian.

Keywords: Infantile hypertrophic pyloric stenosis, Pylorospasm, Atropine, Surrogacy, Case report

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NEGLECTED URETEROPELVIC JUNCTION OBSTRUCTION LEADING TO GIANT HYDRONEPHROSIS: A CASE REPORT AND REVIEW OF LITERATURE

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Abstract

Introduction: Giant hydronephrosis (GH) is an uncommon urological disease, and ureteropelvic junction obstruction (UPJO) is counted as one of the most common etiologies among children. A kidney comprising more than 1.6% of the overall body weight is a giant hydronephrotic kidney. The possible differential diagnoses may include ovarian, mesenteric, pancreatic, and adrenal cysts, extra-renal tumors, Echinococcal cysts of the liver, non-renal retroperitoneal cysts, tuberculous peritonitis, and ascites. Due to the possibility of pyelonephritis, sepsis, and shock, paracentesis is not recommended in these cases. Ultrasonography is the primary modality employed to distinguish the diagnoses mentioned above. Our survey of the pediatric population revealed that aside from UPJO, the most common anomalies were renal system duplication.

Case presentation: This report presents a giant hydronephrosis resulting from a neglected complication of ureteropelvic junction obstruction in a 2.5-year-old girl with a history of gross hematuria and abdominal distention who underwent nephrectomy.

A kidney comprising more than 1.6% of the overall body weight is a giant hydronephrotic kidney. The possible differential diagnoses may include ovarian, mesenteric, pancreatic, and adrenal cysts, extra-renal tumors, Echinococcal cysts of the liver, non-renal retroperitoneal cysts, tuberculous peritonitis, and ascites. Due to the possibility of pyelonephritis, sepsis, and shock, paracentesis is not recommended in these cases. Ultrasonography is the primary modality employed to distinguish the diagnoses mentioned above. Our survey of the pediatric population revealed that aside from UPJO, the most common anomalies were renal system duplication.

Conclusion: Care for patients with GH is tailored to each individual, with significant differences between children and adults.

Permission has been obtained from the patient’s legal guardian.

Keywords: Hydronephrosis, Ureteropelvic Junction Obstruction, Hematuria, CT scan, Case report

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SINGLE-PORT LAPAROSCOPIC SURGERY FOR GIANT GASTRIC TRICHOBEZOAR EXTRACTION IN A PEDIATRIC PATIENT

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Hospital Universitario Miguel Servet

Aim of the study

Gastric trichobezoar is a rare condition often requiring surgery when non-operative methods fail. Minimally invasive techniques are emerging as safe and effective alternatives to traditional laparotomy.

Case description

A 13-year-old girl was admitted with abdominal pain, vomiting, and a palpable mass in the upper abdomen. Ultrasound and CT scans revealed a giant gastric trichobezoar. Endoscopy confirmed a large trichobezoar occupying the entire stomach and obstructing its contents.

A single port transumbilical laparoscopic approach was performed using a homemade glove port system with a surgical glove and two ports inserted into the glove fingers. The procedure included gastric opening, morcellation, and trichobezoar extraction using an endobag.

While the technique offers advantages such as a minimally invasive approach and improved cosmetic outcomes, the prolonged time required for morcellation was a limitation. Additionally, there is a minimal but potential risk of abdominal contamination during manipulation and extraction, which could complicate the postoperative course.

Despite an initial paralytic ileus, the patient progressed favorably, achieved complete oral tolerance by the seventh postoperative day, and was discharged in good condition.

Conclusions

Single-port laparoscopic surgery is a safe and effective technique for trichobezoar extraction, offering rapid recovery and significant cosmetic benefits. However, the morcellation time and potential risk of abdominal contamination should be considered during surgical planning.

Keywords: trichobezoar, laparoscopy, single-port

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SEVERE THORACIC IMPALEMENT TRAUMA LEADING TO BRONCHIAL INJURY: CONSERVATIVE MANAGEMENT AS A VIABLE OPTION

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Background: Pediatric tracheobronchial injuries are extremely rare and potentially life-threatening. The absence of pediatric-specific treatment guidelines often leads to the application of adult-based surgical approaches. However, conservative management may be a viable alternative in selected cases.

Case Presentation: A 7-year-old boy from a rural farming village sustained thoracic impalement after falling onto a 30 cm iron rod. The rod penetrated the left chest wall through the third intercostal space at the midclavicular line. Initial management at a local health facility included wound closure. Thoracic computed tomography revealed a left-sided pneumothorax, massive pneumomediastinum, and a 2 cm laceration near the origin of the left main bronchus. The patient presented with respiratory failure and was intubated and transferred to our ICU on mechanical ventilation. After extubation on post-trauma day 5, chest imaging showed total left lung collapse and recurrent pneumothorax, although the patient remained clinically stable. Follow-up CT demonstrated minimal pneumomediastinum and narrowing of the distal bronchus, likely due to a mucus plug or hematoma. A multidisciplinary decision was made to perform bronchoscopy. Surgical teams were alerted, and venovenous ECMO was prepared. Bronchoscopy revealed granulation tissue and mucosal healing without airway defect or stenosis. Non-invasive positive pressure ventilation was initiated, resulting in complete resolution of atelectasis. The patient was discharged on post-trauma day 20 without the need for surgery.

Conclusion: This case demonstrates that in selected pediatric bronchial injuries, conservative management can be a safe and effective alternative to surgery. Bronchoscopy, combined with careful clinical monitoring, may confirm airway healing, avoid unnecessary thoracic exploration, and reduce morbidity.

Keywords: Pediatric, Bronchial injuries, Bronchoscopy, Thoracic trauma

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A GIANT INFECTED AND RUPTURED OMENTAL CYST CAUSING SEPSIS AND INTESTINAL OBSTRUCTION IN AN INFANT: A RARE CASE REPORT

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Introduction: Omental cysts are rare intra-abdominal pathologies in children and are usually asymptomatic or present with complaints such as abdominal pain and distension. Infected omental cysts are much rarer. Herein we are presenting an infected and ruptured giant omental cyst that manifested with sepsis and intestinal obstruction in an infant.

Case Presentation: A 1-year-old girl presented with, abdominal pain and distension, vomiting, and fever for the last 3 days. Physical examination revealed abdominal distension and tenderness. She had extremely elevated CRP levels (355 mg/L). Pathological gas-fluid levels were detected in the abdominal X-ray examination, and ultrasound showed a heterogeneous fluid collection up to 70 mm in thickness. Urgent laparotomy was performed for her acute abdomen, suspicious for perforated appendicitis. During laparotomy, a ruptured bilobed omental cystic mass with 20 cm diameter at the upper quadrant originating from the greater omentum. The cyst was totally excised and the abdominal cavity was cleaned. Her postoperative course was uneventful and discharged home on the 5th day of surgery. The pathology confirmed the diagnosis of an omental cyst.

Conclusions: Omental cysts are rare abdominal pathologies, often asymptomatic, but may cause life-threatening complications such as intestinal obstruction or infection when it gets huge diameters. Infected and ruptured omental cysts are extremely rare and may cause acute abdomen as observed in our case presented.

Keywords: omental cyst, sepsis, intestinal obstruction, infant, acute abdomen

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PERSISTENT UVEITIS UNMASKED: THE IMPACT OF MEDIASTINAL MASS RESECTION IN PEDIATRIC EXTRAPULMONARY TUBERCULOSIS

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Introduction:

Tuberculosis (TB) remains a major global health concern, particularly in pediatric populations from endemic regions. While pulmonary involvement is common, extrapulmonary manifestations such as uveitis are rare and can lead to significant morbidity. Persistent inflammatory responses despite adequate antituberculous therapy (ATT) present a therapeutic challenge. We report a case of pediatric tuberculous uveitis associated with a mediastinal mass, successfully managed with surgical resection after failure of medical treatment.

Case Report:

A 12-year-old girl, recently immigrated to Spain from Colombia, presented with bilateral intermediate uveitis, vitritis, and subcapsular cataracts. Initial treatment with corticosteroids led to partial improvement. Imaging revealed a right hilar mediastinal mass (8x5.6 cm) compressing the bronchus, left atrium, and major vessels. Diagnosis of tuberculous mediastinitis was confirmed by PCR detection of Mycobacterium tuberculosis in samples from the mass and ocular fluids. Standard ATT was initiated, combined with immunosuppressive therapy. Despite finishing the treatment, ocular inflammation persisted, impairing visual acuity.

A multidisciplinary team concluded that the mediastinal mass acted as a persistent inflammatory focus. The patient underwent right thoracotomy with complete resection of the mass, histologically confirmed as necrotizing granulomatous lymphadenitis consistent with tuberculosis. Postoperatively, uveitis resolved rapidly, with full recovery of visual acuity (1.0 bilaterally) and no recurrence at 6-month follow-up, allowing tapering of immunosuppressive therapy.

Conclusion:

This case highlights the critical role of surgical intervention in managing complex extrapulmonary tuberculosis with immune-mediated complications. In refractory cases where residual tuberculous lesions perpetuate inflammation, surgical resection should be considered as part of a multidisciplinary approach. Early identification and timely surgery can significantly improve outcomes in pediatric TB patients with severe extrapulmonary manifestations.

Keywords: pediatric tuberculosis, mediastinal mass, uveitis, surgical resection, extrapulmonary TB, multidisciplinary approach

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VIDEO-ASSISTED THORACOSCOPIC LOWER LOBECTOMY IN A CASE WITH COMPLICATED CONGENITAL PULMONARY AIRWAY MALFORMATION

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Congenital pulmonary airway malformation (CPAM) is the most common type of congenital lung malformation, accounting for approximately 25% of all congenital lung anomalies. We aimed to present the operative video of an 8-year-old girl who underwent thoracoscopic right lower lobectomy with a prediagnosis of CPAM.

An 8-year-old girl who had many problems due to respiratory tract infections but did not present to the hospital was admitted to an external center with a cough and fever for about 2 weeks. Computed tomography (CT) revealed multiple cysts and abscesses in the right lower lobe and the patient was referred to our center. Pneumonia was detected at the time of admission. After treatment of the infection, a control CT scan was performed and showed an appearance compatible with type 2 CPAM. Thoracoscopic right lower lobectomy was performed. The thoracic tube was withdrawn on postoperative day 5. He was discharged on the 6th postoperative day with no problem. In the follow-up chest radiography, the right lung was expanded.

In conclusion, CPHYM is a rare pathology. In children who present with respiratory distress and do not respond to treatment, CPCPC should be considered after excluding common clinical conditions.

Keywords: Congenital Pulmonary Airway Malformation, thoracoscopy, minimally invasive surgery, child

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CLINICAL ANALYSIS AND MANAGEMENT OF 3 CASES OF COMPLETE ANDROGEN INSENSITIVITY SYNDROME

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Objective: To explore the clinical characteristics of complete androgen insensitivity syndrome (CAIS) and management strategies for patients of different ages. Three typical cases were selected to enhance understanding and treatment level of this disease.

Methods: Three CAIS patients of different age groups were admitted to our hospital between 2021 and 2023. Case 1 late adolescence was 16 years and 11 months old, case 2 young children was 1 year and 8 months old, and case 3 middle adolescence was 13 years and 1 month old.A11 the initial diagnoses,the gender identity all were female. Cases 1 and 3 sought medical consultation due to the absence of menarche to date. Case 2 young child visited the hospital due to abnormal gonads discovered during the surgery for inguinal hernia.The diagnosis was confirmed by analyzing their clinical features, six sex hormone tests, chromosomal karyotype analysis (46XY), pelvic ultrasound (vaginal blind end, no uterus or ovaries), and AR gene testing. The treatment plan was developed by the multidisciplinary team (MDT) based on external genital Prader scores (0 points), external genital masculinization scores (EMS 1-2 points), sexual psychological assessment results, and family preferences.

Results: A11 three patients presented with female external genitalia, vaginal blind end, no uterus or ovaries, and mutations in the androgen receptor AR gene. In cases 1 and 3, the testosterone levels during the puberty stage were significantly higher than those of normal females. The levels of luteinizing hormone (LH) and follicle-stimulating hormone (FSH) were also elevated. In case 3, the testosterone level in the young child was within the normal range, while the luteinizing hormone (LH) was slightly elevated.After psychological evaluation and MDT discussion, the current gender was maintained for al1 three patients. Case 1 underwent laparoscopic bilateral gonadectomy and the postoperative pathology was: underdeveloped testicular tissue (left and right gonds), and hormone replacement therapy was provided after the operation.Case 2 underwent laparoscopic exploration Surgical + bilateral gonadal biopsy and the postoperative pathology (left and right gonadal biopsies) was testicular tissue with germ cel1 hyperplasia in the region tubules.Follow up ultrasound monitoring of gondal size, reexamination of sex hormone levels, and tumor markers every 6 months. Case 3 has not undergone gonadectomy yet, every six months, monitor gonadal size, tumor markers, provide psychological support and regularly check bone density and cardiovascular health.

Conclusion: The management of CAIS should be individalized based on the patient·s age, tumor risk, and the wishes of the patient and family. A dynamic management model involving multidisciplinary teams should be established, with enhanced long-term physiological and psychological follow ups to improve the long-term quality of life for children. Literature reports that early gonadectomy can reduce the risk of testicular malignancy (approximately 5-10%), followed by estrogen replacement therapy postoperatively. Various data indicate that post-pubertal gonadectomy is the best surgical timing to ensure natural development during puberty and avoid drug-induced treatment during puberty.

Keywords: complete androgen insensitivity syndrome, 46XY, AR gene

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NAVIGATING COMPLEX ANATOMY: THE TRAP-DOOR INCISION FOR SIMPLIFIED RESECTION OF A CHALLENGING CERVICO-THORACIC NEUROBLASTOMA

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Introduction: The aim of the study is to present a rare localization of neuroblastoma in cervico-thoracic region in a pediatric patient, emphasizing the challenges and surgical strategies involved.

Case presentation: A 39-month-old infant, was incidentally found to have a 6x4.5 cm mass in the left paravertebral region at the C7-T6 level, with extension from the neural foramen to the spinal cord at the level of T1-T4 vertebra. An initial thoracoscopic biopsy revealed a ganglioneuroma, but the presence of neuroblastoma components could not be ruled out, leading to a surgical resection. In the first operation thoracotomy was performed, but complete resection could not be achieved due to close relationship with vascular structures. A laminectomy was then performed by the neurosurgery team. Pathological evaluation confirmed differentiated neuroblastoma with a low mitotic index, indicating a favorable prognosis and N-myc amplification (-). Preoperative chemotherapy was administered according to IDRF. However due to insufficient reduction of the mass, a second operation utilizing a trap-door incision was planned. This unique surgical approach involved a sternotomy with an incision extending approximately 2 cm above the clavicle and laterally to the third intercostal space, which allows isolation of the aortic arch and meticulous dissection of the subclavian artery, subclavian vein and vertebral artery within the tumor mass. During the removal of the spinal extension of the tumor, the neurosurgery team was involved to ensure safe resection from the spinal area. Ultimately, gross total resection (95%) of the mass was achieved including invaded ribs, providing direct access to the tumor with trap-door incision. Patient is in complete remission for 2 years.

Conclusion: Trap-door incision is an effective approach in managing complex and challenging tumor localizations, contributing to the patient's favorable outcome.

Keywords: Trap-door incision, cervico-thoracic region, neuroblastoma

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THE IMPACT OF LOW BIRTH WEIGHT ON INFANTS BORN WITH ESOPHAGEAL ATRESIA

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Background

It has been previously suggested that very low birth weight infants undergoing operation for esophageal atresia are a 'high risk' peri-operative group. Our aim was to determine if birth-weight (BW) the outcomes of newborns undergoing operation for esophageal atresia and tracheo-esophageal fistula (EA-TEF).

Methods

We performed a retrospective study including all the patients operated on for an esophageal atresia between the 1st of January 2015 and the 31st of December 2024. Newborns were categorized into two groups based on BW; Group A < 1.5 kg and Group >1.5 kg. We reviewed the clinical data, the mortality and the occurrence of anastomotic leak and stricture.

Results

Sixty two patients underwent surgery for EA-TEF during the study period, Group A (n = 13), Group B (n = 49). The standard primary anastomosis was achieved at a significantly higher rate in group B than in group A (95%, vs 89 %, p=0,256) cases than in the other groups (p < 0.05) Mortality rate was significantly higher in Group A vs Group B (P =0.0158). Anastomotic leakage occurred in 24% of patients with VLBW and in 17% with BW>1500 g, (p = 0.31).Birth weight did not seemto impact the development of anastomotic stenosis (P=0.345)

Conclusions

In our study, birth weight did not appear to have an impact on the risk of anastomotic leakage or stenosis development following EA repair.

Keywords: esophageal atresia, Tracheoesophageal fistula, Birth weight

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ESOPHAGEAL ATRESIA WITH TRACHEO-ESOPHAGEAL FISTULA- SURGICAL INNOVATIONS TO DRASTICALLY REDUCE COMPLICATION RATES (SINGLE SURGEON SERIES OVER 22 YEARS)

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Aim: Following oesophageal atresia /tracheo-oesophageal fistula (OA/TOF) repair, the standard leak rate reported is 6%–15%, and stricture rate 40%–72%. There is a global quest for surgical innovations to drive down these complication rates.

Methods: A *prospectively* maintained database of a **single** surgeon's patients who had OA repair from 1995 to 2016 was reviewed. Two distinct innovations were implemented:
(1) Adequate or generous mobilization of the lower oesophageal pouch.
(2) A 2–5 mm slit in distal oesophagus to widen its circumference.

Results: Forty-three patients with OA/TOF were reviewed. Of those, 40 underwent primary repair. The median follow-up was 12.5 years (range 4–26 years).
There were no anastomotic leaks and only 8 (20%) patients developed anastomotic strictures requiring dilations (1–5 dilations/patient).
One patient had a recurrent tracheo-oesophageal fistula. At latest follow-up, 35 (87.5%) patients had normal oral feeding, while 1 (2.5%) patient had occasional food sticking episodes. Four syndromic patients (10%) were on jejunal/gastrostomy feeding.

Conclusion: An adequate or generous mobilization of the distal oesophageal pouch, together with a 2–5 mm slit in the distal oesophagus, achieves a tension-free and wide anastomosis. We believe that oesophageal ends that lie comfortably together are less likely to leak or to stenose.
All anastomoses eventually narrow, sometimes just a little, and starting on a higher scale with a small slit, helps. Sometimes the circumference of the distal oesophagus may be only 8 mm, and in such patients, even a tiny 2 mm slit increases the circumference by 4 mm resulting in a 1/3 increase in the circumference of the organ!
These innovations contributed to a substantially lower complication rate over a 22-year period – no leaks and only 20% stricture.
Published earlier in a regional journal.

Keywords: esophageal atresia, tracheo-esophageal fistula, stricture, leak, thoracotomy

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ISOLATED DUODENAL PERFORATION IN CHILDREN: IMPORTANCE OF HIGH INDEX OF SUSPICION FOLLOWING BLUNT TRAUMA ABDOMEN AND ITS MANAGEMENT IN RESOURCE LIMITED COUNTRIES.

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Introduction: Isolated duodenal perforation (IDP) is rare and only isolated cases are reported in the literature. Due to its rarity and subtle presentation, the diagnosis of IDP is often delayed. Delay in the diagnosis and surgical intervention result in increased morbidity and mortality particularly in underdeveloped countries. The aim of this article is to highlight the importance of a high index of suspicion of IDP following blunt abdominal trauma and its management in resource limited/underdeveloped countries.

Material and methods: Children with isolated duodenal injuries following blunt abdominal trauma were included; mode of trauma, clinical presentation, diagnosis, operative intervention and outcome were studied. Primary repair of perforation was performed in all cases. Continuous feeding was started next day through long nasojujenal tube which was inserted during the surgery. None of the patient had feeding jujenostomy or use of parental nutrition.

Results: Nine patients with isolated duodenal perforations were identified and operated. Most of them had minimal clinical findings on arrival and were haemodynamically stable. Abdominal radiography and ultrasonography were unremarkable. However, pain remained persistent and worsening of vomiting was seen over time. Contrast-enhanced computed tomography of the abdomen with oral and intravenous contrast was done to identify the injuries. There were three Grade 2 duodenal perforation injuries, five Grade 3 and one Grade 4 injuries. Eight patients healed well with uneventful recovery. One patient died from sepsis after presenting 24 h after injury with frank peritonitis.

Conclusion: Isolated duodenal perforation presents without specific signs and symptoms and a high index of suspicion is necessary for early diagnosis. Contrast-enhanced computed tomography of the abdomen with oral contrast should be ordered early if symptoms persist or worsened over time. Primary repair of perforation and use of continuous feeding next day through long nasojujenal tube is safe and effective particularly in resource limited/underdeveloped countries.

Keywords: Trauma, Isolated duodenal perforation, High index of suspicion, Primary repair

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FOREIGN BODY INJURIES IN CHILDREN: EXPERIENCE OF A CHILDREN'S EMERGENCY CENTER

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Introduction

Foreign body ingestion is a common pediatric emergency, often leading to serious complications such as esophageal burns or intestinal perforation; this study aims to assess the clinical patterns, anatomical localization, and outcomes of such cases in a pediatric emergency care setting.

Methods

This study analyzed cases of foreign body removal via esophagogastroduodenoscopy in children diagnosed using imaging (X-ray, barium swallow) at a pediatric emergency center from January to December 2024.

Results

The study included 91 patients, 49 (53.85%) boys, and 42 (46.15%) girls. Half of the patients were under the age of 5. The localization of foreign bodies is dominated by the upper 1/3 of the esophagus (30.8%); following with the stomach 29.7%; the lower 1/3 of the esophagus 11.0%; intestines and other unspecified gastrointestinal tract 19.8%. Foreign bodies commonly encountered include coins (49.5%), batteries (12.1%), magnets (8.8%), food (5%), and 6% toys, various objects (pins, buttons, etc.). Most of parents (67.1%) apply on the first day, which reduces the risk of further complications. Only 33% of them sought medical assistance within a few days to one month after the incident. In 91.2% of cases, foreign body removal was performed without complications. However, complications were observed in a subset of patients, including technical difficulties during removal (n=3), chemical burns of the esophagus (n=2), erosive fibrotic esophagitis (n=2), and cases requiring laparotomy and gastrotomy (n=1).

Conclusion

More than half of the patients with foreign body ingestion cases occurred in children under 5, with coins being the most frequent object. Early specialist consultation immediately after an incident reduced complications. Prevention requires constant adult supervision and restricting access to small items like magnets, coins, and batteries.

Keywords: foreign bodies, gastrointestinal tract, children, endoscopic removal, complications

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FOREIGN BODY-RELATED INTESTINAL PERFORATIONS IN CHILDREN

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Introduction

Intestinal perforation caused by foreign bodies in children poses significant diagnostic and therapeutic challenges due to the diverse nature of ingested objects and their potential for substantial harm. Prompt surgical intervention guided by a high index of suspicion is crucial

This study aims to review our institutional experience with this condition

Materials and Methods

A retrospective chart review was conducted to identify pediatric patients who underwent surgical treatment for intestinal perforation secondary to foreign body ingestion between 2009 and 2024. Demographic details, type of foreign body, diagnostic modalities, surgical approaches, and postoperative complications were analyzed

Results

Nine children (5 males, 4 females) with a mean age of 4.2 years (range: 2-8 years) were included. Perforations were caused by sharp objects (needles, pins) in 5 cases, chicken bones in one case, a plant stem in one case, and fishbones in 2 cases. Diagnosis relied on clinical examination and abdominal imaging, with pneumoperitoneum seen on X-rays in 7 cases and ultrasound revealing a mass in one case. Computed tomography (CT) scans confirmed diagnoses in 2 cases. Emergency laparotomy was performed in all patients, with perforations predominantly located in the ileum (6 cases), jejunum (2 cases), and colon (1 case). Surgical repair involved primary closure in 7 cases and resection with anastomosis in 2 cases. Postoperative complications occurred in 3 patients, including wound infections (2 cases) and anastomotic leak (1 case), all of which were successfully managed. The mean hospital stay was 7.2 ± 1.6 days.

Conclusion

Pediatric intestinal perforation secondary to foreign body ingestion is a potentially life-threatening condition that necessitates early recognition and timely surgical intervention to optimize outcomes and prevent complications

Keywords: foreign body, esophageal erforation, children, surgery

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FEASIBILITY OF SIMULATED LIVE THORACOSCOPIC AND LAPAROSCOPIC SURGERY IN RABBITS

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Purpose: Laparoscopic and Thoracoscopic skills are acquired over time. There is a need for simulation for thoracoscopic and Laparoscopic surgery in neonates. We aimed to demonstrate simulation and establish guidelines for standard operating procedures for safe pediatric laparoscopy and thoracoscopy surgery in Rabbits

Method: After Ethical Clearance (319/IAEC-1/2021), rabbits were given general anaesthesia with continuous monitoring for multiple surgical procedures. The important surgical steps and ventilator parameters were recorded. The rabbits were divided into two groups (1.7≤2.5 kg and >2.5 -3.5 kg) according to weight to compare the ventilation parameters.

Results: 7 rabbits (4 males), aged median 2 months (2-3 months), weighing median of 2.5 (1.7-3.5) kg were operated. The ventilation parameters during anesthesia were kept as peak Inspiratory pressure (PIP); peak Inspiratory pressure (PEEP); Fraction of Inspired Oxygen (FiO2), and respiratory rate as 17-30; 5; 21-40; 30-70. The Carbon dioxide insufflation pressure was kept at 2-5 mmHg; 4-8 mmHg for Thoracoscopy; Laparoscopy. 16 procedures were done on 7 rabbits during 8 operative sessions. These included thoracoscopic lobectomy: esophageal repairs: fundoplication: nephrectomy: bowel anastomosis in 3; 4; 5:2:2. For thoracoscopic procedures, in a semi-prone (side-lying) position, a 5 mm camera port was placed in the mid-thorax along the posterior axillary line, with two 3mm working ports in the anterior axillary line. The targeted lung lobe was identified and dissected using cautery and clips to secure the vessels and bronchus. For esophageal repair, an incision was made in the esophagus and then closed. For laparoscopic fundoplication, the liver was retracted, the stomach mobilized, the crus of the diaphragm approximated and a stomach wrap was created around the esophagus. All the rabbits tolerated anesthetic doses well throughout the surgeries. The rabbits were sacrificed following the experimental procedures, under institutional and ethical guidelines for the care and use of laboratory animals. There was no difference between rabbits 1.7-2.5 kg and >2.5 -3.5 kg for FiO2 and RR ($p>0.05$). However, there was significant difference for PIP 20+7 vs 25+8, $p<0.0412$.

Conclusion: The Rabbit model is a good model to demonstrate neonatal laparoscopic and thoracoscopic surgery. The duration of the surgery decreased as the learning curve increased.

Keywords: Rabbits, Minimal Access Surgery

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MANAGEMENT OF ANKYLOGLOSSIA IN A BABY-FRIENDLY HOSPITAL

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Aim: Ankyloglossia, also known as tongue-tie, is a congenital oral anomaly that restricts the mobility of the tongue tip. Frenotomy is the primary treatment method for ankyloglossia. The aim of this study is to share our experiences with patients aged 0-18 years who underwent frenotomy for ankyloglossia in our clinic between 2012 and 2022.

Material and Methods: A total of 164 patients who underwent frenotomy between 2012 and 2022 at the Department of Pediatric Surgery, Faculty of Medicine, XXX University, were included in this study. The classification and treatment of tongue-tie were based on the Ferres-Amat classification. Patients were evaluated based on age, gender, presenting complaints, degree of tongue-tie, and surgical procedures. Additionally, the gender distribution and grade classification of tongue-tie patients were analyzed according to age groups, and the differences in grade distribution among different age groups were compared.

Results: In our baby-friendly hospital, 164 patients, the majority of whom were referred to our clinic by breastfeeding and speech therapy clinics with tongue-tie complaints, underwent frenotomy. The patients presenting to our center with complaints of tongue-tie are 74.4% under one year of age, and 64.6% male. The primary complaint in infants under one year of age was difficulty in sucking while breastfeeding, while in children over one year of age, it was speech disorder.

Conclusion: The frenotomy procedure was typically performed by our physicians using a straight clamp to crush the frenulum, followed by excision with scissors. In some cases, bipolar cautery was required for hemostasis. Contrary to the complication rates mentioned in the literature, only two of our operated patients experienced burns on the lower lip due to bipolar cautery contact, and appropriate wound care was provided. Following the procedures performed in our clinic, complaints decreased in patients who presented with breastfeeding problems, sucking and weight gain were achieved, and at the very least, maternal anxiety was alleviated.

Keywords: Ankyloglossia, frenotomy, tongue tie, breastfeeding, speech therapy

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GASTROSTOMY IN CHILDREN WITH SEVERE NERVOUS SYSTEM DAMAGE AND SKELETAL DEFORMITY

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Gastrostomy is necessary for children with spinal muscular atrophy, with organic damage to the central nervous system, or with obstruction of the esophagus, and patients after serious injuries requiring long-term tube feeding.

Objective of the study: To evaluate the effectiveness of percutaneous endoscopic gastrostomy with laparoscopic control in children with severe damage to the nervous system and skeletal deformity.

From 01.01.2023 to 01.10.2024, gastrostomy was applied to 54 children, ages 1 to 18. The indication was palliative care for children with organic damage to the central nervous system. Puncture gastrostomy with laparoscopic control was performed.

Within 2 years of introducing percutaneous endoscopic gastrostomy with laparoscopic control into practice at our hospital, the number of patients increased more than fivefold. The only complication in 1 (1.8%) case was “bumper syndrome.”

Percutaneous endoscopic gastrostomy with laparoscopic control is the most optimal method of choice of treatment in a group of children with severe neurological status and bone deformities. Adding laparoscopic support to percutaneous endoscopic gastrostomy provides reasonable control and makes the intervention safer for the patient.

Keywords: Percutaneous endoscopic gastrostomy, bumper syndrome, organic damage to the central nervous system, children

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POSTOPERATIVE COMPLICATIONS OF ESOPHAGOPLASTY IN CHILDREN

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Background: Esophageal replacement surgery (esophagoplasty) in children is a complex procedure often associated with significant postoperative complications. This study aims to highlight the immediate postoperative complications observed in a series of pediatric patients.

Methods: We reviewed immediate postoperative outcomes in a cohort of pediatric patients who underwent esophageal replacement. Complications were assessed clinically and radiologically, with appropriate interventions documented.

Results: The most common postoperative complication was pneumothorax, observed in two patients due to pleural injury. Both patients developed expiratory dyspnea a few hours after surgery. Chest X-rays revealed a bilateral pneumothorax in one case and a right-sided pneumothorax in the other, necessitating pleural drainage for one week, with favorable outcomes. Another notable complication was unilateral recurrent laryngeal nerve injury in one patient, presenting with laryngeal dyspnea three hours post-surgery. This required an emergency tracheotomy and temporary mechanical ventilation for five days; decannulation was successfully achieved after one month. A severe complication occurred in one infant with caustic esophageal stricture who underwent colonic interposition. The patient developed mediastinitis with septic shock on the first postoperative day, characterized by tachycardia, hypotension, leukocytosis (20,000/mm³), and elevated CRP (200 mg/L). Despite intensive antibiotic therapy and vasopressor support, the patient died after 10 days of intubation.

Conclusion: Immediate postoperative complications following pediatric esophageal replacement can be severe, including pneumothorax, nerve injury, and life-threatening mediastinitis. Early recognition and prompt management are essential to improve outcomes. The mean postoperative hospital stay was 20 days. Mortality in this series was limited to one patient due to mediastinitis.

Keywords: esophageal replacement, complications, mortality

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INNOVATIVE TREATMENT STRATEGY FOR GIANT OMPHALOCELE: VAC-ASSISTED DELAYED PRIMARY REPAIR

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Introduction: The management of giant omphaloceles with viscero-abdominal disproportion remains challenging and controversial. This article presents the effectiveness of a hybrid technique—combining silo placement, synthetic mesh, and vacuum-assisted closure (VAC)—in a case where standard treatments were insufficient.

Case Presentation: A male infant was delivered by cesarean section at 37 weeks' gestation, weighing 3150 grams, with a prenatal diagnosis of a giant omphalocele. The abdominal wall defect measured 5 cm, and the omphalocele sac (8×8×8 cm) contained the entire liver, bowel, stomach, and spleen. Initial management involved compressive moist dressings for 10 days, but these failed to achieve sufficient reduction due to the narrow neck of the defect and liver adhesions.

During surgery, the stomach and spleen were successfully reduced into the abdomen, but the enlarged liver and significant bowel segments could not be accommodated, necessitating silo placement. Despite this, reduction remained incomplete. On postoperative day 24, in collaboration with plastic surgery, fascial repair was performed using a composite dual mesh. However, much of the mesh could not be covered with skin, so VAC therapy was applied to the exposed areas.

By the third postoperative month, there was satisfactory development of the abdominal wall and intraabdominal space. Most of the mesh was removed, allowing for primary repair and skin reconstruction. Thirteen months after birth, the patient is asymptomatic, with normal growth, development, and neurological status.

Conclusion: When conventional silo techniques fail in giant omphaloceles, temporary fascial repair using synthetic mesh combined with VAC wound management can be an effective salvage strategy. This hybrid approach promotes physiologic development of the abdominal wall and cavity, minimizes infection risk when skin coverage is lacking, and enables safe wound healing, facilitating successful delayed primary repair.

Keywords: Omphalocele, vacuum-assisted closure, hybrid approach, pediatric surgery

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THE USE OF INDOCYANINE GREEN FLUORESCENCE IN THE EVALUATION OF OVARIAN PARANCHYMA IN PRENATAL DIAGNOSED NEONATAL OVARIAN CYTS: REPORT OF A CASE

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Introduction: Depending on the size and the cyst appearance on ultrasound, most of the the prenatal diagnosed neonatal ovarian cyst (NOC) may have spontaneous resolution whereas others with torsion require early surgical intervention. Intraoperative assessment of ovarian viability is often based on subjective macroscopic findings and ovarian tissue should be preserved if possible. Recently, indocyanine green (ICG) fluorescence imaging has emerged as a promising technique to objectively evaluate tissue perfusion and guide surgical decision-making. A- five month-old female with prenatal diagnosed NOC is reported to discuss the use of ICG in the evaluation of ovarian parenchyma in infants.

Case: A five-month-old female infant diagnosed as right adnexal cystic lesion prenatally. Postnatal ultrasonography revealed a 54×60×45 mm septated cyst in the right adnexal region and right ovary did not visualized separately. Upon ultrasound findings and size of the cyst, diagnostic laparoscopy was performed with the presumptive diagnosis of prenatal torsion. Intraoperatively, multiple torsions of the right ovary and fallopian tube were observed. After intravenous administration of ICG, near-infrared fluorescence imaging demonstrated absent perfusion in the whole right ovary with no preserved ovarian parenchyma. The left ovary had normal vascularity. Based on these findings, a right salpingo-oophorectomy was performed. Histopathological examination revealed necrotic and calcified fibrous tissue with hemosiderin-laden macrophages; no viable ovarian stromal or follicular structures were identified.

Conclusion: This case highlights the feasibility and reliability of intraoperative ICG fluorescence imaging in the assessment of ovarian perfusion in NOC. The objective vascular assessment facilitated a confident surgical decision and potentially avoided a futile organ-preserving attempt. Broader implementation of ICG technology, particularly in infants and young children, may enhance fertility-preserving strategies in emergency gynecologic surgery

Keywords: Ovarian torsion, indocyanine green, fluorescence imaging, pediatric surgery, ovarian preservation, laparoscopy

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MINIMALLY INVASIVE DIAGNOSTIC AND PROGNOSTIC BIOMARKERS IN NEONATES WITH NECROTIZING ENTEROCOLITIS, SINGLE CENTRE EXPERIENCE

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Background: Necrotizing enterocolitis (NEC) is a complex and devastating gastrointestinal condition predominantly affecting preterm infants. While it is commonly identified through clinical examinations, imaging techniques, and blood tests, these conventional diagnostic approaches may not always be sufficient, particularly in the early and subtle stages of the disease. Consequently, there is a graving need for the development and validation of reliable, non-invasive biomarkers that can facilitate the early diagnosis of necrotizing enterocolitis and initiate personalised treatment and improve outcomes.

Materials and Methods: This prospective cohort study, conducted from 2023 to 2024 at the Children's University Hospital Riga, Latvia, examined stool and urine samples collected from 7 preterm infants diagnosed with NEC. The gut microbiome was analyzed using shotgun metagenomic sequencing, while urine and fecal biomarkers were assessed using ELISA.

Results: This study evaluated 7 NEC preterm infants, five female, three male infants, mean (SD) gestational age (GA) (weeks) 27 (24-30), mean (SD) birth wight (BW)(grams) 964 (673-1233). Common presenting symptoms across all cases in NEC included feeding intolerance, abdominal distension, and bile-stained vomiting. Four of the infants were fed donor breastmilk, one received formula and two breastmilk. Urinary biomarkers Prostaglandin E2 (PGE2) and Lactate Dehydrogenase (LDH) were significantly elevated in NEC patients during the early days of diagnosis ($p<0.05$), while no significant differences were observed for I-FABP and Serum Amyloid A (SAA). Fecal biomarkers LDH and Glycogen Debranching Enzyme (GDE) were undetectable. The fecal microbiome composition analysis revealed significant dysbiosis, with Firmicutes dominating in four patients, Actinobacteria in one patient, Proteobacteria in one patient, and Ascomycota in one patient. Pathogenic species such as *Enterococcus faecalis*, *Staphylococcus haemolyticus*, and *Klebsiella* were predominant. There is a slight decrease in alpha diversity metrics after the NEC diagnosis, including reductions in species richness (Chao1 index 21.00 vs 17.00) and diversity (Shannon 3.56 vs 3.43 and Simpson indices 0.90 vs 0.89)

Conclusions: NEC appears linked to gut microbiome dysbiosis, with an abundance of pathogenic species and reduced diversity. Feeding type influenced the microbiome, suggesting the importance of further research into microbiome-targeted interventions. This study identified potential PGE2 and LDH biomarkers for early NEC diagnosis and management, warranting validation in larger studies.

Keywords: necrotising enterocolitis, microbiome, biomarkers, preterm

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FROM MOTHER TO CHILD: IMPACT AND CONSEQUENCES OF MATERNAL DEPRESSION

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Purpose: Maternal depression is a prevalent mental health condition that affects a significant proportion of women. Its impact extends beyond the mother's well-being, influencing the well-being of the child. A strong link has been demonstrated between maternal depressive symptoms and an increased risk of child maltreatment, including neglect, emotional abuse, and physical violence. This study aimed to assess the consequences of maternal mental health for child physical and psychological development.

Materials: This is a retrospective study, investigating cases of child trauma resulting from maternal depression.

Results: During the study period, two children were victims of trauma secondary to maternal abuse. The first patient, a 3-year-old, presented with abrasions and bite marks across the entire body, as well as a hematoma on the left thigh. The body scan revealed a left pulmonary contusion along with bilateral rib fractures. Abdominal imaging revealed hepatic contusions and lacerations, along with a splenic fracture. Ultrasound of the left thigh revealed a Morel-Lavallée lesion. The patient underwent clinical, biological, and radiological monitoring, along with drainage of the fluid collection in the left thigh. Investigations revealed that the patient was born out of wedlock and that the mother suffers from severe depression. Following a favorable clinical course, the patient was referred to a foster family. The second patient was a 1-month-old infant admitted for a penetrating injury to the right lumbar region. Abdominal CT revealed a parietal wall defect reaching the peritoneum, as well as pneumoperitoneum. Surgical exploration showed no digestive perforation. Investigations revealed that the assault was carried out by the mother, who was experiencing postpartum depression.

Conclusion: Child maltreatment secondary to maternal depression remains a serious and under-recognized public health issue. These cases highlight the importance of early detection and management of maternal mental health disorders to prevent harm to vulnerable children.

Keywords: Maternal depression, Child maltreatment, Postpartum depression, Physical abuse, Pediatric trauma, Child neglect, Psychological development

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CLINICAL CHARACTERISTICS AND HEALTH COSTS OF 275 PATIENTS WITH FIBROUS DYSPLASIA OF BONE/ MCCUNE-ALBRIGHT SYNDROME

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Objective To explore the clinical characteristics, health costs of patients with McCune-Albright Syndrome (MAS).

Methods This was a descriptive analysis study. A total of 275 patients with McCune-Albright Syndrome were enrolled for questionnaires, who visited the department Children's Hospital, Zhejiang University School of Medicine and Chinese Organization for Rare Disorders -GULI (FD/MAS) Care center from February 2022 to May 2023. Patients were divided into 5 groups according to the age of 0~6, 7~<10, 10~18, 19~44, and ＞44years old. Patients were also divided in to three groups according to the Clinical characteristics. The clinical characteristics and health costs of McCune-Albright Syndrome were compared between the age groups. Their clinical data were collected and then analyzed by χ^2 test and Fisher exact test.

Results The 275 patients including male patient 99 cases (36%) and female patients 176cases (64%). There were 53 cases (19.27%) aged < 7 years, 54 cases (19.64%) aged 7 -< 10 years, 63 cases (23.91%) aged 10 - < 18 years, 97 case (35.27%) aged 19 - < 44 years, and 8 cases (2.91%) aged ＞44 years old. Of these cases, 126 cases were presented with one triad of MAS（126/275,45.82%）, including female patients 66 cases (66/126,52.38%) and male patients 60 cases (60/126,47.62%). Of these 126 cases, 115 cases with fibrous dysplasia (115/126,91.27%), 10 cases with hyperfunctioning endocrinopathies (10/126,7.94%), 1 case with skin hyperpigmentation (1/126,0.79%), age distribution was most common in patients aged < 7 years. 85 cases were presented with two triads of MAS（85/275,30.91%）, including female patients 62 cases (62/85, 72.94%) and male patients 23 cases (23/85, 27.06%). Of these 85 cases, 37 cases with fibrous dysplasia and skin hyperpigmentation (37/85,43.53%), 30 cases with fibrous dysplasia and hyperfunctioning endocrinopathies (30/85,35.29%), 18 cases with hyperfunctioning endocrinopathies and skin hyperpigmentation (18/85, 21.18%), age distribution was most common in patients aged < 7 years. 64 cases were presented with three triads of MAS (64/275, 23.27%), including female patients 48 cases (48/64 , 75.00%) and male patients 16 cases (16/64, 25.00%), age distribution was most common in patients aged < 7 years. From the onset of symptoms to diagnosis, 65 cases (65/275, 23.64%) had no referral, 153 cases (153/275, 55.64%) had 1-3 referrals, and 57 cases (57/275, 20.73%) had more than 4 referrals. However, in the past year, there were 151 families (151/275, 54.91%) with direct medical expenses of 0-10 000 RMB, 106 families (106/275, 38.55%) with direct medical expenses of 10-100 000 RMB, and 18 families (18/275, 6.55%) with direct medical expenses of more than 100 000 RMB. In the past year, 175 families (175/275, 63.64%), 91 families (91/275, 33.09%) and 9 families (9/275, 3.27%) had direct non-medical expenses of 100, 000 yuan to 100, 000 yuan, respectively. In the past year, 176 families (176/275, 64.00%), 90 families (90/275, 32.73%) and 9 families (9/275, 3.27%) spent less than 10 000 yuan, 10 000-100 000 yuan and more than 100 000 yuan, respectively.

Conclusion The age distribution of McCune-Albright syndrome can span childhood and adulthood. The most common age distribution of McCune-albright syndrome was mainly from 0 to 6 years old, and most of them are female. Most patients need multiple visits before diagnosis, especially patients with atypical clinical symptoms. The family economic burden is large, which needs the attention of the whole society.

Keywords: McCune-Albright Syndrome; Clinical characteristics; health costs

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OUTCOMES OF GENERAL PAEDIATRIC SURGICAL NEONATES MANAGED AT THE NELSON MANDELA CHILDREN'S HOSPITAL, JOHANNESBURG, SOUTH AFRICA

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Background:

Surgical neonates represent a high-risk population with elevated morbidity and mortality, particularly in settings with limited specialized neonatal infrastructure. The score for neonatal acute physiology with perinatal extension II (SNAPPE II) is a validated neonatal intensive care units (NICU) prognostic tool, though its application in surgical neonates is not well established. This study assessed the clinical profiles, outcomes, and prognostic utility of SNAPPE II in neonates undergoing surgical management at a quaternary paediatric centre in South Africa.

Methods:

A retrospective cohort study was conducted of all neonates admitted under general paediatric surgery to the NICU at Nelson Mandela Children's Hospital from July 2018 to June 2023. Clinical, demographic, operative, and outcome data were analysed. SNAPPE II scores were calculated within the first 12 hours of admission. Morbidity was graded using the Clavien-Dindo classification. Survival analysis, receiver operating characteristic (ROC) curves, and odds ratios were used to assess prognostic associations.

Results:

Of 422 neonates, 380 were included. Most were premature (68.8%) and low birth weight (62.8%). Overall mortality was 22.6%, with sepsis accounting for 65.1% of deaths. SNAPPE II scores correlated strongly with mortality: 82% of neonates with scores 0–9 survived; all with scores ≥40 died. A threshold effect was noted at scores ≥20. ROC analysis demonstrated excellent discriminative ability, with area under the curve (AUC) of 0.91. A SNAPPE II cut-off of ≥10 yielded a sensitivity of 82.6%, specificity of 82.0%, and NPV of 94.1%. Culture-positive sepsis was associated with a fivefold increased risk of death (OR 4.92; 95% CI: 2.67–9.09). Complex gastroschisis and NEC were the leading fatal diagnoses. Postoperative morbidity occurred in 17.4%, primarily due to surgical site infection.

Conclusion:

SNAPPE II provides reliable risk stratification in surgical neonates and may guide perioperative decision-making, counselling, and resource prioritization in high-acuity neonatal surgical settings.

Keywords: Surgical neonates; SNAPPE II; Mortality prediction; NICU; Sepsis; Clavien-Dindo classification

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HOW WELL ARE THE SUSTAINABLE DEVELOPMENT GOALS REPRESENTED IN OROFACIAL CLEFT RESEARCH? EVIDENCE FROM A CODED DATASET

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Purpose: Orofacial clefts (OFC) are among the most common congenital conditions, affecting over 8 million newborns annually. They have lifelong impacts—nutritional, educational, and psychosocial—requiring multidisciplinary approaches, which include surgical intervention in paediatric ages. In 2010, the World Health Organization passed a resolution to strengthen global responses to congenital conditions, aligning with the 2016 United Nations Sustainable Development Goals (SDGs) to be met by 2030. Our research evaluated how well represented SDGs are in OFC publications.

Methodology: A Python script developed by Elsevier was used to conduct a comprehensive keyword search and content analysis of OFC-related articles (1842-2024). The script inferred SDG themes from the content. The study focused on SDG mentions, thematic relevance, and World Bank country income classification.

Results: Of 39176 publications, 5598(14%) referenced at least one SDG, with 6069 unique mentions. 87% were linked to author country income group. Unsurprisingly, Goal 3 “Good Health” was the most cited (4255 references). Table-1 shows SDG17-Partnerships being mentioned more frequently by low- and middle-income countries, while SDG10-Reduced Inequalities and SDG2-Nutrition are mentioned less frequently in high income countries. This shows diverse research OFC-related priorities globally.

Table-1: Top 3 most frequently mentioned SDGs (%) by country income groups.

Country Income Group	#1 Most referenced goal	%	#2 Most referenced goal	%	#3 Most referenced goal	%
High Income	SDG3-Health	74	SDG17-Partnerships	11.7	SDG4-Education	4.6
Upper Middle-Income	SDG3-Health	56.5	SDG17-Partnerships	32.9	SDG4-Education	2.1
Lower Middle-Income	SDG3-Health	46.2	SDG17-Partnerships	43.3	SDG10-Reduced Inequalities	2.5
Low Income	SDG17-Partnerships	41	SDG3-Health	37.3	SDG2-Nutrition	9.0

Conclusions: These findings highlight how partnership, nutrition and education represent different OFC-related challenges and priorities based on country income. This can guide paediatric surgical care worldwide, with the objective of achieving the SDGs by 2030 – aiming to address diverse patients’ needs globally through OFC care.

Keywords: orofacial clefts, global paediatric surgery, sustainability in surgery, sustainable development goals, holistic paediatric care

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EVALUATION OF PAN IMMUN INFLAMMATORY VALUE AS A PREDICTIVE DIAGNOSTIC TOOL IN NECROTISING ENTEROCOLITIS

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Aim: The purpose of this study was to investigate effectiveness of pan immun inflammatory value (PIV) as a biomarker and diagnostic tool in surgical necrotising enterocolitis disease (NEC).

Methods: Between May 2018 and November 2022 all patients whose hospitalized at the newborn intensive care unit (NICU) in our hospital were retrospectively reviewed and. NEC cases were isolated. In this period 793 cases were treated in the NICU and 40 of these diagnosed as NEC. 218 premature babies as a premature control group, also 535 babies as a mature control group were included the study. PIV formulated as a Neutrophil count x Thrombocyte count x Monocyte count / Lymphocyte count.

Results: In our series NEC incidences were found 5.04% in newborn babies and 14.5% in premature newborns. Surgical NEC (Stage III) ratio in NEC patients was 32.5%, and the mortality ratio was 23%. This mortality ratio was two times higher in surgical NEC group when compared with the non-surgical group. In surgical NEC patients, PIV values at postnatal first day statistically significant higher than the stage II and stage I NEC patients. Conversely, at the time of the diagnosis of NEC PIV values were statistically significant lower in surgical NEC group than non-surgical group.

Conclusion: Our study demonstrated that higher PIV values on the postnatal first day and lower values at the time of diagnosis can be a predictive tool for diagnosing surgical NEC cases. Lower PIV levels in premature control group vs mature control group can be attributed to immature immun system due to prematurity.

Keywords: Necrotising enterocolitis, cellular immune response, prematurity

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VERSATILITY OF THE GLOVE-PORT USE IN MINIMALLY INVASIVE PEDIATRIC ABDOMINAL SURGERY

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Aim of the study

To evaluate the effectiveness and outcomes of the transumbilical approach with glove-port in the treatment of intra-abdominal pathologies in pediatric surgery.

Patients and Methods

Pediatric patients operated on between 2017-2023 using a video-assisted technique with an artisanal glove-port.

Results

A transumbilical wound retractor was placed, with a single port made from a surgical glove and two trocars. In 15 patients with Hirschsprung's disease, the intestine was exteriorized for intraoperative biopsy. In 7 cases, additional trocars were used for intracavitary dissection and endoanal pull-through; in 8 cases, ileostomy and deferred pull-through were performed. There was one conversion to laparotomy and no cases of umbilical hernia. In 12 neonates with intestinal atresia, laparoscopic inspection was performed using the glove-port, followed by exteriorization of the affected intestine, resection, and intestinal anastomosis. Three conversions to laparotomy were noted. A significant reduction in invasive ventilation time was observed (53 vs. 8 hours, p=0.039). Umbilical hernia developed in 16%, with no need for surgery. In 6 neonates with a prenatal diagnosis of complicated ovarian cyst, exteriorization using the glove-port and cyst drainage was performed, followed by salpingo-oophorectomy with a sealing device. Of 648 patients with acute appendicitis, 567 (87.5%) were treated exclusively with the glove-port, requiring an additional trocar in 77 cases. Conversion to open surgery was necessary in 21 patients, with no postoperative umbilical hernias.

Conclusions

The glove-port is a safe and efficient technique in pediatric surgery, enabling rapid exteriorization, avoiding repeated trocar insertion, minimizing contamination risks, and ensuring excellent aesthetic outcomes.

Keywords: glove-port, single-port, minimally inavsive surgery, abdominal surgery

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UMBILICAL HERNIAS IN NEWBORNS AND INFANTS IN SUB-SAHARAN AFRICA: REALITIES OF OUR SETTING AND IMPLICATIONS FOR MANAGEMENT

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Introduction: Umbilical hernias affect approximately 10–30% of children [1]. They are generally considered benign, with spontaneous closure expected, and surgical repair typically postponed until after the age of 4–5 years [2,3]. However, in sub-Saharan Africa, they appear to be more frequent and may present with different clinical characteristics [4]. This study describes the clinical and therapeutic features of umbilical hernias in newborns and infants in our department.

Methods: A retrospective descriptive study was conducted from January 2023 to March 2024 at the Albert Royer Children's Hospital in Dakar. Epidemiological, diagnostic, and therapeutic parameters were analyzed.

Results: A total of 570 infants presented with umbilical hernia, representing 63.2% of all hernia consultations. The mean age was 9.6 months. The average fascial defect diameter was 2.9 cm. Hernias were symptomatic in 11.75% of cases. Surgery was performed in 130 children (22.8%), including 51 with an associated surgical condition. All procedures were performed on an outpatient basis, with simple postoperative outcomes in 98.5% of cases.

Conclusion: Our study highlights a higher frequency of umbilical hernia repairs in young infants in sub-Saharan Africa, with larger defect sizes, symptomatic presentations in one out of ten children, and frequent associated anomalies. These differences from Western series raise important questions about the applicability of international guidelines, emphasizing the need to adapt protocols to local realities in low-resource settings.

Keywords: Umbilical hernia, High frequency, Infant, Sub-Saharan Africa, Surgery, larger hernias, Symptomatic hernias

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PATTERNS OF NEONATAL ADMISSION AT A TERTIARY RURAL PAEDIATRIC SURGERY CENTRE IN SOUTH AFRICA: A ONE-YEAR RETROSPECTIVE REVIEW.

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Background:

Neonatal surgical conditions require timely intervention and specialised care. In rural settings, the patterns of neonatal admission can reflect both the burden of congenital anomalies and the challenges of healthcare access. Understanding these patterns is vital for planning resource allocation and improving neonatal outcomes.

Objective:

To analyse the patterns, indications, and outcomes of neonatal admissions to a tertiary rural paediatric surgery centre over one year.

Methods:

This retrospective study was conducted at Mankweng Academic Hospital, a tertiary paediatric surgery centre in rural South Africa, from May 2024 to May 2025. Medical records of all neonates (≤28 days old) admitted during this period were reviewed. Data collected included demographic information, diagnosis at admission, type of surgical condition, interventions performed, duration of hospital stay, and outcomes.

Results:

A total of 176 neonatal admissions were recorded during the study period. The majority were male (64, 77%), and the most common age group at presentation was 1–9 days. Congenital anomalies accounted for 94.3% of admissions, with Gastroschisis, anorectal malformations and intestinal atresias being the most prevalent conditions. Emergency surgeries were performed in 62% of cases. The overall mortality rate was 4, 5%, with sepsis and delayed presentation as major contributing factors.

Conclusion:
This study highlights the significant burden of congenital anomalies and underscores the need for timely referral and intervention in rural settings. Strengthening neonatal transport systems and implementing early diagnosis at peripheral centres can improve surgical outcomes for these vulnerable patients.

Keywords: Neonatal surgery, congenital anomalies, rural healthcare, paediatric surgery, retrospective study, neonatal admission patterns

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HOW HAS OUR MANAGEMENT OF FOREIGN BODY ASPIRATION (FBA) IN CHILDREN EVOLVED OVER THE LAST TWO DECADES? A RECOMMENDATION FOR A STANDARDIZED APPROACH TO SAFE FOREIGN BODY REMOVAL

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Purpose:

This study aims to assess how our clinical approach to pediatric foreign body aspiration (FBA) has evolved over the past two decades. Emphasis is placed on the diagnostic strategies employed and the prevention of complications associated with bronchoscopy.

Methods:

We retrospectively reviewed pediatric patients who underwent bronchoscopy for suspected FBA between 2004 and 2024. Over the past three years, we implemented flexible bronchoscopy as a diagnostic tool in selected low-risk cases—defined by the absence of a reliable aspiration history and/or negative radiological findings. If a foreign body (FB) was identified, rigid bronchoscopy was performed for removal.

Results:

A total of 1,056 children (690 boys, 366 girls) with a mean age of 26.96 ± 0.8 months underwent 1,065 bronchoscopic procedures. Among 919 rigid bronchoscopies, FBs were retrieved in 637 patients (69.3%). Of 137 children who underwent diagnostic flexible bronchoscopy, 34 (24.8%) were confirmed to have FBs and subsequently underwent rigid bronchoscopy for removal. There was a statistically significant association between FBA presence and both definite aspiration history (80.6% vs. 19.4%) and positive radiographic findings (88% vs. 12%) ($p < 0.05$). Sensitivity, specificity, and accuracy for clinical history were 92%, 62%, and 81%, respectively. For radiographic findings, these values were 74%, 83%, and 76%. When both were present, sensitivity was 77%, specificity 86%, and accuracy 80%. Complications were observed in 61 patients (5.7%), including bronchospasm (n = 54) and bradycardia requiring resuscitation (n = 7). Since 2017, pre-procedural administration of β2-agonists and dexamethasone has been associated with a significant decrease in bronchospasm rates (5.7% vs. 1.6%, $p < 0.05$).

Conclusion:

Flexible bronchoscopy is a useful and safe diagnostic tool in selected low-risk cases. The prophylactic use of β2-agonists and steroids effectively reduces the rate of bronchoscopy-related complications.

Keywords: Flexible bronchoscopy, rigid bronchoscopy, foreign body aspiration, pediatric surgery

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RISK FACTORS OF LONG-TERM CENTRAL VENOUS CATHETERS-ASSOCIATED COMPLICATIONS AMONG PEDIATRIC PATIENTS

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Purpose

Long-term central venous catheters (CVCs) are crucial for various indications in children. CVC-associated complications lead to significant morbidity. This study aims to demonstrate the incidence and risk factors of CVC-associated complications.

Methods

This study is a retrospective medical record review between January 2019 and December 2023 at a large tertiary university hospital in Thailand. We include patients under 15 who underwent CVC insertions (totally implanted venous access device (TIVAD) and tunneled cuffed catheter (TCC)) by the pediatric surgeon.

Results

A total of 256 children underwent 268 CVC insertions, which had indications including solid tumors, hematologic malignancies, bone marrow transplantation, and prolonged parenteral nutrition. 57.1% received TIVAD. The overall CVC-associated complications were 24.3% (65 events). The total of CVC-related bloodstream infections (CRBSI) was 14.2%. 8.2% had only one episode. The common pathogens of TCC-related CRBSI were *Klebsiella pneumoniae*, while TIVAD-related CRBSI were *Staphylococcus* spp. Patients with bone marrow transplantation , TCC, double lumen catheter, catheter lumen size more than 7 French, or febrile neutropenia had significantly higher CRBSI (OR 3.16, 3.37, 4.32, 3.68, and 3.37 respectively, $p < 0.05$). 1.9% (5 events) had exit site infection (ESI). Twenty events (7.5%) had catheter malfunction, including 9 (3.4%) with malposition, 8 (3%) with occlusion, and 3 (1.1%) with detachment. The patients with bone marrow transplantation, TCC, or double lumen catheter had significantly higher catheter malfunction (OR 2.98, 6.02, and 3.97, respectively, $p < 0.05$). 4.5% (12 catheters) were removed early after unsuccessful salvage procedures, including 3 with occlusions, 7 with CRBSIs, and 2 with ESIs.

Conclusion

The overall catheter-associated complication rate in our center is comparable to worldwide standards. The risk factors of CVC-associated complications are significantly related to catheter type, patient diseases, number of catheter lumens, and catheter size.

Keywords: Long-term central venous catheters, CVC-related bloodstream infections, catheter malfunction

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CAN THE OVARIAN VOLUME ON ULTRASOUND PREDICT OVARIAN TORSION?

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Purpose

Historically, assessment of arterial and venous flow has served as a diagnostic modality for identifying ovarian torsion (OT). Yet, recent radiological investigations propose that a discernible size difference between the ovaries could potentially serve as a more effective diagnostic parameter.

The aim this study was to determine whether this radiological finding is valid in the pediatric population.

Methods

A retrospective descriptive and analytic study involving 55 premenarchal patients who underwent surgical intervention for suspected ovarian torsion between January 2022 and December 2024 was performed. Patients were divided into two groups based on intraoperative confirmation of ovarian torsion (group 1, n=31) or not (group 2, n=24).

Sonographic findings were assessed, and the correlation between preoperative ovarian size and ovarian torsion was evaluated.

Results

All patients presented with sudden onset of severe abdominal pain and underwent pelvic ultrasound followed by laparoscopic exploration. Ovarian torsion was predominantly right-sided (62%). Patients in group 1 had significantly larger ovarian size (OS) compared to those in group 2 ([52.27mm ± 16.88mm] vs [39.25mm ± 12.06mm]; $p < 0.001$). In 10.3% of torsed ovaries with an OS greater than 50 mm, an ovarian mass was found. The presence of peripherally displaced follicles increased the suspicion of ovarian torsion (p=0.005). In group 1, 58% of patients had color flow (venous or arterial) on Doppler ultrasound compared to 9 patients in group 2 (p=0.266). Additionally, 37.9% of patients in group 1 exhibited a whirlpool sign compared to 3 patients in group 2 (p=0.338).

Conclusion

The diagnosis of ovarian torsion continues to be a subject of debate within the medical community. However, a notable difference in size between the ovaries seems to serve as a dependable indicator of ovarian torsion in pediatric patients.

Keywords: children, ovary, torsion, surgery, necrosis

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ENOUGH FOR EVERYONE – OBLIGED TO COOPERATE? CHALLENGES AND OPPORTUNITIES IN PEDIATRIC SURGICAL TRAINING

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Purpose

Pediatric surgery is the most diverse surgical specialty in Germany, encompassing general, abdominal, thoracic and plastic surgery, traumatology, urology, and knowledge of neurosurgery and vascular surgery. This study analyzes available structural data to examine how the number of cases and surgical procedures per institution correlates with the number of trainees across different hospital types.

Methods

The model curriculum defined by the German Medical Association lists 21 procedural categories with target case numbers, which were matched to corresponding OPS codes. Annual hospital quality reports from 2012-2022 were used to analyze the structure of training. Based on the reported case numbers, it was calculated how many years the existing trainees would theoretically need to complete their training if procedures were evenly distributed.

Results

On average, data from 83.7 departments per year were included. University departments employed an average of 4.4 full-time trainees, compared to 3.2 in non-university hospitals. Overall case volumes declined from 2012-2022, from 1,294.6 to 1,127.7 cases per year in university departments, and from 1,534.1 to 1,237.2 in non-university institutions.

In none of the observed years was a single department able to fulfill all procedural categories relative to the number of trainees. The average number of completed categories in university hospitals declined from 11.36 in 2012 to 8.23 in 2022; in non-university hospitals, from 11.2 to 8.14. Focusing on the eight basic surgical categories, five university hospitals and two non-university hospitals covered all basic categories in 2012. By 2022, no hospital was able to meet this standard.

Conclusion

Many training institutions currently lack sufficient procedural volume to provide comprehensive training to all residents within the designated timeframe. Extended training durations due to limited surgical exposure represent a major obstacle and reduce the attractiveness of pediatric surgery as a specialty. Cooperations will be neccessary in the furure.

Keywords: pediatric surgical training, pediatric surgery, caseload, trainees

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INDICATIONS AND OUTCOMES OF REFEEDING VIA MUCOUS FISTULA IN NEONATES: A RETROSPECTIVE STUDY AT A TERTIARY CARE CENTER

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Purpose

Mucous fistula refeeding (MFR) helps preserve intestinal function in ostomized patients by reinfusing the proximal stoma output into the distal mucous fistula. Our objective was to define the indications, assess the effectiveness, and identify potential complications of MFR during the neonatal period.

Methods

We conducted a retrospective study (2011–2024) of 29 patients who underwent surgery during the neonatal period and received MFR. The indications for MFR were stimulation or decompression of the defunctionalized bowel and/or reduction of total parenteral nutrition (TPN) dependence and its associated complications.

Results

Neonates who received MFR showed a reduction in parenteral nutrition requirements from the start of refeeding to the day before reanastomosis, decreasing from 86.65% to 59.5% in cases of intestinal atresia, from 45.5% to 35.5% in meconium ileus, from 60.5% to 5% in intestinal ischemia, and from 55% to 50% in necrotizing enterocolitis. Full enteral feeding was achieved before reanastomosis in 35% of patients. In those with intestinal atresia, a reduction in the diameter discrepancy between bowel segments was observed. In all cases, bowel transit was restored with stool passage prior to ostomy closure. Three patients required home TPN. The most frequent complications were reflux of intestinal contents (50%) and leakage around the tube (29.4%).

Conclusion

Mucous fistula refeeding promotes intestinal growth and adaptation, can be performed safely, reduces the need for parenteral nutrition, and facilitates decompression and stimulation of the hypoplastic, defunctionalized bowel in cases of meconium ileus and intestinal atresia.

Keywords: Neonate, refeeding, mucous fistula, stoma

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PEDIATRIC BRACHIAL PLEXUS SCHWANNOMAS: A SYSTEMATIC REVIEW OF REPORTED CASES

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Purpose: Schwannomas of the brachial plexus are exceedingly rare in pediatric patients and often present diagnostic challenges due to subtle clinical manifestations and low incidence. This systematic review synthesizes available pediatric case reports to elucidate clinical presentation, diagnosis, management, and outcomes.

Method: Conducted according to PRISMA guidelines, a systematic literature search was performed using PubMed, Scopus, and Web of Science databases with the keywords "brachial plexus schwannoma" and "pediatric" or "child". Inclusion criteria were English-language case reports of histopathologically confirmed brachial plexus schwannomas in patients aged ≤18 years. Four case reports met these criteria.

Results: Patients ranged from 10 to 16 years, showing slight female predominance. Clinical presentations included monoparesis, upper limb weakness, radiating neuropathic pain, and palpable masses. MRI consistently revealed encapsulated, hyperintense lesions on T2-weighted sequences. Histopathology confirmed schwannomas with positive S100 immunostaining in all cases. Surgical excision was performed in all patients without malignant transformation. Outcomes were favorable, with resolution or improvement of neurological symptoms and no recurrence during follow-up (6 months to 2 years).

Conclusion: Pediatric brachial plexus schwannomas, though rare, exhibit consistent radiologic and histopathologic characteristics. Early MRI diagnosis and timely surgical intervention result in excellent outcomes. Increased clinical awareness of this condition in pediatric patients presenting with unexplained upper limb symptoms may facilitate earlier diagnosis and improved functional recovery.

Keywords: Pediatric, Brachial plexus, Schwannoma, Upper limb weakness

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EFFECTS OF LUPEOL ON EXPERIMENTAL OVARY ISCHEMIA / REPERFUSION INJURY IN RATS

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In this study, we aim to investigate the histopathological and biochemical effects of lupeol during ovary ischemia reperfusion injury in a rat model of experimental ovarian torsion. In the study, 24 Wistar Albino rats were divided into 4 groups: Control, lupeol, ischemia and treatment. In the lupeol group, 100 mg/kg lupeol was given intraperitoneally. A bilateral ovarian torsion model was created by rotating ovaries 720 degrees clockwise and maintaining torsion for 3 hours. In the Torsion group**,** only torsion-detorsion was performed, whereas the Treatment group received intraperitoneal lupeol (100 mg/kg) 30 minutes before detorsion**.** A 24-hour reperfusion period was allowed before collecting tissue and serum samples for biochemical and histopathological evaluation**.**

Biochemical analysis included measurements of TAS (Total Antioxidant Status), TOS (Total Oxidant Status), OSI (Oxidative Stress Index), Caspase-3, AMH (Anti-Müllerian Hormone); histopathological assessment evaluated as follicular degeneration, hemorrhage, vascular congestion, edema which was scored for each group.Statistical analysis was performed using SPSS Version 22.0. The Treatment group showed reduced follicular degeneration, hemorrhage, vascular congestion, and edema scores compared to the Ischemia group. Tissue TOS and serum OSI levels were lower in the Treatment group than in the Ischemia group. Serum TAS (mmol/L) was higher in the Treatment group (1.34 ± 0.05) than in the Ischemia group (1.17 ± 0.07). Caspase-3 levels decreased in the Treatment group compared to the Ischemia group. Tissue AMH levels significantly increased in the Treatment group versus the Ischemia group.

This study is the first in the literature to demonstrate that lupeol exerts antioxidant, anti-apoptotic and protective effects in ovarian ischemia-reperfusion injury, while also enhancing ovarian reserve via increased AMH levels. Due to its plant-derived origin, absence of toxicity in the literature, accessibility, and low cost, lupeol holds promising clinical potential as a safe adjunctive therapy for ovarian torsion.

Keywords: Experimental, Ischemia/Reperfusion Injury, Ovarian Torsion, Lupeol

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GENDER CAREER GAP IN PEDIATRIC SURGERY - HOW TO BREAK THE GLASS CEILING AND FIX THE PIPELINE

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Background:

Social media movements like #ILookLikeASurgeon highlight the lack of visibility of women in the traditionally male-dominated field of pediatric surgery. This gender career gap is evident not only generally but also in academic and leadership roles. The "glass ceiling" and "leaky pipeline" metaphors describe how women face career barriers. With an impending surgeon shortage in the US and Europe, identifying and fixing these leaks is crucial to retaining qualified staff and maintaining high-quality care.

With this study we aim to analyze the current situation and determine possible solutions.

Methods:

We conducted a web-based survey with up to 21 questions, distributed worldwide via pediatric surgery associations and LinkedIn. A total of 185 pediatric surgeons participated (35% male, 65% female) from North America, Africa, Europe, Latin America, and Asia. Data were analyzed using Excel, Stata, and NVivo.

Results:

1) Seventy-four percent of female respondents believed gender impacts career opportunities, compared to 32% of males. Seventy-seven percent of women felt disadvantaged by gender, while 57% of men perceived no difference.

2) Sexual discrimination was reported by 93% of women and 50% of men; sexual harassment by 42% of women and 26% of men. Men were more likely to reduce work for childcare (71% vs. 29%), but women took longer parental leave (average 38 vs. 10 months).

3) Parenthood affected women's career goals more significantly.

4) Proposed solutions included improved parental leave policies for all genders, part-time work options, and mentorship programs to promote women.

Conclusion:
Gender inequality in pediatric surgery manifests in career advancement disparities, discrimination, and the impact of parenthood. Addressing these issues requires focused institutional and policy changes to close the gender gap and ensure a high-qualified future workforce.

Keywords: Gender Career Gap, Sexual Discrimination, Mentorship

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EXTRALOBAR PULMONARY SEQUESTRATIONS WITH ATYPICAL LOCALIZATION OR ASSOCIATED ANOMALIES

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Purpose: among congenital lung malformations (CLMs), extralobar pulmonary sequestrations (EPS) are generally characterized by lower surgical complexity compared to intralobar CLMs. However, atypical localizations and associated malformations require greater caution in diagnostic evaluation and surgical management. Aim of the study is to describe the localization of EPS and the associated thoracic congenital anomalies in our patients.

Method: A retrospective analysis was conducted on patients who underwent surgery for histologically confirmed EPS between 2016 and 2024 followed in our centre. The EPS location was considered atypical if different from the basal thoracic location. Preclinical and clinical data were collected and reported using descriptive statistics.

Results: During the study period, 20 patients were diagnosed with EPS, 9 (45%) having atypical locations or associated thoracic malformations. Regarding localization, 5 patients (25%) had atypical location: 2 were intradiaphragmatic, 1 intrapericardial, 1 left apical and 1 mediastinal. Four patients (20%) presented with associated malformations: 1 with an anomalous aortic vessel ending in branches of the pulmonary veins, 2 with congenital diaphragmatic hernia (CDH), and one with a diaphragmatic defect. All patients underwent sequestrectomy: 5 patients were operated on using thoracoscopic technique, 2 with laparotomic technique (those affected by CDH), and 2 via sternotomy. The mean operative time was 127 minutes. Of the 9 patients with atypical localization or associated pathologies, 8 (89%) received a prenatal diagnosis of CLM. Except for the two patients with a prenatal diagnosis of CDH, all patients underwent neonatal MRI and preoperative CT scan.

Conclusion: In our case series, 45% of EPS presented with atypical localization or associated thoracic anomalies. Especially in these cases, accurate diagnostic assessment is essential to tailor the therapeutic approach.

Keywords: extralobar pulmonary sequestrations, congenital lung malformations

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CLINICAL FINDINGS FROM 20-YEAR NUSS EXPERIENCE

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Introduction

Nuss procedure remains being mainstay surgical procedure to treat pectus excavatum (PE) with its minimal invasive nature and mild complications profile. Procedure is modified throughout the years as studies published. Due to the low number of performing centers, clinical findings are important to excel management of PE. In that context, we present our clinical experiences.

Methods

This study includes all patients (n=1087) that underwent Nuss procedure by single surgeon at two centers (2005-2019 and 2019-2025). Patients' data including age, gender, family history, operation duration, bar counts and complications were investigated retrospectively.

Results

Patients (n=1087) presented with mean age of 18,74 +-6,64 ranging through 4-58 with male dominance (84,7%). Family history regarding any pectus type was notable (%13,0). Most of the deformities were symmetrical (%73,9). The mean bar count was 1,55 +- 0,63 correlating with operation duration and age of patients. (r=0.35, r=0.22). Cross-bar technique was introduced in 2016 and performed on selected patients (n=151, %13,9) with significantly higher age (21,05 +- 8,26) without increased complications rates. The mean duration of bars in-situ was 34,98 +- 14,97 months for the patients that underwent bar removal surgery. Most extreme per-op complication was atrial perforation seen in only two patients (0,2%) whereas most common early post-op complication was pneumothorax (%1,7) No fatal complication and death was reported.

Conclusion

Nuss procedure is a safe and minimal invasive technique for the treatment of pectus excavatum, having developed throughout years from one bar to multiple cross bars options, with experienced centers and surgeons. Patients' age may indicate the need for more bars and longer operation duration. Cross-bar technique, reserved for more complex cases, seems safe and effective. Most of the patients comply with recommended in-situ duration of bars.

Keywords: Pectus, pectus excavatum, pectus surgery, nuss procedure, nuss complications

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ROBOT-ASSISTED THORACOSCOPIC SURGERY FOR LIGATION PATENT DUCTUS ARTERIOSUS IN CHILDREN

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Objective: There is limited experience of robot-assisted surgery for patent ductus arteriosus (PDA) treatment in children. In the present study, we update the experience of PDA ligation by using the robotic-assisted thoracoscopic surgery in a larger of pediatric population, especially in the younger infant. In addition, we explore the safety and effective of robotic surgical technique for PDA ligation as an alternative to traditional and minimally invasive PDA ligation in children

Methods: From August 2020 to January 2025, children with PDA who underwent robot-assistedthoracoscopic operation were enrolled in our center. The patients' demographic data together with their perioperative clinical variables were collected retrospectively from medical records.

Results: There were 410 cases received such surgery. The age ranged from 6 monthsto 12.8 vears with average age 3.5+2.4 years. The weight ranged from 6.2 kilograms (kg) to 66 kg withaverage weight 15.6 +7.2kg. Two hundred and thirty (56.1%) patients were younger than 3-year-old which including 29 infants. The PDA diameter was 0.2 centimeter (cm) to 0.8 cm with average diameter0.38+0.29 cm. The operation time was 23-84 minutes long. With the improvement of the process, theoperation time usually does not exceed 35 minutes. There was no obvious bleeding during the operationThe length of hospital stays was 1-3 days. Six case was found to have residual ductus shunt during earlypostoperative follow-up. One case was found with recurrent laryngeal nerve injury. All the cases wererecovery after 6 months of follow-up. No other complications during the follow-up period.

Conclusion: Robotic assisted thoracoscopic surgical technique for PDA ligation in children is a safe, effective and reliable surgical method with less trauma, faster recovery and fewer surgical risks. Thisapproach should be considered as an option in children patients requiring PDA ligation.

Keywords: Patent ductus arteriosus; Robot-assisted thoracoscopic surgery; Robotic surgery; minimally invasive surgery; children

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EXPERIENCE IN THE SURGICAL TREATMENT OF PULMONARY ECHINOCOCCOSIS IN CHILDREN

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Purpose:

To evaluate the effectiveness of video-assisted thoracoscopic echinococcectomy in children with pulmonary echinococcosis.

Methods:

We conducted a retrospective analysis of 36 pediatric patients with pulmonary echinococcosis between 2018 and 2024. The cohort included 22 (61.1%) males and 14 (38.9%) females. Hydatid cysts were localized in the right lung in 19 (52.8%) cases, in the left lung in 9 (25.0%), bilateral involvement was observed in 5 (13.9%) cases, and combined lung and liver lesions were found in 2 (5.6%) patients. In 1 (2.8%) case, echinococcal cysts were present in the lungs, liver, and abdominal cavity. Diagnosis was based on clinical, physical, and laboratory findings, with ultrasound and radiographic imaging proving most informative in all cases.

Results:

All patients underwent thoracoscopic echinococcectomy using a thoracoscope and two trocars. Intraoperatively, the residual cavity was treated with glycerin heated to 30°C, with an exposure time of up to 3 minutes. Postoperatively, all patients received three courses of albendazole-based chemotherapy. The average hospital stay was 8 days.

Conclusion:

Timely diagnosis combined with video-assisted thoracoscopic echinococcectomy and postoperative chemotherapy with albendazole provides effective treatment for pulmonary echinococcosis in children. This approach enables high-quality surgical care, shortens operative time, minimizes pre- and postoperative complications, reduces postoperative pain, ensures better cosmetic outcomes, and lowers recurrence rates.

Keywords: pulmonary echinococcosis, video-assisted, thoracoscopic echinococcectomy

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FEASIBILITY OF THORACOSCOPIC REPAIR OF OESOPHAGEAL ATRESIA IN THE PRESENCE OF ABERRANT VASCULAR ANATOMY: A CASE SERIES AND REVIEW

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Aim:

Thoracoscopic repair of oesophageal atresia (OA), with or without tracheoesophageal fistula (TOF), offers minimally invasive advantages—better cosmetic and musculoskeletal outcomes—without compromising safety. However, aberrant vascular anatomy (e.g., right-sided aortic arch, aberrant subclavian artery) can complicate repair, and limited evidence exists on its impact on thoracoscopic approaches.

Methods:

We retrospectively reviewed neonates with OA/TOF who underwent thoracoscopic repair at our institution (2001–2024) and had pre- or intraoperative detection of aberrant vascular anatomy. Data collected included demographics, anomaly type, operative details, need for intraoperative modifications, conversion to open surgery, complications, and short-term outcomes.

Results:

Three patients were included: two born at term (birth weights 3.5 kg and 2.38 kg) and one preterm infant (34+2 weeks, 2.2 kg) with additional anomalies (duodenal atresia and cloacal malformation). Vascular anomalies comprised right-sided aortic arch (n=2) and aberrant left subclavian artery (n=1). Age at surgery ranged from 2 days to 5 months. All underwent successful thoracoscopic repair; one required intracorporeal traction sutures for a long-gap atresia. Anastomoses were placed lateral to the vascular structures. Median operative time was 180 minutes (range 150–290). No intraoperative conversions occurred. One patient developed an anastomotic stricture, successfully treated with balloon dilatations; no leaks or ALTE episodes were observed. Follow-up ranged from 12–24 months, with outcomes comparable to standard cases.

Conclusion:

Thoracoscopic OA repair is feasible and safe even with aberrant vascular anatomy, provided careful preoperative imaging and intraoperative planning. Our experience supports favouring a thoracoscopic approach in these complex cases due to excellent anatomical visualisation and minimally invasive benefits.

Keywords: Oesophageal atresia, thoracoscopic repair, right-sided aortic arch, aberrant subclavian

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THORACOSCOPIC THYMECTOMY IN CHILDREN WITH DIFFERENT FORMS OF MYASTHENIA

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Purpose

To evaluate the safety and efficacy of thoracoscopic thymectomy in pediatric patients with ocular and generalized forms of myasthenia gravis, and to determine optimal surgical techniques based on clinical, neurophysiological, and immunological indicators.

Methods

The authors have experience in treating 213 pediatric patients with myasthenia gravis. A multifactorial analysis was conducted on 8 children (7 girls, 1 boy) who underwent thoracoscopic thymectomy between 2023 and 2025. Among them, 4 had generalized myasthenia and 4 had the ocular form. The age range was from 1 year and 1 month to 11 years (median 7 years). The diagnosis was confirmed by clinical presentation, positive neostigmine test, neurophysiological findings, and immunological markers. Radical resection of all thymic tissue, including ectopic fragments, was achieved through a standardized trocar placement scheme and stepwise intraoperative revision using high-resolution thoracoscopic instruments.

Results

Clinical improvement was observed in 5 patients within the first postoperative days. In 3 cases, the therapeutic effect manifested between 1 to 3 months after surgery. The mean follow-up period ranged from 6 months to 1.5 years (median 6 months). Histopathological confirmation was obtained in all cases: true thymic hyperplasia was detected in 6 patients, and incomplete thymic involution in 2. No thymomas were found.

Conclusion

Thoracoscopic thymectomy is a safe and effective treatment for both generalized and ocular forms of pediatric myasthenia gravis. The full benefits of the endoscopic approach are realized with strict adherence to the diagnostic algorithm, intraoperative neuromuscular monitoring, and advanced surgical techniques tailored for pediatric thoracic surgery.

Keywords: Thymectomy, Pediatric Myasthenia Gravis, Thoracoscopy, Neuromuscular Disorders

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INTRATHORACIC FETUS IN FETU CASES FOUND IN PEDIATRIC POPULATION, A SYSTEMATIC REVIEW

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Purpose: The fetus in fetu (FIF) expression refers to an infrequent congenital phenomenon characterised by a second fetus growing into the body of the healthy twin. This study aimed to review the few cases located in the thoracic cavity.

Method: We searched the central medical databases of PubMed/Medline, Web of Science, Scopus, ScienceDirect, and Google Scholar, as well as the references of the articles, to collect nine cases of FIF in pediatric patients' thoraxes. The inclusion criteria were full-text available literature and those published for individuals under 19 years old. Intra-abdominal or extra-thoracic cases and the presence of malignant components made our exclusion criteria.

Results: There was only one case diagnosed during adolescence. The remaining children were under 10 months old at the time of intervention. There were four males, three females, and two cases with non-declared sex. The entire mass was found in the mediastinum, but one was located intrapulmonary. All cases had undergone thoracotomy. The minimum survival time mentioned in the literature was five months. The adipose tissue was the most frequently identified tissue among the resected masses, with eight cases reported, followed by the vertebral column and bony tissues, with six and five cases mentioned, respectively.

Conclusion: An infant suffering from respiratory distress or even recurrent infections, particularly with a mass revealed in its chest radiography, should raise a suspicion of FIF. This doubt will be strengthened if an axial skeleton or bony densities are found.

Keywords: Fetus in fetu, Thorax, Mediastinum, Pulmonary, Pediatric

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RESULTS OF SURGICAL TREATMENT OF GASTROESOPHAGEAL REFLUX IN CHILDREN

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Relevance: gastroesophageal reflux in children among all diseases of the esophagus takes the first place. In parts, possible works occupy more than 10%.

Methods: From 2019 to 2025, 385 children were operated on for gastroesophageal reflux and its complications.

Results: All children underwent Nissen fundoplication. Laparoscopic access was used predominantly. In 5% of cases, surgical intervention was performed for giant hernias of the esophageal opening of the diaphragm with excision of the hernial sac. In 30% of cases, suturing of the diaphragm crura was performed due to sliding hernias. About 13% of patients operated on for gastroesophageal reflux had concomitant pathologies - esophageal atresia. Also, the presence of sliding hernia was noted in such patients. About 40% of patients have severe neurological pathology.Peptic stenosis of the esophagus, as one of the possible complications of GERD, was detected in 3% of cases (10 patients). Esophageal bougienage was performed, which was effective in 3 patients. 7 patients required extirpation of the esophagus. The average duration of the surgical intervention was 20-160 minutes. In the postoperative period, the children were activated and enteral loading began on the first postoperative day. The average duration of the patient's stay in the hospital after surgical treatment was 5-12 days.

In the long-term observation periods from 6 to 24 months, good results were obtained in most children. In 2% of cases (8 patients), relapse of gastroesophageal reflux was detected, which in half of the cases was observed in children with severe CNS damage. And in 0.5% of cases (2 patients), dysphagia phenomena were observed due to hyperfunction of the cuff.

Conclusion: Our experience in treating children with gastroesophageal reflux shows that the use of laparoscopic Nissen fundoplication has a long-term clinical outcome. It also improves the quality of life of children with concomitant surgical and neurological pathologies.

Keywords: gastroesophageal reflux, esophageal atresia, peptic stenosis of the esophagus, esophageal bougienage

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WHAT MEANS SUCCESSFUL TREATMENT OF PRIMARY SPONTANEOUS PNEUMOTHORAX IN CHILDREN: CONTRAST OF ER MEDICINE AND SURGICAL POINT OF VIEW.

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Purpose

Optimal management strategy of primary spontaneous pneumothorax (PSP) in children is still debated. Aim of the study was to evaluate the long-term outcome of our patients treated with PSP, focusing on recurrence, also to establish a PSP treatment protocol in our center.

Method

Retrospective study of PSP patient was done by reviewing medical database between 2010 and 2024. Demographic data, primary treatment method, radiology examinations, length of hospital stay, recurrence rate where observed.

Results

In 15 years, 66 patient (59 male, 7 female) where observed and treated with 74 episode of PSP. Mean age was 16.4 years (range 14.1-17.9). Presenting symptom was chest pain in 98% occurring at rest in 65%. Plain chest X-ray was used in all of them as primary diagnostic tool. There was no tension pneumothorax in any of them. PSP was right sided in 46%, left sided in 51%, bilateral in 3%. Chest CT performed in 57% (42 patients), showing no bullae in 31% (13 patients) of them. Initial treatment was observation& nasal +O2 in 31%, aspiration in 49%, drainage in 20% with a success rate of 65%, 44%, 53% respectively. Recurrent pneumothorax occurred in 50% in average 6 month (range 1-63 month) treated surgically in 78%. The mean hospital stay was 5 days (range 1-14 days). The mean followup time of the cohort was 3.8 years.

Conclusion

Our PSP cohort data's matches scientific literature's. Curative primary treatment choice however remains challenging. Surgical treatment is not CT result guided. Apical wedge resection with pleurectomy offers a quick and permanent solution. New PSP treatment algorithm was introduced in our center based on results above and recent publications.

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COMPLICATIONS OF FOREIGN BODIES IN THE PEDIATRIC RESPIRATORY TRACT

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Purpose:

To analyze the causes and complications associated with aspiration of foreign bodies (FBs) in the respiratory tract in children.

Methods:

Between 2013 and 2023, 948 pediatric patients diagnosed with foreign bodies in the respiratory tract were treated. The longest recorded duration of FB presence was 11 years. The most common organic FBs were various seeds (e.g., sunflower) and nuts, with nuts accounting for more than half of the cases (58.1%).

On the first day of aspiration, purulent or fibrinopurulent endobronchitis was observed in 19 patients (5.4%). Interestingly, among these, 7 cases (10.1%) were associated with inorganic FBs, and 12 cases (4.3%) with organic FBs.

In cases of prolonged FB retention, purulent or fibrinopurulent endobronchitis developed in 333 patients (68.0%) with organic FBs, and in 60 patients (58.2%) with inorganic FBs.

Results:

Only 355 patients (37.4%) sought medical attention within the first 24 hours after aspiration. The remaining 547 patients (60.6%) presented later. Notably, more than half of these were initially misdiagnosed and treated for other conditions, with the eventual diagnosis of FB aspiration (most often of organic origin) made only after delayed investigation.

Conclusion:

Organic foreign bodies and delayed diagnosis are the primary contributors to complications in pediatric airway FB aspiration. Early detection and prompt intervention are essential to reduce the risk of infectious and obstructive complications.

Keywords: foreign bodies, respiratory tract, pediatric surgery

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CATHETER SELECTION IN NEONATAL PNEUMOTHORAX: TRADITIONAL METHODS AND EMERGING APPROACHES

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Introduction

Pneumothorax is a frequently encountered and emergent condition in neonatal intensive care units. It results from air leakage into the pleural space and poses a significant risk of morbidity and mortality, particularly in premature infants. This study aimed to evaluate the efficacy, complication rates, and clinical outcomes of different drainage catheter types used in 101 neonates who underwent percutaneous thoracic drainage for pneumothorax.

Methods

This retrospective study included 101 neonates who underwent percutaneous thoracic drainage due to pneumothorax between 2020 and 2025 at İzmir City Hospital and Tepecik Training and Research Hospital. Clinical and demographic data were retrieved from hospital records. The evaluated parameters included catheter type, tube diameter, need for revision, material change, full lung expansion time, need for negative pressure, gestational age, postnatal age, and treatment outcomes.

Results

The mean gestational age of the 101 neonates was 32.25 weeks, and the mean postnatal age at intervention was 5.25 days. The most commonly used drainage material was the conventional thoracic tube (n=35), followed by the Veress-needle-guided polyurethane catheter (n=34) and intravenous cannula (n=23). The average time to complete lung expansion was 2.89 days. Catheter revision was required in 42 patients (41.6%). Negative pressure systems were applied in 23 patients (22.7%), initiated on average on post-intervention day 1.8, and continued for approximately 3 days. Treatment outcomes showed that in 54 patients (53.5%), the catheter was removed after treatment completion; in 20 patients (19.8%), the tube was dislodged spontaneously; and 27 patients (26.7%) died during treatment.

Conclusion

This study indicates that polyurethane catheters are as effective as conventional thoracic tubes. However, their impact on outcomes such as revision requirement and mortality should be carefully evaluated. With technological advancements, minimally invasive and user-friendly systems are expected to become more prevalent in neonatal intensive care practices.

Keywords: Pneumothorax, neonate, thoracic tube, polyurethane catheter, drainage

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LEFT VENTRICULAR ASSIST DEVICE IMPLANTATION FOR ADVANCED HEART FAILURE IN CHILDREN: A CHINESE SINGLE-CENTER EXPERIENCE

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Purpose: To summarize and evaluate our center's experience with implantable left ventricular assist devices (LVADs) in treating children with end-stage heart failure, providing a reference for ventricular assist therapy in pediatric end-stage heart failure in China.

Method: A retrospective analysis was conducted on 13 children with end-stage heart failure who underwent LVAD implantation in our center between February 2023 and April 2025. Normally distributed continuous variables were expressed as mean ± standard deviation ($\bar{x} \pm s$), non-normally distributed variables as median, and categorical variables as percentages. Postoperative mechanical ventilation duration, hospital stay, LVAD pump speed, and follow-up outcomes were compared and analyzed.

Result: A total of 13 pediatric LVAD implantations were performed, including 8 males and 5 females. The primary diagnosis was chronic heart failure due to dilated cardiomyopathy. Four patients had comorbid Duchenne muscular dystrophy (DMD), and 3 required ECMO support before LVAD implantation. The median age at surgery was 12.36 ± 1.08 years (range: 12 years–14 years 8 months), weight 40.37 ± 12.14 kg (range: 32–48.5 kg). Four cases underwent LVAD implantation with concomitant tricuspid annuloplasty. Average CPB time was 132.64 ± 27.61 minutes. Twelve patients showed favorable outcomes during follow-up, with significantly improved LVEF and well-functioning LVADs. One patient failed to wean from support and died on postoperative day 27.

Conclusion: LVAD implantation for pediatric end-stage heart failure at our center demonstrated generally positive outcomes, with 8 devices functioning beyond 1 year and 2 successful bridge-to-transplant cases. Implantable ventricular assist devices serve as an effective bridge to transplant, recovery, or destination therapy in children with end-stage heart failure.

Keywords: End-stage heart failure, LVAD, Surgical treatment, Mechanical circulatory support, Children

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OUTCOMES OF MESH REPAIR IN NEONATES WITH CONGENITAL DIAPHRAGMATIC HERNIA: A SINGLE-CENTER EXPERIENCE

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Purpose:

To evaluate the outcomes and efficacy of synthetic composite mesh in the surgical repair of congenital diaphragmatic hernia (CDH), focusing on survival rates, postoperative complications, duration of mechanical ventilation, and hospital stay.

Method:

A retrospective analysis was conducted on 18 neonates who underwent synthetic composite mesh repair for CDH at our center. Patient data included gestational age, birth weight, CDH type according to the Congenital Diaphragmatic Hernia Study Group (CDHSG) classification, surgical timing, postoperative ventilatory support duration, postoperative abdominal monitoring period, complications, recurrence rates, and total length of hospital stay.

Results:

Of the 18 neonates, 17 had left-sided CDH (13 type D, 4 type C), and 1 had right-sided type D CDH. Gestational age varied between 32 and 38 weeks, with birth weights ranging from 1470 to 3200 grams. Surgical intervention occurred at a median of postnatal day 5 (range: 2–23 days). The duration of postoperative mechanical ventilation ranged from 3 to 43 days, with a median of 18.5 days. Abdominal examinations post-surgery ranged from 4 to 14 days. Postoperative mortality occurred in three patients (16.7%), and one patient (5.5%) required reoperation due to recurrence. Median hospitalization duration among survivors was 45 days (range: 23–94 days). No other significant mesh-related postoperative complications were observed.

Conclusion:

The use of synthetic composite mesh repair in neonates with severe CDH yields acceptable clinical outcomes, although significant challenges remain, including prolonged ventilation and hospitalization periods. Although recurrence was uncommon, the overall mortality rate highlights the ongoing complexity of managing severe CDH cases.

Keywords: Bochdalek Hernia, Mesh repair, neonatal surgery

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CRITICAL CONGENITAL HEART DISEASE SURGERY IN NEONATES: A 5-YEAR SINGLE-CENTER REPORT

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Purpose: To analyze and report the outcomes of neonatal congenital heart disease (CHD) surgeries performed at our center over the past five years, providing a reference for the surgical treatment of critical neonatal CHD in China.

Method: A retrospective analysis was conducted on neonates (age <30 days at surgery) who underwent CHD surgery in our center between January 2020 and December 2024. Data on diagnoses, mortality, adverse events, and ECMO support were summarized. Normally distributed continuous variables were expressed as mean ± standard deviation ($\bar{x} \pm s$), non-normally distributed variables as median, and categorical variables as percentages.

Result: Over the five-year period, 528 neonatal CHD surgeries were performed, including 241 cases requiring cardiopulmonary bypass and 115 cases involving low birth weight (≤2.5 kg). There were 296 male and 233 female patients, with a mean surgical age of 16.69 ± 8.73 days and a mean weight of 2.64 ± 0.94 kg. In-hospital mortality was 16 cases (3.0%). Excluding PDA, the top five diagnoses were TGA (58 cases), TAPVC (57 cases), CoA (48 cases), VSD (31 cases), and IAA (21 cases). Mortality rates were 10.5% for TAPVC, 9.5% for IAA, 8.6% for TGA, and 4.2% for CoA. Postoperative ECMO support was required in 29 cases, with 10 deaths, yielding an overall ECMO mortality rate of 34.5%.

Conclusion: The surgical success rate for neonatal CHD at our center over the past five years has approached internationally advanced levels. Notably, the mortality rate for critical neonatal CHD cases requiring ECMO support has declined annually, providing valuable experience and reference for neonatal surgical treatment in China.

Keywords: Neonate, Congenital heart disease, Cardiac surgery, critical, Single-center

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PROXIMITY BARCODING ASSAY REVEALS DYNAMIC PLASMA EXOSOME PROTEIN PROFILES AND SUBPOPULATION CHARACTERISTICS IN PATIENTS UNDERGOING TRANSCATHETER PULMONARY VALVE REPLACEMENT

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Objective Patients with congenital heart disease complicated by right ventricular outflow tract obstruction (RVOTO) often develop secondary pulmonary regurgitation (PR) after corrective surgery, necessitating pulmonary valve replacement (PVR). This study employed proximity barcoding assay (PBA) to dynamically monitor changes in plasma exosome protein profiles and subpopulation characteristics during the perioperative period of transcatheter pulmonary valve replacement (TPVR).

Methods This study collected 120 human plasma samples from 10 patients undergoing TPVR at three stages, preoperative (T1 group), 1 day postoperative (T2 group), and 1 week postoperative (T3 group), as well as 10 healthy individuals (N group). Single-exosome analysis was performed using PBA. We performed combinatorial analysis and functional analysis of membrane proteins on single exosomes across different groups and evaluated their predictive performance as biomarkers using Receiver Operating Characteristic (ROC) curves. Exosome subpopulations were clustered and characterized.

Results Compared to the control group, the disease group exhibited significant downregulation of the protein combination DSCAML1 + ALCAM + ITGA1 + CR1 ($P<0.05$; AUC=1) and upregulation of BCAM + CD36 + DSCAML1 + ITGB1 ($P<0.05$; AUC>0.82). Gene Ontology (GO) analysis indicated that the proteins are associated with pathways related to response to stress, membrane side, and protein binding, while Kyoto Encyclopedia of Genes and Genomes (KEGG) analysis revealed enrichment in the Hematopoietic cell lineage pathway. Subpopulation analysis revealed increased cluster 1 and decreased cluster 2 proportions in T1-T3 groups compared to the N group. Subpopulation markers showed CD8A dominance in cluster 1, while DSCAML1 predominated in cluster 2.

Conclusion This study pioneers PBA-based dynamic monitoring of plasma exosomes in patients with TPVR, identifying novel diagnostic protein signatures and disease-specific subpopulation redistribution patterns.

Keywords: Proximity barcoding assay, exosome, protein, transcatheter pulmonary valve replacement

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PRIMARY ANASTOMOSIS USING PLEDGET-REINFORCED HORIZONTAL MATTRESS SUTURES IN “LONG-GAP” GROSS TYPE C ESOPHAGEAL ATRESIA

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Primary Anastomosis Using Pledget-Reinforced Horizontal Mattress Sutures in “Long-Gap” Gross Type C Esophageal Atresia

Cagri Savas, Yeliz Kart, Emine Bilaloglu, Levent Duman

Introduction

The “long-gap” in proximal esophageal atresia and distal trachea-esophageal fistula (TEF) represents a gap of such length that primary anastomosis cannot be achieved under tension. We describe a technique using pledget-reinforced sutures to perform the primary anastomosis.

Patients and Methods

Pouchograms revealed proximal esophageal atresia and distal TEF, and echocardiograms were normal in 3 term neonates. Fistula ligation and mobilization of both atretic esophageal segments were done after a right posterolateral thoracotomy in all patients. Two full-thickness stay sutures are passed through on each side. Then, a horizontal mattress suture, reinforced with pledgets on the posterior wall of the anastomosis, is placed and tied. If the integrity of the posterior wall is established with this suture without tearing, the two stay sutures on each side are tied. The anterior wall of the anastomosis is then completed in the same manner, using a pledget-reinforced horizontal mattress suture.

Results

The first and third patients began oral feeding on the 10th and 9th days after esophagograms, and they were discharged home uneventfully on the 18th and 21st postoperative days, respectively. The second patient suddenly developed cardiac arrest and died unexpectedly on the 3rd postoperative day.

Discussion

Pledget-reinforced sutures help apply axial tension on both ends to induce esophageal elongation, eliminate the need for excessive mobilization of esophageal segments and esophagomyotomy, which jeopardizes the esophageal blood flow, and shear at the tissue-suture junction, thus preventing anastomotic breakdown.

Conclusion

This technique was successfully performed as a primary single-stage operation in three patients, and we recommend it as the first choice over various complex multi-staged procedures for any long-gap proximal esophageal atresia and distal TEF when the atretic ends can be approximated.

Keywords: Esophageal Atresia, Newborn, Anastomosis

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MOLECULAR PROFILING OF LIVER FIBROSIS: LECT2, A-SMA, AND COL1A1 EXPRESSION IN POST-KASAI BILIARY ATRESIA PATIENTS

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Background: Biliary atresia (BA) is the most common cause of neonatal cholestasis and often results in progressive liver fibrosis and cirrhosis, even after successful Kasai portoenterostomy. *LECT2*, a hepatokine, is believed to influence fibrogenic pathways by regulating TGF-β signalling and its downstream targets such as *α-SMA* and *COL1A1*. However, the specific role of *LECT2* in BA-associated fibrogenesis remains unclear.

Objective: This study aimed to evaluate the hepatic expression of *LECT2, α-SMA*, and *COL1A1* in patients with BA who had undergone the Kasai procedure and to explore their association with liver fibrosis.

Methods: Liver tissue samples from BA patients were compared with those from non-BA controls using quantitative real-time PCR to assess gene expression levels of *LECT2, α-SMA,* and *COL1A1*. Patients with BA were further classified based on histopathological evidence of liver fibrosis. Correlations between LECT2 and fibrotic markers were analyzed using linear regression and Spearman correlation tests.

Results: BA liver samples showed significantly lower expression of *LECT2* (ΔC_T 11.7 ± 5.59 vs. 7.0 ± 4.55; p = 0.022), *α-SMA* (ΔC_T 10.93 ± 3.16 vs. 5.37 ± 5.81; p = 0.006), and *COL1A1* (ΔC_T 5.34 ± 6.16 vs. 0.11 ± 1.33; p = 0.031) compared to controls. However, within the BA group, those with liver fibrosis had higher levels of *LECT2* (ΔC_T 10.3 ± 8.17 vs. 7.08 ± 5.53; p = 0.012), *α-SMA* (5.76 ± 5.36 vs. 12.1 ± 6.57; p = 0.035), and a trend toward increased *COL1A1* (−5.81 ± 7.7 vs. 2.11 ± 9.7; p = 0.052). *LECT2* expression was significantly linked with *α-SMA* (R^2 = 0.253, p = 0.01) and *COL1A1* (R^2 = 0.223, p = 0.017). Spearman analysis also found a moderate correlation between *LECT2* and *COL1A1* (r = 0.48, p = 0.014).

Conclusion: Our findings indicate that patients with BA show abnormal expression of pro-fibrotic cytokines, specifically *LECT2*, *α-SMA*, and *COL1A1*. This suggests that these genes could be associated with the development of liver fibrosis in BA and may serve as potential predictors for liver fibrosis in BA patients following the Kasai procedure.

Keywords: Biliary atresia, liver fibrosis, LECT2, α-SMA, COL1A1, TGF-β signalling

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FLOW MEASUREMENT IN PEDIATRIC LIVER TRANSPLANTATION: A PILOT STUDY

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Introduction: Vascular complications are more common in pediatric liver transplantation (PLT). We present our pilot experience with flow measurements (FM) in pediatric recipients and compare the results with adult standards.

Methods: We analyzed recent FM data (2023-2025) in PLT. We compared these values with those established for adults and examined their association with intraoperative ultrasound (US), recipient data, transplant characteristics, and vascular complications. We measured the maximum portal velocity (Vmax), peak systolic velocity (PSV), arterial resistance index (ARI), pre/post-anastomosis portal flow, and post-anastomosis arterial flow.

Results: We collected FM and US data from 41 PLT recipients. The median age was 66.6 months (range: 1.4-171), transplant weight was 20 kg (4.4-62), and the average graft weight was 480g (mean GWGR 3.4%). Graft types included 5 whole grafts, 11 reduced, 14 split, and 6 living donor grafts. Mean portal flow pre/post-anastomosis and arterial flow were lower than the adult standard (54.3/88.5 ml/min/100g vs. 100-250 ml/min/100g) and (50 vs. 100 ml/min), respectively. We found 3 arterial complications and 1 portal stenosis, all of which were resolved through surgery/interventional radiology. No differences were observed based on graft type or size. The US values of Vmax, PSV, and average ARI were 52.2 cm/s, 63.5 cm/s, and 0.6, respectively (no association with FM). In 9 cases, the splenic artery was ligated.

Conclusion: FM in PLT is a useful and simple tool, complementary to US. Acceptable values are lower than those described for adults, and multicenter studies are needed to validate these findings

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COMPREHENSIVE MANAGEMENT OF BILIARY ATRESIA AT A NATIONAL PAEDIATRIC LIVER TRANSPLANT CENTRE

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Purpose

Biliary atresia (BA) is a progressive fibro-obliterative cholangiopathy affecting newborns and requires timely operative management to prevent fatal liver failure. This study outlines a comprehensive management strategy programme evaluating contemporary outcome(s) of biliary atresia patients treated at a national liver transplant centre.

Methods

Medical case records of BA patients undergoing Kasai portoenterostomy (KPE) at a liver transplant center between 2000-2022 were analysed. Demographics, clinical presentation, diagnosis and operative treatment(s) were comprehensively studied. Outcome metrics examining those who underwent KPE before and after 60 days of age were compared. Primary outcomes measured included (i) native liver survival, (ii) patients being listed for liver transplantation and (iii) survival with a liver transplant.

Results

Twenty four BA patients (45.8% Male vs 54.2% Female) are included in this preliminary report. 13/24(54.2%) BA index cases presented directly at outpatient clinics while 11/24 (45.8%) were transferred from other hospital centres with no difference(s) noted in the timing of clinical presentation between these two distinct groups (73 ±29 vs 69±16 days p=0.663). Initial ultrasonography exams were performed in 16/24 (66.7%) patients with an atretic gall bladder being the most common finding recorded in 53% cases followed by a triangular cord sign in 26% patients. All patients had DISIDA imaging with no excretion observed. Mean age at KPE operation was 61.4 days. Bridging fibrosis was observed from liver biopsies in 11/24 (46%) patients without notable difference(s) in patients having KPE before 60 days (67% vs 43%; p = 0.43). 66.7% patients who had Kasai operation before 60 days of age survive on native liver vs 41.2% having KPE after 60 days of age (p = 0.57) Liver transplantation was performed in 45% of BA patients with a transplant mean ‘waiting time’ after listing of 42±24 months. Ten-year and 20-year overall survival (OS) for biliary atresia patients at this national centre were 95% and 89% respectively.

Conclusion

This study demonstrates superior outcomes achieved at a liver transplant center for children with biliary atresia. Centralisation of biliary atresia management at specialist liver centers with transplantation capacity best optimize outcome(s) of this disease.

Keywords: Biliary Atresia, Kasai Operation, Liver Transplant,

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ROBOTIC PARTIAL SPLENECTOMY IN SICKLE CELL DISEASE

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Aim of the Study

Subtotal splenectomy (preservation of 1/5-1/6 th of the spleen) in sickle cell disease (SCD) aims to prevent recurrent episodes of acute splenic sequestration (ASS) and preserve the immunologic and filter spleen's functions (Sissoko e al, AM J Hematol, 2024). The aim of this study is to demonstrate its feasibility and safety and discuss its role in SCD treatment.

Methods

We reviewed the chart of all the SCD children who underwent a robotic subtotal splenectomy (RSS) for repeated sequestration episodes from April 2016 to December 2023. Clinical, operative, post-operative and follow-up records were collected and compared to the literature using standard statistic tests.

Main results

38 patients were included. The median age and weight at surgery were 5 years [3-15] et 18.6 Kg [12-42]. 50% patients were in a transfusion program and had a median of 2 ASS's episodes before surgery. Median operative time was 158 minutes [97-360], there were no conversion, only 1 patients needed intraoperative transfusion. Post- operative complications included 3 episodes of acute thoracic syndrome, 1 peripheral vaso-occlusive crisis, 1 Choledocholithiasis needing CPRE after associated cholecytstectomy (Clavien Dindo III). Median hospital stay was 4,5 days [2-22]. During the follow-up (median 4 years) no patient presented ASS.

Conclusion

Robotic subtotal splenectomy in SCD children is safe and prevent ASS recurrence. In our series we didn't encountered major intraoperative complications. The average hospital stay is aligned with the literature. Moreover with adequate supervision, the learning curve for robotic surgery is correct, with no increase in operating time.

Keywords: Robotic subtotal splenectomy, sickle cell disease

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EXPERIENCE WITH KASAI PORTOENTEROSTOMY FOR THE TREATMENT OF BILIARY ATRESIA IN A REFERENCE CENTER IN COLOMBIA

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Purpose: Describe the demographic characteristics and native liver survival in patients taken to Kasai portoenterostomy for biliary atresia (BA) in a reference center in Colombia between 2016 and 2024.

Methods: Retrospective cohort study. Data taken from clinical records. A descriptive analysis was made for demographic characteristics using measures of central tendency. For the survival analysis Kaplan Meier curves were used.

Results:

Forty five patients underwent Kasai portoenterostomy (KP) in the time evaluated. Sixty two percent of the patients were female, with a mean age at the KP of 85 days, with 40% of our patients taken to the procedure with more than 90 days of age. Isolated BA was found in 53% of cases, cytomegalovirus (CMV) infection was documented in 35% of our patients, 9% had a cystic BA and only 2.2% had a syndromic presentation. The anatomical classification found most often was type III BA (91 % of cases). Bilirubin clearance was achieved in 35% of patients by 6 months post op, with a native liver survival of 33% for the 8 year follow up.

Conclusions:

Demographic and survival data in patients with BA are scarce in our region; to our knowledge, this is the biggest cohort of patients documented in Colombia. Our population is taken into surgery later in comparison to what's described by other groups worldwide, additionally, we found a higher incidence of CMV infection, which could explain why our children have a lower native liver survival when compared with higher income country´s cohorts, nonetheless, it is comparable to what is reported as general survival for BA worldwide.

Keywords: BILIARY ATRESIA, LIVER TRANSPLANT, NATIVE LIVER SURVIVAL, LIVER DISEASE

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DIAGNOSTIC ACCURACY OF THE DUCT SCORE AND ITS RISK STRATIFICATION FOR CHOLEDOCHOLITHIASIS

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HOMI Foundation

Purpose The increasing incidence of childhood cholelithiasis and biliary obstructive disease highlights the need for early detection and treatment of choledocholithiasis (CDL). This study aimed to evaluate the diagnostic accuracy of the DUCT score and its risk stratification for Choledocholithiasis in pediatric patients with cholelithiasis at the HOMI Foundation.

Methods A retrospective cohort study was conducted in children (≤18 years) who underwent cholecystectomy for cholelithiasis. The pediatric DUCT score was calculated based on three criteria: (1) common bile duct dilation ≥6 mm, (2) ultrasound evidence of choledocholithiasis, and (3) total bilirubin ≥1.8 mg/dL. Bivariate analysis was performed using the DUCT score as the dependent variable. Chi-square tests were used for categorical variables, and Mann-Whitney U tests for quantitative variables.

Results A total of 178 patients were analyzed. CDL was confirmed in 29 cases (16%) by magnetic resonance cholangiopancreatography or endoscopic retrograde cholangiopancreatography. The diagnostic accuracy of the DUCT score in our population was 89 % for high-risk and 86% for very high-risk groups, with a specificity of 98% and 99%, respectively.

Conclusion Findings support that the pediatric DUCT criteria effectively predict the presence of CDL and are reproducible in this population.

Keywords: Choledocholithiasis, biliary obstructive disease, pediatrics, diagnostic score, DUCT score

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RETROSPECTIVE STUDY OF PEDIATRIC PORTAL CAVERNOMA: CLINICAL FEATURES AND THERAPEUTIC STRATEGIES

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Purpose: Portal cavernoma is the consequence of chronic occlusion of the extrahepatic portal venous system, characterized by the formation of a network of dilated veins through which hepatopetal portal blood flows. In children, it represents a major cause of portal hypertension (PHT). Umbilical catheterization during the neonatal period is a common etiology of portal cavernoma. This study aimed to report our clinical experience in the diagnosis and management of portal cavernoma.

Methods: This is a retrospective study conducted from 2002 to 2025, including 21 children diagnosed with portal cavernoma who underwent surgical management in our department.

Results: Twenty-one cases were included. The mean age was 7.5 years (range: 2 to 14 years). The main reason for hospitalization was signs of portal hypertension (PHT), observed in 15 cases, followed by cholestatic jaundice in 2 cases and pancytopenia in 4 cases. A history of umbilical catheterization was noted in 66.7% of the cases. Abdominal Doppler ultrasound confirmed PHT in all patients. Endoscopic examination revealed the presence of esophageal varices in every case. The most common laboratory abnormality was pancytopenia. A thrombophilia workup was ordered for all patients but was completed in only 14; it was normal in 13, while the 14th patient showed decreased protein S and C levels along with a heterozygous Factor V mutation. Portography was performed in all patients who underwent surgical shunting, with a mesenterico-Rex shunt in 13 cases, a mesenterico-caval anastomosis in 6 cases, and a splenorenal anastomosis in 2 cases. Postoperative outcomes were uneventful, and patients are being followed regularly in outpatient clinic.

Conclusion: Portal cavernoma is a debilitating condition in children that requires a multidisciplinary approach. The etiological workup should include screening for prothrombotic disorders as well as investigation of a history of umbilical catheterization during the neonatal period.

Keywords: Portal cavernoma, Portal hypertension, Mesenterico-Rex shunt, Portosystemic shunt

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PREDICTIVE VALUE OF PREOPERATIVE APRI FOR NATIVE LIVER SURVIVAL IN BILIARY ATRESIA

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Introduction: Biliary atresia (BA) is a progressive, fibro-obstructive cholangiopathy of infancy. Timely Kasai portoenterostomy (KPE) improves outcomes, yet prognostic biomarkers for surgical success remain limited. This study aimed to evaluate the Aspartate Aminotransferase-to-Platelet Ratio Index (APRI) as a non-invasive predictor of native liver survival (NLS) and clearance of jaundice (COJ) after KPE.

Methods:

We retrospectively reviewed 62 infants who underwent KPE between 2007 and 2023. Preoperative APRI scores were calculated using AST and platelet counts. Additional data included liver histopathology (fibrosis, bile duct proliferation, ductal plate malformation) and CMV IgM serology. Primary outcomes were NLS and COJ (bilirubin <2 mg/dL at 6 months postoperatively). ROC analysis was performed to determine optimal APRI cut-offs.

Results:

Among 62 patients (32F/30M), NLS was achieved in 30.6% (n=19) and COJ in 24.2% (n=15). Lower APRI scores were significantly associated with both NLS (0.8±0.5 vs. 2.2±4.2, p=0.035) and COJ (p=0.009). ROC analysis identified an APRI cut-off ≤0.65 for NLS (sensitivity: 74%, specificity: 52%) and jaundice clearance (sensitivity: 78.5%, specificity: 80%). CMV IgM positivity correlated with higher APRI (p=0.015) but had no significant impact on NLS. APRI did not correlate with histological fibrosis.

Conclusion:
Preoperative APRI is a simple, cost-effective, and non-invasive biomarker that predicts native liver survival and COJ following KPE. While it does not correlate with histological fibrosis, APRI may better reflect liver inflammation and function. Its inclusion in preoperative assessment could aid risk stratification, and we recommend integrating APRI into standard preoperative evaluation protocols, particularly in resource-limited settings.

Keywords: Biliary atresia, Liver fibrosis, APRI Score, Kasai portoenterostomy, Prognosis

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CYST HYDATID DISEASE OF THE LIVER IN CHILDREN: A TERTIARY HOSPITAL EXPERIENCE

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Aim: Cystic echinococcosus (CE) is a common zoonosis affecting human health, especially in developing countries. The aim of this study was to retrospectively evaluate the patients with hydatid cysts of the liver who were followed and treated in our hospital.

Materials and Methods: Patients under the age of 18 years who were treated for hydatid liver cyst in our hospital between 2005 and 2022 were included in the study. Three different treatment modalities (albendazole only, PAIR (Puncture, Aspiration, Injection, Reaspiration), surgery) were applied. The data were compared statistically.

Results: 157 patients with a mean age of 11.2±3.4 (3.9-18) years were included in the study. 60.5% of the patients were male, whereas 35.7% of the patients had a history of animal contact and 4.5% had a family history of hydatid cysts. While 58.6% of the patients had abdominal pain, 8.9% had pulmonary symptoms, 3.8% had allergic symptoms, 26.1% of them was diagnosed with CE incidentally. Diameter of the cyst was <5 cm in 34 patients, between 5-10 cm in 91 patients and >10 cm in 32 patients. Surgery was performed in 55.4% of the patients, PAIR in 22.3%, and albendazole only in 21.7%. 43 patients developed complications. The success rate was 98.4% in patients who complied with the follow-up.

Conclusion: CE which is a serious public health problem, can affect patients in all age groups and may involve one or more organs. Appropriate treatment should be planned considering the localization of the cyst, its size, whether it is complicated or not, and the experience of the physician in liver CE disease, and the follow-up is essential in terms of recurrences after treatment.

Keywords: Hydatid cyst, Child, Liver, Echinococcus granulosus

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RISK FACTORS FOR RECURRENCE OF LIVER HYDATID CYST IN CHILDREN: A RETROSPECTIVE STUDY FROM A TUNISIAN PEDIATRIC SURGERY DEPARTMENT

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Purpose:

Liver hydatid cyst is a parasitic disease that remains a public health concern in endemic regions. In children, recurrence after treatment poses significant clinical challenges and may necessitate repeat interventions. This study aimed to assess the prevalence of liver hydatid cyst recurrence in children after a minimum follow-up of three years and to identify the factors associated with this recurrence.

Methods:

This retrospective analytical study was conducted in the pediatric surgery department at Fattouma Bourguiba University Hospital in Monastir, Tunisia. It included 118 children aged 16 years or younger who were treated for liver hydatid cyst between 2010 and 2020. Data on clinical presentation, laboratory findings, imaging results, treatment modalities, and follow-up were collected and analyzed. Multivariate logistic regression was performed to identify independent predictors of recurrence.

Results:

Among the 118 children, the recurrence rate after a minimum follow-up of three years was 20.3 percent. Of the 24 children who experienced recurrence, 18 received medical treatment and 21 underwent repeat surgery. Univariate analysis identified several factors significantly associated with recurrence, including the type of initial treatment (higher recurrence after exclusive medical treatment, $p = 0.04$), presence of intraoperative daughter cysts ($p = 0.01$), and biliary fistulas occurring during ($p = 0.017$) or after surgery ($p = 0.023$). In multivariate analysis, the presence of daughter cysts (adjusted odds ratio = 4.139; 95 percent confidence interval [1.613–10.621]; $p = 0.003$) and postoperative biliary fistulas (adjusted odds ratio = 5.866; 95 percent confidence interval [1.583–21.733]; $p = 0.008$) emerged as independent predictors of recurrence.

Conclusion:

Recurrence of liver hydatid cyst in children remains frequent despite treatment. Identifying key intraoperative and postoperative risk factors allows better targeting of high-risk patients and tailoring of therapeutic strategies. Long-term monitoring and optimized surgical techniques are essential to reduce recurrence.

Keywords: Hydatid cyst – Children – Recurrence – Risk factors

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GALLSTONE DISEASE IN CHILDREN AND ADOLESCENTS: A 20-YEAR RETROSPECTIVE REVIEW OF INCIDENCE, COMPLICATIONS, AND SURGICAL TRENDS

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Purpose:

This study aimed to evaluate the incidence and complexity of pediatric gallstone disease (GD) at the only dedicated Paediatric Surgical service for the provinces of Nova Scotia, New Brunswick and Prince Edward Island over a 20-year period; to assess complication rates, and review surgical practices and associated risk factors.

Methods:

A retrospective cohort study was conducted from 2002 to 2021, including all patients aged 0–18 years presenting with gallstone disease to a single centre. Data analyzed included disease incidence (calculated using census data), rates of uncomplicated gallstone disease (UGD) vs complicated gallstone disease (CGD) (defined as cholecystitis, gallstone pancreatitis, cholangitis, gallstone ileus or Mirizzi syndrome), surgical approaches, risk factors, postoperative outcomes, and the need for additional procedures.

Results:

Two hundred seventy nine patients were included. Mean age at presentation was 12.28 +/- 4 years. Disease incidence remained constant, but there was a trend to an increase in the absolute number of patients presenting with GD. Fifty one (18.27%) patients had cholecystitis at the time of initial presentation, 18 (6.45%) had gallstone pancreatitis, and 43(15.41%) had choledocholithiasis. Two hundred nineteen (78%) patients underwent cholecystectomy, 92% of which were completed laparoscopically. Additional procedures included ERCP, CBD exploration, sphincterotomy, biliary stenting, hepaticojejunostomy and cholangiogram. 31.1% of patients were overweight (n = 87), which did not correlate significantly with CGD (p=0.8).

Conclusion:

Consistent with global trends, the number of patients presenting with GD at our centre has risen in the last two decades, whilst true incidence has remained constant. Health care systems serving areas with growing populations need to adapt to accommodate increasing patient numbers. A number of patients with GD are overweight, but in our series this does not correlate with more complicated disease.

Keywords: Pediatric gallstone disease, Complicated gallstone disease, Cholecystectomy, Incidence trends, Obesity, Gallstone pancreatitis, Retrospective cohort study

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SURGERY-FIRST WITH CLEARANCE OF CHOLEDOCHOLITHIASIS IN PEDIATRIC. INNOVATIVE APPROACH

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Surgery-First with clearance of choledocholithiasis in pediatric. Innovative approach

Introduction:

The rate of biliary stones disease in the pediatric population is rising, report from 0.13% up to 6.1% with specific complications as choledocholithiasis and biliary duct obstruction.There is no clear current consensus regarding the management of Choledocholithiasis in children; particularly regarding whether intraoperative cholangiogram -IOC- with laparoscopic common bile duct -CBD- exploration should be first or endoscopic retrograde cholangiopancreatography -ERCP- either pre or post laparoscopic cholecystectomy.

We describe a new approach of surgery first with la paroscopic clearance of the choledocholithiasis in pediatric without ERCP either pre or post op

Methods

From 1st of January 2020 to 30th June 2025, we reviewed all our pediatric laparoscopic cholecystectomies with particular regard of a novel management of the cholelithiasis. During the IOC, we measure the size of the stones within the CBD.

Dormia basket is introduced through cystic duct and retrograde removal of stones. Should this be unsuccessful we try Fogarty retrograde removal stones and if this is unsuccessful we then dilate Oddi sphincter with the corresponding Fogarty size and flush the stones out in anterograde manner.

Results:

45 patients had laparoscopic cholecystectomies. Within these; 15 patients had IOC, 30 patients did not. Within these 15 patients, 5 had positive IOC. There were 3 girls (9, 12 and 13 years) and two boys (9 and 15years) old, mean age 12.

All five patients become asymptomatic with ultrasonic normalization of CBD size and biologic normalization of the liver function. Patient were discharged on day 2 post op.

No ERCP was necessary either preop or post op

Conclusion:

Surgery first approach is entirely safe and feasible in children with CBD stones. The use of the Dormia basket for anterograde and the Fogarty for Oddi sphincter dilation and retrograde stone removal have been entirely successful with no complications. The use of pre or post op ERCP in children has a reported complication rate up to 9% in children. Specificity in children are technical difficulties and the need of highly skilled endoscopic team.

Short term complications of sphincterotomy are pancreatitis, hemorrhages, sepsis, and perforations. Long-term complications are cholangitis and minor papilla restenosis.

We recommend the surgery first approach and limit the advanced approaches (ERCP, choledochotomy) to the failed stones removal by surgery first

Keywords: CBD: common bile duct, IOC: intraoperative cholangiogram, ERCP: endoscopic retrograde cholangiopancreatography

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IMPACT OF DUCTAL PLATE MALFORMATION ON CLEARANCE OF JAUNDICE IN BILIARY ATRESIA: A RETROSPECTIVE COHORT ANALYSIS

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Purpose:

Ductal plate malformation (DPM) is a histopathological feature believed to worsen prognosis in biliary atresia (BA). This study aimed to determine whether DPM specifically predicts the clearance of jaundice after portoenterostomy.

Materials and Methods:

We retrospectively reviewed patients who underwent portoenterostomy for BA from 2007 to 2023. Liver biopsies were examined for DPM by an expert pathologist blinded to outcomes. Patients were categorized as DPM (+) or DPM (–). The primary outcome was clearance of jaundice (serum total bilirubin <2 mg/dL within 6 months after surgery). Secondary outcomes included native liver survival. Statistical analysis involved Chi-square/Fisher's Exact tests and Kaplan-Meier methods.

Results:

Among 56 patients, DPM was present in 37.5% (n=21). Clearance of jaundice was numerically lower in DPM (+) patients (38.1% vs. 54.3% in DPM (–)), but this difference was not statistically significant (p=0.298). Native liver survival was 23.8% (DPM+) versus 34.3% (DPM–) (log-rank p=0.55).

Conclusion:

Although DPM was linked to lower jaundice clearance rates, it was not a statistically significant predictor in this cohort. These findings do not support DPM as a standalone prognostic marker for the clearance of jaundice in BA. Larger studies should further explore its interaction with other clinical factors.

Keywords: Biliary atresia, Ductal Plate Malformation, Clearance of Jaundice, Native Liver Survival

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PEDIATRIC CHOLEDOCHAL CYSTS: DIAGNOSIS AND CURRENT MANAGEMENT

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Purpose

Choledochal cyst is a rare congenital anomaly involving cystic dilation of the bile duct. Understanding its presentation and outcomes in a pediatric population is crucial for effective management.

Methods

We performed a retrospective analysis of the medical records of 12 pediatric patients diagnosed with choledochal cyst from 2010 to 2024. The study focused on patient demographics, clinical symptoms, diagnostic results, and outcomes to provide a detailed assessment of the condition.

Results

The patient cohort had a median age of 7.4 years [2.3-13.7] with as ex-ratio of 0.2. Prenatal diagnosis was not identified in any case. Common clinical manifestations included abdominal pain in 87.5% of patients, jaundice in 68.8%, and vomiting in 56.3%. Six patients exhibited signs of biological cholestasis syndrome. Abdominal ultrasonography confirmed the diagnosis of choledochal cyst in all cases. The distribution of choledochal cyst types included 6 cases of Todani type I (50%), 5 cases of type IV (41.6%), and 1 case of type III. All patients underwent surgical intervention, cyst resection with Roux-en-Y hepaticojejunostomy, at a mean age of 7.9 years. Postoperative complications occurred in 13.3% of patients including one case of choleperitoneum due to partial dehiscence of the biliodigestive anastomosis, which necessitated reoperation. The mean duration of postoperative follow-up was 35.1 months (± 30.4), with no recorded deaths.

Conclusion

Understanding choledochal cysts in children is crucial for effective management. Early diagnosis through appropriate imaging and timely surgical intervention are essential to avoid complications and promote favorable long-term results.

Keywords: Children, cholodocal cyst, surgery, anomaly

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LAPAROSCOPIC ASSISTED DISMEMBERED PYELOPLASTY VERSUS OPEN PYELOPLASTY IN UPJO WITH POORLY FUNCTION KIDNEY IN CHILDREN

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Background The management of UPJO with poor function kidney, less than 10%, has been the subject of debate for more than a decade. Some authors have recommended nephrectomy, while others favor renal salvage (pyeloplasty). We report our experience with laparoscopic assisted pyeloplasty in pediatric patients with poorly functioning kidneys in comparison with an open approach. Materials and methods A retrospective study was conducted to review 65 patients who were diagnosed with hydronephrosis and had impaired renal function due to UPJO. The study was conducted in the pediatric surgery departments of Al-Azhar University Hospital and Fattouma Bourguiba University Hospital of Monastir over a period of 20 years. Limited to pediatric patients with UPJO with ≥ Grade III hydronephrosis, antero-posterior pelvic diameter ≥ 20 mm, as well as a renal function equal to or less than 10%, was corrected by laparoscopic assisted or open pyeloplasty. Results There were 40 cases in group A who underwent laparoscopic assisted pyeloplasty, and 25 cases in group B who underwent open pyeloplasty. There were no complications or difficulties during the operation. The mean operative time in group A was 90 ± 12 min, while in group B, it was 120 ± 11 min. The renal assessment parameters significantly improved in both groups. In group A, the mean split renal function was 7.9 ± 1.3% and increased to 22.2 ± 6.3%. In group B, the mean split renal function was 8.1 ± 1.1% and increased to 24.2 ± 5.1%. However, the differences between both groups in terms of pre-operative and post-operative renal functions were statistically insignificant. Conclusion Laparoscopic assisted pyeloplasty is an effective treatment for patients with poorly functioning kidneys, espe cially those with less than 10% function. While this surgical procedure requires shorter operative times, it yields functional outcomes that are comparable to open approach.

Keywords: Pediatric UPJO · Laparoscopic assisted pyeloplasty · Open pyeloplasty · Poorly functioning kidney

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EFFECTS OF UNILATERAL PARTIAL URETERAL OBSTRUCTION ON INFLAMMATORY AND FIBROGENETIC PROCESES IN RAT KIDNEY

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Aim: Although experimental models are widely used to investigate renal injury associated with ureteropelvic junction obstruction, the precise roles of inflammatory and fibrogenic pathways have not yet been elucidated. In a rat model of partial unilateral ureteral obstruction (UUO), this study aimed to explore the roles of both interleukin-6 (IL-6)-related inflammation and signal transducer and activator of transcription 3 (STAT3)-related fibrogenesis.

Materials and Methods: Eighteen Wistar rats aged 21 days were randomly divided into three groups, each group consisting of 6 rats as control (C), sham (S) and partial ureteral obstruction (PUO) groups. No intervention was performed in Group C. In Group S, the left proximal ureter was surgically exposed without obstruction. In the PUO group, the ureter was embedded in the psoas muscle at two points to induce PUO. After 14 days, all animals were sacrificed and ipsilateral nephrectomy specimens were evaluated immunohistochemically for IL-6 and STAT3 expression.

Results: In the present study, which included the early 2-week period after PUO, IL-6 expression was significantly higher in group S and PUO compared to controls ($p<0.0001$). However, IL-6 expression was insignificantly higher in group PUO than in group S ($p>0.05$). STAT3 expression was also increased in group PUO compared to groups C and S, but the difference was not significant ($p>0.05$).

Conclusion: The increase in IL-6 expression in the PUO group suggests a role for IL-6 in the proinflammatory response following PUO. Although not significant, the increase in STAT3 expression may reflect an early-stage fibrogenic response. Further studies with longer duration and different inflammatory/fibrogenetic markers are needed to elucidate the molecular mechanisms underlying PUO-associated renal injury.

Keywords: Kidney, ureteral obstruction, inflammation, fibrosis, STAT3, IL-6

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VENTRICULOVESICAL SHUNT AS A SALVAGE OPTION IN COMPLEX PEDIATRIC HYDROCEPHALUS: A CASE SERIES

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Objective: To evaluate the effectiveness of ventriculovesical (VV) shunt as a salvage procedure in pediatric hydrocephalus patients who previously failed multiple shunt placements (e.g., VP, VA, VPL) and experienced repeated shunt malfunctions due to extensive intra-abdominal scarring and complications.

Materials and Methods: This retrospective case series includes six pediatric patients (5 males, 1 female) treated between 2024–2025 with ventriculovesical shunts after failure of prior shunting routes. The average age at VV shunt surgery was 60.6 months, and patients had histories of multiple VP shunt revisions, and in some cases VA and VPL shunt placements. One patient had a temporary VV shunt removal due to UTI associated with intermittent catheterization (TAK), later re-implanted post-recovery. Etiologies included spinal dysraphism (n=3) and antenatal hydrocephalus (n=3). A total of 7 ventriculovesical procedures were performed on 6 patients. Two patients continue clean intermittent catheterization, and all are on antibiotic prophylaxis.

Results: Mean follow-up was 6.8 months (range: 3–14 months). Currently, all shunts are functioning without complication. No mechanical failures, obstructions, or bladder-related complications (e.g., stones) have been observed to date. In two patients, cranial shunt components were opened due to scalp concerns. One infection-led shunt removal was successfully resolved and re-implanted.

Conclusion: Ventriculovesical shunting, although rarely used, presents a viable last-resort option for managing refractory hydrocephalus in patients with abdominal contraindications. Our experience demontrates that with appropriate patient selection, VV shunts can ensure stable, complication-free follow-up, especially in those with multiple abdominal surgeries and limited alternatives. Larger multi-center studies are needed to validate long-term outcomes.

Keywords: hydrocephalus, ventriculovesical shunting, salvage

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LOW-FIDELITY SIMULATION MODEL FOR LICH-GREGOIR VESICOURETERAL REIMPLANTATION TECHNIQUE

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Lich-Gregoir uretero-vesical reimplantation is not widespread in pediatric surgery and little known by young learners, even though it constitutes the technique of choice for laparoscopic ureteral reimplantation. This study aimed to evaluate the effectiveness of a low-fidelity simulation model for extra-vesical laparoscopic ureteral reimplantation using the Lich-Gregoir technique.

Methods This was a cross-sectional study carried out among residents in pediatric and urological surgery who already had laparoscopic experience of at least three surgeries as first aid. Two simulation sessions with two-hour training on the laparotrainer were organized. A timed final evaluation and a satisfaction test were carried out.

Results We included 15 residents (14 paediatric surgery and one urology). All our participants had already participated in at least ten interventions as an operating aid. Thirteen patients had already performed a laparoscopic procedure as operators.

After two hours of training, 13 participants were able to successfully complete the procedure, the average duration was 67.3 minutes (55 to 90 minutes). Posture, equipment holding and respect for triangulation were judged satisfactory to very good for 13 residents. The section of the muscularis lasted on average 14 minutes with seven perforations of the mucosa. The most difficult stage, for all of them, was achieving the stitches with an average of 33 minutes (30 and 45 minutes). This step was judged fair to insufficient for ten of the participants.

The model was considered realistic by 12 residents. More than two thirds of participants found that the representation of the bladder, detrusor and ureters was sufficiently realistic, but needed improvement. Thirteen participants suggested improving in the detrusor texture to be more elastic and closer to reality.

Conclusion Our simulation model was easy to make, economical and made of simple materials, simulating bladder anatomy. It allowed learners to practice dissection, muscle sectioning and tying, thus meet many of their learning objectives in pediatric urological laparoscopy.

Keywords: lich-gregoir, vesicoueteral, simualtion, low fidelity

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BIDIRECTIONAL MENDELIAN RANDOMIZATION ANALYSIS OF THE SERUM 25-HYDROXYVITAMIN D LEVELS AND CONGENITAL URINARY ANOMALIES

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Background

Vitamin D plays a crucial role in multiple physiological processes, yet its association with congenital anomalies of the urinary system remains unclear. This study employs the Two-Sample Mendelian Randomization (TSMR) method to investigate the causal relationship between serum 25-Hydroxyvitamin D (25(OH)D) levels and congenital anomalies of the urinary system.

Methods:

The study employed the Two-Sample Mendelian Randomization (TSMR) research method, utilizing summary statistics from Genome-Wide Association Studies (GWAS) for analysis. The data for 25(OH)D were derived from a GWAS involving 417,580 participants, while the outcome variable data came from a 2021 Finnish dataset that included 813 cases and 217,979 controls of European descent. The study employed Inverse Variance Weighting, MR Egger, Weighted Median methods, simple models, and weighted models for TSMR analysis. In the sensitivity analysis, MR Egger and MR PRESSO methods were employed to detect pleiotropy, and Inverse Variance Weighting and MR Egger were used for heterogeneity testing in Cochran's Q statistics.

Results:

The MR analysis found that for each standard deviation increase in the natural log-transformed serum 25(OH) D levels, there was a significant reduction in the risk of congenital anomalies of the urinary system (IVW OR = 2.36; 95% CI: 1.455-3.81; P-value = 0.000492). The results did not display apparent heterogeneity or horizontal pleiotropy.

Conclusion:

The findings of this study support a significant causal relationship between serum 25-Hydroxyvitamin D levels and congenital anomalies of the urinary system.

Keywords: vitamin D; Congenital anomalies of the urinary system; Two-Sample Mendelian Randomization (TSMR); Serum 25-Hydroxyvitamin D (25(OH)D) levels; Inverse Variance Weight(IVW)

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DEFINING THE LEARNING CURVE FOR TWO-STAGE BYARS URETHROPLASTY IN PROXIMAL HYPOSPADIAS REPAIR: A RETROSPECTIVE COHORT STUDY

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Objectives

This study sought to characterize the learning trajectory of two-stage Byars urethroplasty through retrospective analysis of complication rates and operative parameters across sequential cases; determine the procedural volume threshold required for technical proficiency, defined by stabilization of complications and operative efficiency; and develop evidence-based training frameworks to optimize resident competency in proximal hypospadias repair.

Methods

A single-surgeon retrospective study (2018–2022) included 113 patients undergoing two-stage Byars repair for proximal/complex hypospadias (74 penoscrotal, 39 perineal). Stage 1 (urethral plate mobilization and foreskin reconstruction) and Stage 2 (tubularized incised plate urethroplasty) were separated by a 6-month interval. Primary endpoints were complication rates (fistula, glans dehiscence, meatal stenosis, stricture) and operative times for both stages.

Learning curve analysis used cumulative sum (CUSUM) modeling to identify proficiency phases, with segmented regression comparing quartiles (Q1–Q4, 25–30 cases/group). Multivariate logistic regression adjusted for age, urethral plate quality, and chordee severity.

Results

Median follow-up was 30 months (IQR 18–70). Complication rates demonstrated a statistically significant decrease across quartiles (Q1: 32% [8/25] vs Q4: 14.8% [4/27], p=0.02), driven by a 71% reduction in fistula incidence (Q1: 28% vs Q4: 8%, p<0.01). Mean operative time for Stage 2 decreased from 198±41 minutes (Q1) to 142±28 minutes (Q4) (p<0.01). CUSUM analysis identified competency acquisition at 60 cases (95% CI 55–63), with plateauing complication rates beyond this threshold. Subgroup analysis revealed no significant differences in outcomes between penoscrotal and perineal cohorts (p=0.41).

Conclusion

This study provides granular metrics for Byars urethroplasty training, advocating a competency-based progression model with supervised milestones up to Case 60. Incorporating these data into residency curricula could reduce early-career complication rates by 60% (as modeled in Q1→Q4 comparisons).

Keywords: Hypospadias, Learning Curve, Urethroplasty, Surgical Training, Competency Assessment

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CREATING A LOW-COST MODEL FOR OPEN AND LAPAROSCOPIC PYELOPLASTY

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Purpose

Pyeloplasty is a standard, moderately complex procedure in pediatric urology, involving both open and laparoscopic techniques. Low patient numbers require alternative methods to acquire necessary skills. Training models are a potential solution, but many hospitals and surgeons have limited budgets for purchasing these models. This study aims to identify and build a suitable model that can be created and reproduced at low cost with minimal technical effort.

Method

A PubMed search was performed with the terms “low-cost,” “simulation,” and “pyeloplasty.” Articles with animal models were excluded due to hygiene requirements. Based on these results of the reviewed literatur, a new model was developed that would require no special equipment, be highly reproducible, and incur minimal costs.

Results

Between 2008 and 2025, twelve articles were published on the topic. The models described utilized 3D printing or materials such as latex, silicone, thermoplastics, balloons, and latex gloves. One balloon-based model, successfully applied in both open and laparoscopic pyeloplasty simulations, served as the foundation for the new model. Two balloons simulate renal pelvis and ureter. The kidneys were crafted from industrial modeling clay, which can be shaped at 60°C and retains its form at room-temperature. The renal pelvis balloon is secured with a clothespin, allowing for easy adjustments. The total cost of the model is approximately €2.50. Shaping each kidney with balloon attachment take 10-15 minutes.

Based on this model, a second model was developed to simulate the ureterovesical junction. All models were evaluated as part of a student training course.

Conclusion

Evaluated low-cost models in the literature provide effective simulations of the pyeloplasty procedure. Using a laparoscopic simulator, existing exercises can be enhanced with these affordable models to practice surgical skills. Even departments with limited technical resources can create these models, providing valuable training opportunities for their staff.

Keywords: minimal invasive surgery, laparoscopic training model, low-cost, pyelopasty, kidney, surgical skills

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GENETIC HETEROGENEITY AND DEVELOPMENTAL PATHWAY DISRUPTION IN HYPOSPADIAS WITH ANORECTAL MALFORMATIONS: EVIDENCE FROM WHOLE EXOME SEQUENCING

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Background:

Hypospadias and anorectal malformations (ARM) are common congenital anomalies that often co-occur due to shared embryological origins in the caudal mesoderm. However, the underlying genetic mechanisms remain poorly understood, particularly in non-syndromic cases. Recent advances in next-generation sequencing offer an opportunity to explore the genetic architecture of these complex malformations.

Objective:

To identify rare genetic variants associated with the co-occurrence of hypospadias and ARM using whole exome sequencing (WES) and evaluate their involvement in developmental pathways.

Methods:

Whole exome sequencing was performed on six unrelated male patients presenting with both hypospadias and ARM. Variants were filtered based on rarity (MAF < 0.01), predicted pathogenicity, and relevance to known developmental genes. Variants were classified according to ACMG guidelines.

Results:

All six patients harbored heterozygous variants of uncertain significance (VUS) in genes involved in critical developmental pathways. These included genes related to chromatin remodeling (*ARID1B*, *FBXW7*), androgen signaling (*HSD17B3*, *DHCR7*), Hedgehog/FGF signaling (*RAB23*, *HS6ST1*, *RET*), mitochondrial function (*TWNK*, *ATAD3A*), and mesodermal differentiation (*TWIST1*). Several genes, such as *NEB*, *ARID1B*, *CHRNG*, and *RAB23*, were implicated in both hypospadias and cryptorchidism, while *RET* and *SRGAP1* were shared between ARM and CAKUT. Each patient displayed a unique combination of variants, suggesting a high degree of genetic heterogeneity. These findings support a possible oligogenic model, wherein multiple interacting variants contribute to the phenotype.

Conclusion:

This study highlights the presence of diverse VUSs across genes involved in tissue patterning, hormonal signaling, and differentiation, suggesting complex multigenic contributions to the co-occurrence of hypospadias and ARM. The overlapping gene associations across related phenotypes further underscore the need for integrated genetic screening and functional validation in developmental anomaly research.

Keywords: Hypospadias, Anorectal Malformation, Whole Exome Sequencing, ARID1B, RET, TWIST1,

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THE EFFECTIVENESS OF THE SYSTEMIC IMMUNE INFLAMMATORY INDEX (SII) IN DISTINGUISHING BETWEEN TESTICULAR TORSION AND EPIDIDYMO-ORCHITIS

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Introduction: Testicular torsion is one of the most common causes of acute scrotum in children. Early diagnosis is important because it can result in organ loss within hours. Conservative treatment is the mainstay of treatment for epididymo-orchitis.
The Systemic Inflammatory Index (SII: Neutrophils × Platelets / Lymphocytes) has been utilised in recent years to evaluate colorectal malignancies and hepatic steatosis. The aim was to evaluate the inflammatory response in cases of acute scrotum using complete blood count data to facilitate differential diagnosis.
Materials and Methods: All patients who presented with acute scrotum between January 2020 and December 2024 were included in the sample and retrospectively reviewed. Sixty-seven patients who presented with testicular torsion, 61 patients who presented with epididymo-orchitis, and 60 patients diagnosed with uncomplicated inguinal hernia were included in the study as the control group.
The mean SII of patients who presented with testicular torsion was 1181 (91-4499), the mean SII of patients who presented with epididymo-orchitis was 936 (144-3385), and the mean SII of the control group, who underwent elective surgery for inguinal hernia, was 443 (104-1927). The mean SII value for patients with testicular torsion was higher than that for the epididymo-orchitis group, and the mean SII value for the epididymo-orchitis group was higher than that for the control group ($p<0.001$).
Conclusion: The SII value is a simple blood test that can be performed at any healthcare center. We believe that this value will enable the differentiation of testicular torsion from acute scrotum in patients presenting with acute scrotum through a blood test.

Keywords: Testicular torsion, Systemic Inflammatory Index, epididymo-orchitis

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DETERMINATION OF INHIBIN-B LEVELS IN CHILDREN WITH CRYPTORCHIDISM WHO UNDERWENT ORCHIDOPEXY AFTER 18-MONTHS OF AGE AT KENYATTA NATIONAL HOSPITAL (KNH)

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Purpose

Among boys in childhood and adolescence, cryptorchidism stands as the most prevalent anomaly in sexual development. While orchidopexy is expected to stimulate an increase in Inhibin B levels – particularly when performed early-delayed intervention may impair this response, reflecting reduced germ cell function and compromised fertility potential.

In developing countries, children often present beyond the recommended 18-month surgical window, yet data on hormonal outcomes in this context remain scarce. This study aimed to assess serum Inhibin B levels in boys with delayed orchidopexy, measured 6-months post-operatively, to better understand the impact of late surgical correction on testicular endocrine function and future fertility risk.

Method

This was a cross-sectional observational study. Blood samples were collected and analyzed for serum Inhibin B levels. Descriptive statistics summarized key variables, and participants were categorized into age-specific Inhibin B percentiles to assess fertility potential. Bivariate analyses examined associations with clinical variables. Multiple linear regression was used to identify independent predictors of Inhibin B levels.

Results

A total of 69 boys with cryptorchidism were included, with a median age at surgery of 6.75 years. Overall, 65.2% of participants had Inhibin B levels at or below the 25th percentile, suggesting reduced Sertoli cell function, while 34.8% had values above this threshold, indicating preserved hormonal activity. Bilateral cryptorchidism was observed in 34.8% of cases, and 22.2% underwent staged surgery. Multi-variate regression identified age at surgery as the only independent predictor of postoperative Inhibin B levels ($P < 00.5$), whereas laterality and surgical staging showed no association.

Conclusion

This study emphasizes the ongoing challenge of delayed surgical management, with age at orchidopexy identified as a significant predictor of post operative Inhibin B levels. Although a subset of patients maintained normal Inhibin B levels despite delayed intervention, majority showed evidence of compromised Sertoli cell function.

Keywords: Late Orchidopexy, 18-Months, Inhibin-B levels.

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PREDICTING PEDIATRIC PYELOPLASTY OUTCOMES USING MACHINE LEARNING IN A LOW-RESOURCE SETTING A RETROSPECTIVE IMAGING-BASED STUDY

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Background: Ureteropelvic junction obstruction (UPJO) is a leading cause of pediatric hydronephrosis, and while dismembered pyeloplasty is the standard surgical treatment, accurately predicting postoperative success remains a clinical challenge. This study explores the use of machine learning (ML) models to predict surgical outcomes based on preoperative imaging and clinical parameters.

Methods: We retrospectively analyzed 63 pediatric patients (mean age 3.1 ± 2.4 years; 69.8% male) who underwent pyeloplasty between 2005 and 2023. Preoperative assessments included ultrasound parameters, anteroposterior (AP) pelvic diameter, parenchymal thickness, Society for Fetal Urology (SFU) grade, and diuretic renography metrics, specifically half-time (T½) and differential renal function (DRF). Surgical outcomes were classified as successful or failed (persistent obstruction or need for reintervention). Univariate analysis was performed to identify statistically significant predictors, and five supervised ML algorithms were trained using 5-fold cross-validation on an 80:20 train-test split. Our health authorities approved this study.

Results: Of the 63 patients, 52 (82.5%) had successful outcomes. Failures (n = 11; 17.5%) were significantly associated with prolonged T½ (48.1 ± 9.7 min vs. 28.9 ± 10.1 min, $p < 0.001$), lower DRF (36.2% ± 7.5 vs. 45.3% ± 6.4, $p < 0.001$), and greater AP diameter (33.5 ± 7.2 mm vs. 24.8 ± 6.5 mm, $p = 0.002$). Among models tested, XGBoost achieved the best performance (Accuracy: 89.1%; AUC-ROC: 0.92; Sensitivity: 90.9%; Specificity: 90.4%). SHAP analysis confirmed T½, DRF, and AP diameter as the top predictors.

Conclusion: This study demonstrates the potential of ML-driven prediction tools in pediatric urology. The high-performance XGBoost model, leveraging routine imaging metrics, offers a clinically relevant decision-support tool for preoperative risk stratification. Integration into practice may enhance individualized care and postoperative planning in children with UPJO.

Keywords: Machine learning, predicting, pyeloplasty success, pediatrics

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COMPARISON OF RELIABILITY OF KIDNEY ULTRASOUND VERSUS KIDNEY ISOTOPE SCANS FOR SUCCESS IN CHILDREN WITH URETEROPELVIC JUNCTION OBSTRUCTION AFTER PYELOPLASTY

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Background: Newparameters called the pelvis-cortex (P/C) ratio, and percentage of pelvic improvement (PI) in the anteroposterior diameter (APD) are used for patients with ureteropelvic junction obstruction who have undergone pyeloplasty. Early improvement in these ultrasonic parameters can prevent isotope scanning for a successful repair.

Methods: The data of pediatric patients (age range: 0 - 14 years) who underwent open pyeloplasty in Mofid Children Hospital pediatric surgery ward from 2017 to 2021 with follow-up longer than 12 months were analyzed retrospectively. This study encompassed only those children whose ultrasound and Technetium-99m diethylene triamine pentaacetic acid (DTPA) renal information were available before and after surgery.

Results: A total of 67 patients meeting inclusion criteria were registered. The mean age at operation was 30 _ 37.44 months. The mean pelvic APD before surgery was 33.93 mm. The mean kidney cortex diameter before surgery was 5.26 _ 2.07 mm. The mean P/C ratio before surgery was 7.56 _ 4.38. The mean preoperative split renal function was documented at 42.23%. The mean followup duration was 32 months. The mean APD 3 months after surgery was 18.1 mm. The mean kidney cortex diameter 3 months after surgery was 6.72mm. The mean P/C ratio 3 months after surgery was 3.09. The PI in APD 3 months after surgery was 43.29%. The mean APD 6 months after surgery was 15.43mm. Themeankidney cortex diameter 6 months after surgery was 7.24mm. ThemeanP/C ratio 6 months after surgery was 2.8. The mean PI in APD 6 months after surgery was 50.83%. The mean postoperative tracer clearance halftime in diuretic renography was 20.77 minutes. In receiver operating characteristic curve analysis, it was observed that PI in APD > 12% in 3 months after surgery versus DTPA 6 months after surgery could predict successful pyeloplasty with sensitivity, specificity, and area under the curve (AUC) equal to 98.44%, 66.67%, and 0.87, respectively. The PI in APD > 26% 6 months after surgery versus DTPA 6 months after surgery could strongly predict successful pyeloplasty with sensitivity and specificity of 100% and AUC of 1.

Conclusions: This study identified that PI in APD > 26% at 6 months after surgery can strongly predict successful pyeloplasty and is a strong predictor of surgical outcome. Unnecessary repeated nuclear scans 6 months after surgery can be avoided using the aforementioned parameter.

Keywords: Kidney Ultrasound, Pyeloplasty, Kidney Scans, Ureteropelvic Junction Obstruction

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SINUS LASER-ASSISTED CLOSURE IN PEDIATRIC PILONIDAL SINUS DISEASE: CLINICAL OUTCOMES AND LASER PARAMETER OPTIMIZATION

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Purpose: Sinus laser-assisted closure (SILAC) is an emerging, minimally invasive option for treating pilonidal sinus disease (PSD), particularly in adolescents, due to reduced pain, quicker recovery and minimal scarring. This study aims to evaluate the clinical effectiveness of SILAC for PSD in a pediatric cohort and investigate the association between laser energy levels and recurrence rates.

Method: We conducted a retrospective analysis of all pediatric patients with PSD who underwent SILAC at our tertiary center between January 2020 and December 2024. Data collected included demographics, comorbidities, disease characteristics, laser energy parameters and postoperative outcomes. Descriptive and inferential statistical analyses were conducted using SPSS version 31.0.

Results: A total of 261 patients (63.2% males and 36.8% females; mean age 15.6 ± 1.6 years) underwent SILAC. Significant comorbidities were present in 8.8% of patients. Complete healing without recurrence was achieved in 77.4% (n=175) of patients. Among patients with recurrence, 88% (n=45) required re-intervention. The recurrence rate was statistically significantly higher in males (28.2% vs 15.9%; p =0.033). The mean energy delivered was 121.7 J/cm (50-528.6 J/cm). A statistically significant association was observed between higher energy used and increased recurrence rates (p=0.008). Subgroup analysis revealed that the 101–105 J/cm subgroup had the lowest statistically significant recurrence rate (5.9%).

Conclusion: SILAC offers a safe and effective minimally invasive treatment option for pediatric pilonidal sinus disease, achieving a high rate of complete healing and an acceptable recurrence rate. Higher laser energy delivery was significantly associated with increased recurrence rates, while the 101–105 J/cm energy range demonstrated the lowest recurrence. Further studies with larger sample sizes and prospective designs are necessary to validate these findings and to establish standardized treatment protocols for pediatric pilonidal sinus disease.

Keywords: pilonidal sinus disease, PSD, SILAC, sinus laser-assisted closure, laser parameter

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OUTCOMES OF STAGED TUBULARIZED AUTO-GRAFT REPAIR (STAG) FOR PROXIMAL HYPOSPADIAS: EXPERIENCE OF A TERTIARY PEDIATRIC SURGERY CENTER IN BANGLADESH

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Purpose:

Proximal hypospadias with severe chordee poses surgical challenges. The two-stage (STAG) procedure has emerged as a preferred technique in such cases due to its favorable outcomes in complex anatomy. This study aims to evaluate our experience with staged hypospadias repair at a high-volume tertiary care pediatric surgery center in Bangladesh.

Method:

A retrospective analysis was conducted on patients who underwent two-stage hypospadias repair between January 2022 and December 2024. Index cases with proximal hypospadias (penoscrotal, scrotal, or perineal) with severe chordee were included. Stage 1 involved chordee correction, mobilization of proximal urethra up to the bulbar part, grafting with preputial skin, and wide glans wing with wide graft. Stage 2 involved tubularization after a minimum interval of 6 months. Testosterone cream was used to facilitate the second stage. Demographic data, operative details, complications, and functional outcomes up to 6 months were analyzed.

Results:

A total of 50 patients underwent staged repair during the study period. The median age at first-stage surgery was 5 years. Complete penile straightening was achieved in 92%, and partial graft rejection was present in 4% after Stage 1. Stage 2 repair was completed after a mean interval of 9 months. The most common complication was urethrocutaneous fistula (12%), followed by glans dehiscence (10%), meatal stenosis (8%), and stricture (4%).

Conclusion:
The staged repair approach remains a reliable option for complex hypospadias in our setting, with acceptable complication rates and good functional outcomes. Key factors for success include adequate urethral mobilization, use of healthy preputial grafts, and meticulous surgical technique. Further prospective studies with long-term follow-up are warranted to evaluate outcome and patient satisfaction.

Keywords: Pediatric Urology, Hypospadias, Staged procedure, Preputial Graft, Urethroplasty

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ABDOMINAL PEDIATRIC BICYCLE HANDLE TRAUMA: EXPERIENCE AT A COLOMBIAN PEDIATRIC REFERENCE CENTER.

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Purpose:
Describe the clinical characteristics and experience in treatment in pediatric patients with abdominal trauma due to bicycle handle from January 2010 to December 2024 at a pediatric reference hospital in Colombia.

Methods:
Retrospective case series, with information taken from the clinical records. Variables are presented in measures of central tendency and percentages.

Results:

We found 21 patients with abdominal trauma due to bicycle handle from 2010 to 2024. Ages at presentation were between 4 to 14 years old; 85% were male. Mean time to initial consultation was 75 hours. Tachycardia and handle tattoo in the abdominal wall were found at presentation in 57% each. Only 4 patients (19%) showed peritoneal irritation signs at presentation. Hemoglobin and liver workup were abnormal in 33% (7) and 23% (5) of the patients respectively. The most frequent image modalities to evaluate these patients were abdominal ultrasound (57%) and abdominal computed tomography (81%). Fourteen patients (66%) had an intraabdominal organ injury; Injured organs were bowel in 35.7% of cases, liver 28%, pancreas 21%, biliary tree 7.1% and omentum in 7.1%. From this, 64.2 % required surgical intervention. Laparotomy, laparoscopy and percutaneous procedures were performed in 42.8%, 28.5% and 7.1% of the cases respectively, with the most common finding being bowel injury. Of those with intraabdominal injury not requiring intervention, liver injury was the most common finding. Mean hospital stay and follow up were 9 days and 59 days respectively. No deaths are reported in our cohort due to the injuries.

Conclusions:

Abdominal trauma with bicycle handle can produce potentially life-threatening injuries in children. The most common injury in our patients was bowel perforation requiring resection and anastomosis. Recognition and early intervention (surgical or non-surgical) are fundamental for the good outcome of patients.

Keywords: trauma, bicycle handle, liver injury, bowel injury

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AN IMPROVED NON-SURGICAL METHOD FOR THE DISPLACED PROXIMAL HUMERUS FRACTURES IN CHILDREN.

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Purpose

The main objective of this study was to retrospectively evaluate the clinical and radiographic outcomes of displaced proximal humeral fractures in children treated by nonoperatively treatment with early traction and subsequent immobilization.

Methods

A retrospective review of 83 patients aged 3–15 years old with displaced proximal humeral fractures at our institution between 2018 and 2021 was performed. These patients were followed up and assessed using the Neer Shoulder score and the Quick-DASH (Disability of the Arm, Shoulder and Hand). Radiographs were assessed for deformity. Subjective satisfaction was assessed.

Results

Only 2 patients over 14 years old changed to the surgical treatment because of the severe displacement more than 100% in the X-ray after one week from the injury. The other 81 patients were followed up for an average of 7.9 months (3-15 months).All fractures were radiologically united at a median time of 5.0 weeks (4–10 weeks). At the follow-up, Neer Shoulder score at the last follow-up was mean score 95.07±3.69 (range 86–100). Quick-DASH score was 3.11±8.20 (range 0–9.1). In a subjective measure of outcome at follow- up, 63(77.7%) of patients were very satisfied and 18(22.3 %) satisfied; no patients reported their outcome as not satisfied.

Conclusions

We commend nonoperatively treatment with early traction and subsequent immobilization in the management of the displaced proximal humeral fractures in children of all ages. The determination of changing treatment plan to surgical management in the patients is rare.

Keywords: proximal humeral fractures, nonoperatively treatment, traction

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SURGICAL TREATMENT OF FOREARM FRACTURES OR DEFORMITIES IN OSTEOGENESIS IMPERFECTA

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Purpose: Fractures or deformities in osteogenesis imperfecta (OI) predominantly affect the lower extremities, and there have been extensive reports on surgical treatment methods and outcomes. However, there is scant literature regarding fractures or deformities involving the upper extremities, particularly the forearm. This study presents our experience with surgical management of forearm fractures or deformities in OI.

Method: This study retrospectively analyzed the clinical data of OI patients who underwent surgical treatment for forearm fractures or deformities at our hospital. They received open reduction or osteotomy, and internal fixation for ulnar and radial fractures or deformities. Postoperative follow-ups were conducted regularly to assess recovery. Detailed records included patient demographics, surgical information, fracture healing time, postoperative functional recovery, and complications.

Results: Five male OI patients (seven forearms) were included. Three patients were treated for fractures, and two patients underwent corrective osteotomy for deformities. The mean age was 15.43 ± 7.31 years (range: 5–25), with an average follow-up duration of 26.14 ± 31.25 months (range: 3–97). All patients underwent plaster immobilization for six weeks, followed by functional exercises. By three months post-surgery, all patients had resumed daily activities without significant functional limitations. Two patients experienced implant migration leading to wound dehiscence: one healed with wound dressing changes and tolerated irritation from the internal fixation, while the other required implant removal. No perioperative complications were observed.

Conclusion: For patients with OI complicated by forearm fractures or deformities, surgical intervention can yield favorable outcomes despite significant surgical risks and a high incidence of implant migration. Particularly in patients with function-impairing forearm deformities, realignment through forearm bone osteotomy can significantly improve functional outcomes. Therefore, surgical indications should be rigorously evaluated. For patients requiring intervention, surgical management of forearm fractures or deformities in OI is challenging but worthwhile due to functional improvement.

Keywords: osteogenesis imperfecta, forearm fractures or deformities, surgical treatment

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MULTIDISCIPLINARY MANAGEMENT OF HIGH-GRADE PEDIATRIC LIVER INJURIES

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Purpose To present our experience of multidisciplinary management of high-grade pediatric liver injuries.

Methods A retrospective review was undertaken for patients presenting with blunt liver injuries at two tertiary care centers in Karachi, Pakistan, from March 2021 to December 2022. Twenty-eight patients were identifed, and four patients fulflled the criteria for grade 4 and above blunt liver injury during this period.

Results One case with grade 4 liver injury developed hemobilia on 7th day of injury. He required two settings of angioembolization but had recurrent leak from pseudoaneurysm. He ultimately needed right hepatic artery ligation. Second patient presented with massive biliary peritonitis 2 days following injury. He was managed initially with tube laparostomy followed by ERCP and stent placement. The third patient developed large hemoperitoneum managed conservatively. One case with grade 5 injury expired during emergency surgery.

Conclusion Conservative management of advanced liver injuries can result in signifcant morbidity and mortality due to high risk of complications. Trauma surgeons need to have multidisciplinary team for management of these patients to gain optimal outcome.

Keywords: Pediatric, Liver, Blunt trauma, Hemobilia, Pseudoaneurysm, Biliary peritonitis

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ROLE OF ANABOLIC STEROIDS (NANDROLONE) AND PROPRANOLOL IN PEDIATRIC BURN IN TERMS OF REVERSAL OF GROWTH ARREST- A RANDOMIZED CONTROLLED TRIAL

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Purpose:

Burns are a major cause of morbidity and mortality in the pediatric population worldwide. A series of metabolic events occurs after a burn injury, which puts the patient through a major catabolic phase and growth arrest period. Various treatment options have been under consideration to minimize the catabolic burden of such a population. The purpose of this study was to compare the role of propranolol, nandrolone, and their combination in the pediatric burn population in terms of reversal of growth arrest.

Materials & Methods:

This study was conducted at the Department of Pediatric Surgery, King Edward Medical University/ Mayo Hospital, Lahore. After ethical approval and informed consent, all the patients fulfilling the inclusion criteria were included and divided into 3 different groups. Group A patients were given propranolol at a starting dose of 0.5mg/kg up to 2mg/kg for 1 week. Group B patients received nandrolone at 1mg/kg fortnightly for 3 months. Group C patients were given both the drugs at above mentioned doses. BMI was recorded 3 monthly for 1 year, and DEXA scans were done at 2 years

Results:

Patients who were given both drugs gained better weight and height than the other two groups. They also had improved bone mineral densities at 2 years than the other two groups.

Conclusion:

Our findings demonstrate that combined therapy is significantly more effective than either agent alone in reversing growth arrest. This pharmacologic approach offers a promising strategy to enhance recovery, and support long-term growth in pediatric burn patients, with the potential to inform future burn rehabilitation protocols and standard of care.

Keywords: Burns/ Rehabilitation, Growth/ Physiology, Propranolol/therapeutic use, Nandrolone/therapeutic use, Burns/drug therapy, Catabolism, Burns metabolism, Hypermetabolism

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ACUTE ANKLE SPRAINS IN CHILDREN. HOW TO ASSESS ANKLE INSTABILITY?

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Introduction: Ankle ligament sprains and tears are among the most common injuries. Some patients may develop chronic ankle instability.

Objective: To develop a method for assessing ankle joint stability.

Materials and Methods: We developed a method for evaluating ankle stability after ligament injuries using dynamic ultrasonography. A comparative assessment of ankle instability was performed in 28 patients (30 feet) using functional radiography and the new method.

Results: The study demonstrated 94% sensitivity and 88% specificity. An inter-rater reliability analysis of this method yielded an ICC of 0.8.

Conclusion: The new ankle stability assessment method allows for the detection of post-traumatic instability and differentiation between ligament sprains and tears. The use of this new diagnostic technique may reduce the incidence of post-traumatic ankle instability.

Keywords: ankle sprain, ankle instability

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VIRTUAL REALITY AS A DISTRACTION TOOL DURING K-WIRE REMOVAL IN CHILDREN: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL

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Purpose:

Pain and anxiety during minor yet distressing procedures remain a challenge in the childrens hospital. Our study, which was completed in 2024 and published just recently, consists of a three-year prospective randomized controlled trial evaluating the efficacy of virtual reality (VR) distraction tools in reducing pain and influencing procedural memory in children undergoing percutaneous Kirschner-wire removal after osteosynthesis of wrist and elbow fractures.

Methods:

In the outpatient fracture clinic of our department of pediatric surgery, 146 children aged 4–16 years were randomized to receive either standard care or immersive VR distraction during K-wire removal. Stratification was performed by age. Pain and anxiety were assessed using the Wong-Baker Faces Pain Rating Scale, FLACC Scale, and mYPAS Scale, reported by neutral observers, patients, and guardians. Objective physiological markers such as heart rate variability and blood pressure were also recorded. Follow-up questionnaires assessed the children's recollection and emotional memory of the procedure immediately and two weeks post-intervention.

Results:

Children in the VR group reported significantly lower pain scores on the Wong-Baker scale (OR 0.225; 95% CI 0.12–0.43). Observer-rated pain >2 was noted in 43% of VR cases vs. 74% in controls. Reductions were also seen in FLACC (OR 0.364) and mYPAS (OR 0.285) scores. The VR group retained less negative procedural memory both immediately and two weeks post-procedure, indicating a lasting positive effect on emotional recall.

Conclusion:

Virtual reality is a powerful and effective tool for reducing procedural pain and anxiety in pediatric patients undergoing K-wire removal. Moreover, its positive influence on procedural memory highlights its potential in improving long-term patient experience in pediatric surgical care.

Keywords: Virtual Reality, pain management, fracture treatment

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PAEDIATRIC PELVIC FRACTURE AND UROGENITAL INJURY: AN UNCOMMON COMBINATION

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Purpose: Urogenital injury is reported in children in association with pelvic fracture. The co-incidence is reported with wide variability from 2-30%. Patterns of trauma also vary with regards to the local environment. We aimed to investigate local, anecdotal experience that urogenital injury with pelvic fracture is rare in our high volume trauma centre in a high income, urban environment.
Methods: A prospective trauma database was interrogated at a single, tertiary major trauma unit. Case notes were reviewed for all patients with a recorded pelvic fracture.
Results: There were 20 patients with traumatic pelvic fractures over the 2.5 year period. The mean age at injury was 14 years. The most common mechanism was road traffic accident (60%). Nine (45%) had their pelvic fracture managed operatively. One patient (5%) passed away prior to detailed assessment. One patient (5%), aged 16, had a urogenital injury (bulbar urethral disruption). No delayed urogenital injuries were noted.
Conclusion: Both pelvic fracture and concomitant urogenital injury in children are rare in an urban, high income setting. In the absence of other urogenital symptoms and signs, clinicians can adopt a conservative approach following confirmed pelvic fracture.

Keywords: Urogenital injury, Paediatric Trauma, Pelvic Fracture

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SHORT-TERM EFFICACY OF SURGICAL TREATMENT FOR HIP DYSPLASIA COMBINED WITH RARE SKELETAL DISORDERS

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Purpose: Developmental dysplasia of the hip (DDH) is a common pediatric orthopedic disease. While widespread ultrasound screening has significantly reduced surgical intervention rates in recent years, increasing attention has been drawn to syndromic DDH. Rare skeletal disorders complicated by DDH present surgical challenges due to underlying pathologies, limited case numbers, and insufficient treatment experience, often leading to complications with unclear prognoses. This study evaluates short-term surgical outcomes in rare skeletal disorders with DDH.

Method: We retrospectively analyzed clinical data and conducted follow-up assessments for children with rare skeletal disorders undergoing hip surgery between 2020-2023. Evaluations included preoperative/postoperative anteroposterior pelvic radiographs, clinical symptoms, and complications.

Results: The cohort comprised 15 DDH patients (12 boys, 3 girls) with rare skeletal disorders: 7 mucopolysaccharidosis (MPS), 2 mucolipidosis (MLS), 2 central core disease (CCD), 2 Prader-Willi syndrome (PWS), 1 osteogenesis imperfecta (OI), and 1 Kabuki syndrome (KS). Mean surgical age was 6.67 years (range 2-12). All patients received individualized surgical plans combining open reduction with or without femoral/pelvic osteotomy.Postoperative radiographs showed no cases of hip redislocation. Adequate femoral head coverage and acetabular development were achieved in 12 patients (5 MPS, 2 MLS, 2 CCD, 2 PWS, 1 OI, 1 KS). Two MPS cases exhibited residual acetabular dysplasia. No complications occurred including anesthesia risks, neurovascular injuries, implant failure, or infections.

Conclusion: When managing DDH patients with systemic comorbidities, clinicians should consider potential rare skeletal disordersBased on our experience, the overall surgical principles align with those for typical DDH cases, demonstrating favorable short-term outcomes. Long-term efficacy requires further observation. Perioperative management must address disease-specific risks: anesthesia challenges in MPS, malignant hyperthermia in CCD, and pathological fractures in OI. Successful management requires thorough understanding of underlying disorders to formulate individualized surgical strategies and rehabilitation protocols.

Keywords: Rare skeletal disorders, Developmental dysplasia of the hip, Surgical treatment

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IMPACT OF NUTRITIONAL STATUS ON CLINICAL OUTCOMES IN PEDIATRIC UROGENITAL TRAUMA: A RETROSPECTIVE ANALYSIS

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Aim: This study aimed to evaluate the clinical outcomes of pediatric patients with urogenital trauma, with a particular focus on the relationships among nutritional status, injury severity, morbidity and mortality.

Materials and Methods: A retrospective analysis was conductedon 53 patients under 18 years of age who were admitted between2016 and 2022 with urogenital trauma. Demographics, traumamechanisms, affected organs, clinical outcomes, and body massindex (BMI)-based nutritional status were recorded. Renal trauma (RT) was graded per the American Association for the Surgery of Trauma criteria and classified as severe (Grade 4–5) or non-severe (Grade 1–3). Statistical comparisons were made between BMI groups and trauma severity regarding morbidity and mortality.

Results: RT was present in 39.6% of cases, with gross hematuria significantly more common in this group (p = 0.021). EGOT patients had a higher rate of surgical intervention (p = 0.004), while transfusion needs were more frequent in RT patients (p = 0.001). Morbidity increased with trauma severity (100% in severe vs. 5.88% in non-severe RT, p = 0.0008). Mortality occurred only in theRT group (p = 0.020), yet was associated with concurrent severe head trauma. While a relationship was observed between body weight and mortality (p = 0.0337), no significant relationship wasfound between BMI and clinical outcomes.

Conclusion: Trauma severity, rather than nutritional status, was thekey determinant of morbidity in pediatric urogenital trauma. Mortality appeared to be influenced by multisystem involvementrather than the severity of urogenital injury alone. Prospectivemulticenter studies are warranted to confirm these findings.

Keywords: Genitourinary trauma, nutritional status, body mass index, mortality, morbidity

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TEN-YEAR EXPERIENCE OF A PAEDIATRIC TRAUMA CENTRE IN MANAGING GENITAL, ANAL, AND PERINEAL INJURIES IN CHILDREN

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Purpose: Accident or abuse play a role in the etiology of genital, anal and perineal traumas in children. It was aimed to evaluate the genital injury scores and treatment modalities of patients injured as a result of accidents.

Method: After the approval of the Local Ethics Committee, the files of the patients who were treated for genital, anal and perineal trauma in a tertiar center ten years of data were reviewed retrospectively**.** An evaluation was made by revealing the gender, age, mechanism of trauma, physical examination findings and treatment modalities of the patients.

Results: In this period 59 patients including 30 male and 29 female were treated with mean age of 7.5 year. Genital injury score was determined in trauma caused by running, walking or falling on an object, falling off a bicycle, fighting and non-vehicle traffic accident. Penile hematoma, abrasion, tissue defect, scrotal edema-hematoma-pain, laceration, testicular pain, perineal-perianal laceration, labium majus-minus laceration, abrasion, tissue defect, hymen laceration, laceration in anal sphincter and rectal mucosa were observed. In addition to medical treatment, primary repair, perineoplasty, colostomy, anoplasty, hymenoplasty, sphincteroplasty and debridement were performed. Recovery was uncomplicated

Conclusion: The most common cause of trauma in children is falls, and patients with low genital injury scores on physical examination require medical treatment and/or primary repair with local anesthesia, while those with high levels require examination and surgical treatment under general anesthesia.

Keywords: Child, genital-anal-perineal trauma, genital injury score

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EXPERIENCE WITH VERSAJET HYDROSURGERY FOR BURN DEBRIDEMENT IN CHILDREN: A CASE SERIES

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Background:

Conventional burn wound debridement involves tangential excision of eschar with a knife or dermabrasion until viable dermis or punctate bleeding is reached. The Versajet™ hydrosurgery system (Smith & Nephew) offers an alternative, potentially preserving dermal tissue and reducing scarring. We present our experience using Versajet hydrosurgery for managing deep full-thickness burns in children

Materials and methods:

We conducted a review of patients admitted to the burn unit at Fattouma Bourguiba University Hospital, Monastir, from 2023 to 2025, who underwent debridement using the Versajet® hydrosurgical system for deep, full-thickness burns. Clinical characteristics of the burns were analyzed. Post-Versajet outcomes were assessed in terms of postoperative hospital stay duration and short- and medium-term results

Results

Five pediatric patients with thermal burns (four from flames and two from hot oil) were managed using the Versajet® hydrosurgical system. The mean age of the patients was 7.3 years, ranging from 5 to 10 years. The average TBSA burned was 10.3%, with a range of 5% to 15% with a 3rd degree depth. Versajet® allowed for precise and efficient debridement in a single operating room session, utilizing various nozzles to ensure minimal tissue loss while maintaining viable dermis. Skin grafting was performed within a few days of debridement, with all grafts demonstrating excellent adherence and satisfactory short-term healing and no secondary infections were observed following the use of the Versajet® system. The use of Versajet® significantly reduced the duration of hospital stays by enabling rapid and effective debridement, followed by timely grafting. This streamlined approach contributed to favorable clinical outcomes and efficient resource utilization.

Conclusion:

The Versajet™ system's precision and ability to preserve dermal tissue have proven that it is particularly advantageous for managing deep burns in children, potentially reducing hospital stay, minimizing scarring and improving long-term outcomes.

Keywords: fullthickness burn, hydrosurgical excision, versajet, outcomes

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CLINICAL ANALYSIS OF INTERLOCKED INTRAMEDULLARY NAIL IN TREATMENT OF FEMORAL SHAFT FRACTURES IN ADOLESCENTS

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Background: To explore the efficacy of interlocking intramedullary nail in the treatment of femoral shaft fractures in adolescents.

Subjects and Methods: The clinical data of 10 adolescent femoral shaft fractures treated with interlocking intramedullary nailing in our hospital from January 2020 to December 2021 were retrospectively analyzed. Among the patients, 8 were male and 2 were female. Their ages ranged from 11.5 to 15.3 years (mean, 12.8 years). Their weight ranged from 50.2kg to 70.2 kg (mean, 61.4 kg). The procedure was fixed with a static interlocking intramedullary nail. Periodic follow-up examinations were performed to monitor the occurrence of complications and to record the time of union of the fracture. At the last follow-up, neck shaft angle (NSA), medial proximal tibial angle (MPFA), femoral head diameter (FHD), femoral neck diameter (FND), and articulotrochanteric distance (ATD) were measured on the X-ray. Functional recovery of the affected limb was assessed using Thoresen's criteria.

Result: The mean follow-up time was 14.4 months (10-17 months). All fractures healed, and all incisions healed at the first stage. No infection or incision dehiscence occurred. The average fracture union time was 5.1 weeks (4-8 weeks). The average radiological union time of the fracture was 9.6 weeks (6-12 weeks). There was no nonunion of the fracture,no delayed union, no malunion, no broken nails, no re-fracture. A leg length discrepancy of 1.4cm was observed in one case. One patient had ectopic ossification above the greater trochanter. Pressure ulcers occurred at the ankle in one patient. The NSA, MPFA, FHD, FND, and ATD at the final follow-up were, respectively, [(135.57±4.20)°、(91.86±6.39)°、(47.67±2.70)mm、(32.35±2.61)mm、(31.55±3.30)mm] for the affected side,which were insignificantly different from those for the healthy side [(136.42±6.92)°、(92.29±8.01)°、(47.34±2.79)mm、(32.29±2.27)mm、(29.66±2.42)mm] (P>0.05). According to the Thoresen criteria, there were 8 (80%) excellent, 1 (10%) good, and 1 (10%) satisfactory results with an excellent to good rate of 90%.

Conclusion: Interlocking intramedullary nailing is clinically effective in the treatment of femoral shaft fractures in adolescents, with excellent fracture union, few complications and no significant effects on proximal femur development in the short term.

Keywords: adolescent; femur fracture; fracture fixation, intramedullary

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CONSERVATIVE MANAGEMENT OF PEDIATRIC PANCREATIC INJURIES AFTER BLUNT ABDOMINAL TRAUMA

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Introduction:

Pancreatic trauma in children is rare and often diagnostically elusive due to its subtle clinical presentation. Management strategies, particularly in the absence of associated injuries, continue to be debated.

Our aim was to highlight our outcomes from a non-operative approach in pediatric patients with isolated pancreatic injuries.

Methods:

We conducted a retrospective review of pediatric cases managed for pancreatic trauma in our department over a one-year period (June 2024 - June 2025).

Clinical presentation, diagnostic findings, treatment strategies, and early outcomes were analyzed.

Results:

Six children (4 males, 2 females; mean age 8.2 years) sustained blunt abdominal trauma :4 due to bicycle handlebar impacts and 2 from vehicular crush injuries. All of them presented with epigastric pain and vomiting within 24 hours post-trauma. Laboratory tests revealed marked lipase elevation (mean: 12× normal). Initial imaging with abdominal ultrasound and contrast-enhanced CT confirmed complete transections of the pancreas—body (n=3), tail (n=2), head (n=1) with an average parenchymal gap of 8.5 mm. No associated duodenal injuries were identified in any patient. Retroperitoneal fluid tracking to the mesenteric root and moderate intraperitoneal effusions were noted.

All patients were initially managed conservatively. Between days 5 and 8, five developed organized fluid collections (mean size: 120×70 mm), extending into the lesser sac and gastrosplenic area. Drainage was performed in five cases. It was either endoscopic transgastric (n=2) or radiologically guided percutaneous drainage (n=3). One child improved under close monitoring without drainage. All patients experienced progressive clinical and radiological resolution within approximately five weeks.

Conclusion:

In the absence of associated injuries, particularly duodenal involvement, non-operative management of pediatric pancreatic trauma, supported by timely, minimally invasive drainage, can lead to excellent short-term outcomes while avoiding the risks of surgery.

Keywords: Pancreatic Injuries, Child, Drainage

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SHORT-TERM OUTCOMES OF SURGICAL TREATMENT FOR ISCHIAL TUBEROSITY AVULSION FRACTURES

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Objective: Avulsion fracture of the ischial tuberosity (AFIT) is a rare sports-related injury in adolescents, typically caused by forceful contraction of the hamstring, adductor, and external rotator muscles. This study aims to evaluate short-term outcomes of surgical management for AFIT to provide detailed clinical references.

Methods: We retrospectively analyzed clinical data from 5 AFIT patients undergoing surgical treatment. All received open reduction and internal fixation with cannulated screws. Postoperative follow-ups were conducted to evaluate recovery, with detailed documentation of age, gender, injury-to-surgery interval, fracture displacement , preoperative/postoperative pain levels, functional recovery and complications.

Results: The cohort comprised 4 males and 1 female (mean age 14±0.89 years). Mean follow-up was 5.6±3.61 months. Three patients with >20mm displacement underwent surgery within 5 days. One patient with <10mm displacement received surgery after failed 1-month conservative treatment. Another with 15-20mm displacement underwent surgery due to persistent pain after 1-year conservative management. All patients reported significant pain reduction postoperatively. Partial weight-bearing with crutches was encouraged one weeks post-surgery, and independent walking was achieved by two months. By three months, all patients resumed daily activities without functional limitations.No complications (sciatic nerve injury, infection, or hardware failure) were observed. Imaging confirmed proper fracture healing and implant positioning, with satisfactory patient-reported outcomes.

Conclusion: Current treatment consensus suggests conservative management for displacements <15mm and surgical intervention for >20mm, with 15-20mm cases may require individualized decisions based on activity demands. In this study, all five surgically treated patients demonstrated favorable short-term outcomes, including pain relief and early functional recovery. In clinical practice, it is essential to enhance awareness of AFIT to prevent missed or misdiagnosis, active early diagnosis and appropriate treatment, minimize complications as much as possible, and facilitate early restoration of functional activities.functional activities.

Keywords: Avulsion fracture of the ischial tuberosity, Surgical treatment

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COMPARISON OF THE DIAGNOSTIC VALUE OF SYSTEMIC IMMUNE/INFLAMMATION INDEX AND ALVARADO SCORE IN PEDIATRIC APPENDICITIS

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Aim of the Study
The aim of this study is to compare the diagnostic value of the systemic immune/inflammation index(SII), which has recently been studied for its diagnostic utility in various inflammatory events, with the Alvarado score for the diagnosis of acute, perforated, and non-appendicitis cases.
Methods
The Alvarado scores, SII indices, and pathology results of 224 patients operated on with a preliminary diagnosis of appendicitis over a two-year period in our clinic were examined. Statistical analysis was performed using SPSS version22.0.
Main Results
Five patients were excluded from the study due to a diagnosis of parasitic infestation. Pathology reports showed that 58 patients had non-appendicitis, 144 had acute appendicitis, and 17 had perforated appendicitis. The Alvarado score was statistically significant across all three groups. The SII index significantly distinguished non-appendicitis from both acute and perforated appendicitis. However, the Alvarado score demonstrated higher accuracy compared to the SII index in terms of both positive predictive value and negative predictive value.
Conclusions
The combined use of the Alvarado score and the SII index improves diagnostic accuracy for appendicitis, demonstrating a complementary effect between the two variables. While the Alvarado score alone provides high sensitivity, the SII index contributes additional diagnostic value by increasing specificity. In clinical practice, the combined evaluation of these two methods can lead to more accurate decision-making in diagnosing appendicitis. Particularly in ambiguous cases, using both the Alvarado score and the SII index together can help prevent unnecessary surgical interventions and guide appropriate follow-up decisions effectively.

Keywords: systemic immune/inflammation index(SII), Appendicitis, Alvarado Score

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ACUTE INTUSSUSCEPTION IN CHILDREN ABOVE 5 YEARS: A CLINICAL STUDY

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Purpose: Acute Intestinal Intussusception (AII) is the most common abdominal emergency leading to intestinal obstruction in children aged 2 to 24 months. Although it is rare in children over 5 years of age according to most studies and caused mainly by pathological lead points (PLP). Recently, an increase in the frequency of AII occurring after the age of 5 years was noted and it was idiopathic in the majority of cases. This study aimed to report the demographic and clinico-radio-therapeutic features of AII in children over 5 years.

Methods: A retrospective study including children aged over 5 and under 15 years who were hospitalized for AII over an 11-year period.

Results: This retrospective study reviewed 112 cases of acute intestinal intussusception (AII) in children aged between 5 and 13 years. A male predominance was observed (sex ratio 2.86). Abdominal ultrasound confirmed ileocecal intussusception in all cases, with coelio-mesenteric lymphadenopathy in 81.3% and suspected PLP in 3.57%. Three patients had significant peritoneal effusion, and in 4 cases, bowel viability was uncertain. Hydrostatic reduction was attempted in 109 patients, successful in 85.32% (93 cases), without perforation. Surgery was required in 21 cases: 3 due to poor general condition, 16 for failed reduction, and 2 for suspicious ultrasound findings. Manual reduction succeeded in 19 cases (13 preserved bowel vitality). Resection was needed in 8 patients (4 Meckel's diverticulum, 4 ischemia). Histopathology confirmed PLP in 8 of the 21 operated cases (38.1%): 4 Meckel's diverticulum, 3 Burkitt's lymphoma, and 1 Henoch–Schönlein purpura-related hematoma.

Conclusion: AII in children over 5 years is no longer rare, representing 9.6% of 1169 AII cases in this study. Contrary to prior reports associating AII with PLP in older children, 92.86% of cases were idiopathic.

Keywords: Acute intestinal intussusception, Children over 5 years, Pathological lead point, Pediatric intestinal obstruction , Ultrasound diagnosis

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EVALUATING THE NECESSITY OF ROUTINE RECTAL BIOPSY BEFORE OSTOMY CLOSURE IN NEONATES WITH NEC AND SPONTANEOUS INTESTINAL PERFORATION

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Purpose:

Necrotizing enterocolitis (NEC) and spontaneous intestinal perforation (SIP) are major causes of neonatal ostomy formation. Some hypotheses suggest an association with underlying Hirschsprung's disease (HD), leading to recommendations for routine rectal biopsy prior to ostomy closure. However, the clinical necessity of this practice remains uncertain. This study aims to evaluate the histopathological outcomes of rectal biopsy in neonates with NEC or SIP to assess the value of routine screening for HD.

Methods:

We conducted a retrospective review of neonates who underwent rectal biopsy prior to ostomy closure following surgery for NEC or SIP between 2020 and 2025 in a tertiary pediatric surgery center. Patient demographics, including sex and clinical indications, were recorded. Histopathological examination of all biopsy samples focused on ganglion cell presence to identify aganglionosis indicative of HD. Post-procedural complications were also documented.

Results:

A total of 42 neonates were included, comprising 23 males and 19 females. Ganglion cells were identified in all biopsy specimens, and no patient was diagnosed with Hirschsprung disease.

Post-biopsy complications occurred in 3 patients (7.1%), all involving rectal bleeding. Two cases resolved with close monitoring and supportive care. However, one patient experienced significant bleeding that required transfusion of erythrocyte suspension and hemostasis under general anesthesia.

Conclusion:

In this series, routine rectal biopsy prior to ostomy closure in neonates with NEC or SIP did not reveal any cases of aganglionosis. While post-biopsy complications were infrequent, the occurrence of significant bleeding in one case raises considerations regarding procedural risks. These findings suggest that routine biopsy may not be necessary in the absence of clinical suspicion of HD. A selective approach could reduce unnecessary interventions and associated risks. Further multicenter studies are needed to develop evidence-based guidelines for biopsy practices in this patient population.

Keywords: Necrotizing enterocolitis, spontaneous intestinal perforation, rectal biopsy, Hirschsprung disease, neonatal surgery, ostomy closure.

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THE RELATIONSHIP BETWEEN PAN-IMMUNE INFLAMMATORY VALUES IN DIFFERENTIATING COMPLICATED AND NON-COMPLICATED APPENDICITIS

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Purpose: Appendicitis is among the most common causes of emergency abdominal surgery in children. Symptoms may be less apparent, particularly in younger age groups, which can result in delays in diagnosis. Distinguishing between non-complicated and complicated cases becomes increasingly challenging as the child's age decreases. This study was designed with the notion that PIV, regarded as a simple, cost-effective, and functional parameter, could serve as a biomarker for differentiating between non-complicated and complicated appendicitis in children.

Method: All patients admitted to the pediatric surgery clinic for appendicitis between January 2018 and October 2024 were included in the sample, and their files were reviewed retrospectively. Of the patients presenting with acute abdomen (n=2142), a total of 1358 (63.4%) were male, with a mean age of 11.5±3.8 years. The pan-immune inflammatory value (PIV) (neutrophil count x monocyte count x platelet count/ lymphocyte count) is a new concept introduced in recent years that indicates the degree of inflammation and immunity. The PIV value was determined using complete blood counts.

Results: The patients were divided into three groups: negative exploration (202, 9.4%), non-complicated (1387, 64.8%), and complicated (553, 25.8%). Complete blood tests of the patients determined the PIV value. There was a statistically significant difference ($p<0.001$) in PIV values among the three groups. The average age of patients in the complicated group was lower than that of patients in the uncomplicated group ($p<0.001$). Patients in the complicated group had longer hospital stays compared to the other groups ($p<0.001$). Patients in the complicated group exhibited a higher PIV value ($p<0.001$).

Conclusion: The PIV value is a straightforward complete blood count that can be calculated at all health centers. We believe that this value will facilitate the distinction between complicated and non-complicated appendicitis through a simple blood test.

Keywords: Appendicitis, Children, Pan-immune inflammation value

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NO PRESSURE, NO PAIN? A RANDOMIZED TRIAL COMPARING POSTOPERATIVE PAIN AFTER LOW-PRESSURE VERSUS STANDARD-PRESSURE LAPAROSCOPIC SURGERY IN CHILDREN

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Purpose: Laparoscopic surgery is commonly performed in children, partly due to its association with reduced postoperative pain compared to open surgery. However, it remains unclear whether lower pressure of pneumoperitoneum reduces postoperative abdominal and/or shoulder pain in pediatric patients. The main objective was to determine whether low-pressure pneumoperitoneum (8 mmHg) reduces postoperative pain compared to standard-pressure pneumoperitoneum (12 mmHg) in children undergoing laparoscopic appendectomy for acute appendicitis.

Methods: We conducted a single-center, parallel-group, superiority randomized controlled trial. Children aged 5–17 years scheduled for laparoscopic appendectomy were randomly assigned (1:1) to low-pressure (8 mmHg) or standard-pressure (12 mmHg) pneumoperitoneum. Stratified block-randomization with patient age (5-10 years vs. ≥11 years) was performed. The patients and their parents were blinded regarding group allocation. The primary outcome was postoperative abdominal pain intensity, measured using the revised Faces Pain Score on the first postoperative day (over 8h postoperatively). Secondary outcomes included shoulder pain intensity, side of shoulder pain, and intra- and postoperative complications. Analyses were mainly performed on the per-protocol population. Pain scores were analyzed using mixed-effects proportional odds models, due to their ordinal nature.

Results: Of 250 randomized patients, 191 completed the study per protocol (low pressure n=81, standard pressure n=110) with a median age of 11.55 years and median weight of 40 kg. Contrary to our hypothesis, low-pressure pneumoperitoneum was associated with higher postoperative abdominal pain scores (proportional odds ratio 1.74, 95% CI 1.01 - 3.00, p=0.046) compared to standard pressure. Shoulder pain, when present, was more intense on the right side in both groups (OR 7.81, 95% CI 3.92 – 15.55). There were no significant differences regarding secondary outcomes between groups.

Conclusions: In children undergoing laparoscopic appendectomy, low-pressure pneumoperitoneum does not reduce postoperative pain compared to standard pressure. Both approaches demonstrated similar safety profiles.

Keywords: Laparoscopy, postoperative pain, pneumoperitoneum, appendectomy

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SURGICAL TREATMENT OF RECTAL PROLAPSE IN CHILDREN WITH ANORECTAL MALFORMATIONS

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Introduction. Rectal prolapse (rectal prolapse – RP) is one of the most expected complications after treatment of anorectal malformations, occurring with a frequency of 3.8% to 60%. The main method of surgical treatment of RP is anoplasty with a recurrence rate after surgery of up to 33%.

Objective: To evaluate the effectiveness of transanal rectal musculectomy and muscle implication (TMMP) surgery proposed by de la Torre for the treatment of RP in children with anorectal malformations (AM)

Methods The study was conducted with the approval of the Local Independent Ethics Committee at the Federal State Budgetary Educational Institution "NMIC of Children's Health" of the Ministry of Health of the Russian Federation (Protocol No. 2 dated 03.03.2022). The case histories of 234 patients who had previously undergone surgery for anorectal malformations were retrospectively analyzed. The average values of the studied quantitative parameters were described using the arithmetic mean (M), the standard deviation (SD), as well as the minimum (min) and maximum (max) values, the confidence interval (CI) and the representation of quartiles (Q1; Q3).

Results Circular RP was found in 63% (N=28), segmental in 37% (N=17). According to the form of AM, the patients were distributed as follows: rectourethral fistula 46.8%, AM without fistula 11.1%, perineal fistula 17.7%, vestibular fistula 15.5%, cloaca 4.4%, anal stenosis 2.2%, rectovaginal fistula 2.2%. Primary abdominal-perineal proctoplasty was performed in 37.7%, posterior sagittal anorectosphincteroplasty in 31.1%, laparoscopically assisted abdominal-perineal proctoplasty in 17.8% and anterior sagittal proctoplasty in 13.3%. 45 patients underwent the verified Delorme operation. The average age of patients at the time of surgery was 4.6 years (Q1 – 2.5, Q3 – 7.9; SD – 2.2; min/max – 2.0–5.0; 95% CI: 2.1–5.5). There were no postoperative complications. In all patients, the length of rectal prolapse averaged 2.3 cm (Q1 - 1.5, Q3 – 3.9; SD – 0.9; min/max – 1.6–4.0; 95% CI: 1.4–3.3). There were no RP recurrences and anastomotic stenoses during dynamic follow-up after surgery for 1.5 years (Q1 - 5.0, Q3 – 10.9; SD – 2.4; min/max – 5.0–11; 95% CI: 5.1–10.2)

Conclusion The advantage of the proposed technology can be considered its effectiveness in RP good cosmetic result, absence of complications in the form of anastomosis failure, stenosis and recurrence of RP.

Keywords: Children, anorectal malformation, rectal prolapse

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OUTCOMES AFTER IMPLEMENTATION OF ERAS (ENHANCED RECOVERY AFTER SURGERY) IN PAEDIATRIC PATIENTS AFTER LAPAROSCOPIC PULL THROUGH: EXPERIENCE FROM A TERTIARY CARE CENTRE

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Purpose: Paediatric colorectal studies have shown enhanced recovery after surgery (ERAS) protocols can safely improve outcomes. This study sought to determine the impact of an ERAS on the outcomes of children with Hirschsprung disease who underwent laparoscopic pull through surgery.

Methods: A single-institution, retrospective cohort study of children who underwent laparoscopic pull through procedure between 2010 and 2024 was performed. Differences in outcomes between pre-ERAS and ERAS cohorts were tested. Patients who were receiving total parental nutrition were excluded from the analysis.

Results: There were 60 patients included: 26 prior to ERAS implementation and 34 after. Mean age was 7.70 ± 3.31 months. Patients who underwent ERAS had shorter mean time (hours) to oral intake, mean days until regular diet, reduced post-operative opioid volume, and shorter median length of stay ($p < 0.05$).

Conclusion: Implementation of an ERAS protocol resulted in faster recovery, quicker time to oral intake. Hence, Paediatric ERAS pathways should be incorporated into the care of Paediatric patients undergoing colorectal surgery.

Keywords: Hirschsprung's disease, ERAS, Colorectal surgery

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ULTRASOUND GUIDED HYDROSTATIC REDUCTION OF INTUSSUSCEPTION IN CHILDREN BY PAEDIATRIC SURGICAL RESIDENTS-OUR EXPERIENCE FROM A DEVELOPING COUNTRY

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Background: Intussusception is a common surgical emergency in infants and children that needs timely treatment. The majority of cases are idiopathic and can be treated with Ultrasound-guided hydrostatic reduction. In our setup, due to heavy workload and limited availability of Sonologist for this purpose, we trained pediatric surgical residents in performing ultrasound-guided hydrostatic reduction in ward setup

Methods: We did a prospective observational study of 6 months from June to December 2024, in which 37 patients aged 1 month to 5 years in whom ultrasound-guided hydrostatic reduction was attempted and outcomes were recorded.

Results: A total of 37 children (mean age: 14 months) with both clinical and ultrasound proven diagnosis of Intussusception were included in the study. 59.5% were male and 40.5% were female. Ultrasound-guided hydrostatic reduction was successful in 27 (72.9%) patients and failed in 10 patients who underwent subsequent laparotomy. Per-operatively, 6 underwent manual reduction with viable gut, 1 patient underwent resection of the compromised gut with end-to-end anastomosis, and 3 underwent gut resection with stoma formation.

Conclusions: Hydrostatic reduction is a well-known treatment option for intussusception. It is much more effective when done under ultrasound guidance, which is time-consuming and requires radiological expertise. Training pediatric surgeons in the basic understanding of sonology and the ultrasound-guided hydrostatic reduction procedure can bridge the gap, especially in poorly resourced setups with heavy patient inflow.

Keywords: intussusception, hydrostatic reduction, pediatric surgical resident

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PRIMARY REPAIR OF ANORECTAL MALFORMATIONS IN FEMALES WITH VESTIBULAR OR PERINEAL FISTULA: A SINGLE CENTER EXPERIENCE

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Purpose: Females with recto-vestibular fistula (RVF) can be managed either by one-stage posterior sagittal anorectoplasty (PSARP) or by conventional multi-stage approach with colostomy followed by PSARP. Our aim was to define which approach, one-stage or multi-stage, is safer and more financially convenient to parents.

Methods: We collect all patients data from last 3 years which underwent the PSR; two groups of patients, primary PSR or by conventional multi-stage approach with colostomy followed by PSR. We identified all parameters which have effects on functional outcome.

Results: Of 131 total patients, 83 have primary PSARP, 30 perineum body sparing primary PSARP and 18 PSARP who have colostomy , both groups have one each local wound infection leads to minor wound dehiscence and manage conservatively. The incidence of Anorectal Stenosis was not seen in both groups following one-stage repair vs multi-stage approach. No differences were found with regards to dilation program done by mothers. At follow-up, the prevalence of soiling and constipation were similar after one-stage and multi-stage repair.

We start feeding day 1 along with local wound care and day 3 or 4 go home on educating to parents our management plan. First visit on day 7 and second day 14 of the surgery date performed.

Dilation we do not offer to all of our patients, depend on circumstances and surgeon preference.

Conclusions: In females with RVF or fistula, the PSR performed without protective colostomy have less risk of postoperative complications. However, this one-stage approach is less cost effective, less burden on hospital and excellent cosmetic results with good functional outcome.

Keywords: Anorectal malformations; One-stage sagittal anorectoplasty; Recto-vestibular fistula

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THE ROLE OF BIRTH COHORTS IN STRUCTURAL BIRTH DEFECTS : HIRSCHSPRUNG DISEASE AS AN EXAMPLE

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Purpose

Birth cohort studies are vital tools for investigating structural birth defects (SBDs). This study systematically examines the clinical significance of birth cohort studies, emphasizing their potential to uncover etiological factors, early biomarkers, and preventive measures. Hirschsprung disease (HSCR) is highlighted as an illustrative example.

Method

We conducted a systematic study on birth cohort studies investigating SBDs, with particular attention to HSCR. We assessed study designs, participant recruitment, longitudinal follow-up procedures, and outcomes measurement. Special focus was placed on methodological strengths, limitations, and application to HSCR research.

Results

Birth cohort studies effectively identify prospective associations between genetic, epigenetic, and environmental factors and the occurrence of SBDs, exemplified by HSCR. These studies reveal critical early-life biomarkers and risk factors, clarifying their temporal relationships to HSCR. Birth cohorts also facilitate investigation of developmental trajectories and long-term clinical outcomes in HSCR patients. However, these studies face significant challenges, including participant retention difficulties, logistical complexity, substantial resource demands, and ethical concerns.

Conclusion

Birth cohort studies are indispensable for elucidating the complex etiology and natural history of SBDs, as demonstrated in HSCR. Despite methodological challenges, incorporating birth cohorts into clinical research significantly advances early diagnosis, preventive strategies, and targeted clinical management, ultimately improving long-term outcomes in HSCR and other structural birth defects.

Keywords: Birth cohort, Hirschsprung disease, diagnostic marker

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USE OF TRANSANAL IRRIGATION SYSTEM IN PEDIATRIC POPULATION: EVALUATION FROM CAREGIVER'S PERSPECTIVE

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Introduction

Transanal irrigation (TAI) is a therapeutic alternative for the treatment of fecal incontinence (FI) and chronic constipation (CC). Our aim is to evaluate the effectiveness and experience of using TAI from primary caregiver's point of view.

Material and Method

Descriptive study using validated questionnaires given to the primary caregivers of patients treated with TAI in a 5-years period, in our center. Sociodemographic data, treatment success, health-related quality of life (HR-QoL [PedsQL 4.0 SF15]), treatment adherence (Medication Adherence Report Scale 5 [MARS-5]), treatment satisfaction (Treatment Satisfaction Questionnaire for Medication [TSQM]) and patient independence were evaluated.

Results

25 patients, 1:1 male to female, mean age 12.3±5.6 years (4-21 years). 64% diagnosed of FI (10 neurogenic disorder, 6 organic origin) and 36% diagnosed of CC (5 neurogenic disorder, 1 organic origin, 3 chronic idiopathic constipation). Mean duration of treatment was 30.8±22.3 months (2-68 months). 93% mother as main caregiver. Treatment success rate was 73.3% according to Rome IV criteria. HR-QoL score was high (median 72, IQR 63-100). Treatment adherence, defined as MARS-5 score ≥ 20, was high (80%) (median 23, IQR 18-25). Treatment satisfaction was very good (median 78, IQR 76-84). 70% reported an increase in children independence (median 5, IQR 2-5).

Conclusions

TAI is an effective therapy in pediatric patients with incontinence or chronic constipation from parents' perspective. The use of this system improves their symptoms, quality of life and degree of independence.

Keywords: Transanal irrigation system, effectiveness, quality of life

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RISK FACTORS FOR STOMA-RELATED COMPLICATIONS IN PEDIATRIC PATIENTS: A RETROSPECTIVE STUDY

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Purpose:

Despite advancements in surgical techniques and stoma care products, stoma-related complications remain a significant concern in pediatric patients. This study aimed to evaluate the incidence of stoma complications and to identify potential risk factors, including patient diagnosis, nutritional status, urgency of stoma creation, and stoma type.

Methods:

A retrospective review was conducted on pediatric patients aged 0–18 years who underwent enterostomy reversal between 2019 and 2025. Patients with necrotizing enterocolitis, anal atresia, Hirschsprung's disease, rectal disorders, meconium ileus, cystic fibrosis, volvulus, intestinal atresia, and intestinal perforation were included. Patients who underwent gastrostomy or jejunostomy were excluded. Data on demographics, underlying disease, comorbidities, stoma type and level, surgical urgency (elective or emergency), and complications (anastomotic leak, prolapse, severe peristomal dermatitis, obstruction, perforation, wound infection) were collected. Statistical analysis was performed using univariate and multivariate logistic regression (significance set at $p \leq 0.05$).

Results:

A total of 270 patients were included in the study. Of these, 68.1% underwent stoma creation under emergency conditions. The most frequent indication was necrotizing enterocolitis (38.5%, n=104). Stoma-related complications occurred in 32.6% (n=88) of patients. The most common complications were peristomal dermatitis (10%, n=27), stoma prolapse (7.4%, n=20), and wound dehiscence (6.3%, n=17). There were no significant differences in complication rates based on demographic factors such as sex, gestational age, birth weight, or comorbidities. Complications were significantly more frequent in patients who underwent emergency stoma creation ($p \leq 0.05$). Although colostomy patients had a higher complication rate, this difference was not statistically significant ($p \geq 0.05$). Reoperation was required in 41 patients with stoma-related complications.

Conclusion:

Peristomal dermatitis and wound dehiscence were the most frequent complications in pediatric stoma patients. Emergency stoma creation is a significant risk factor for complications. Elective stoma creation and appropriate stoma care are essential to reduce complication rates.

Keywords: Pediatric stoma, stoma complications, emergency surgery, necrotizing enterocolitis, stoma care

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TREATMENT OF CHILDREN WITH VASCULAR INTESTINAL MALFORMATIONS

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Introductions. Surgical interventions for angiodysplasia are often accompanied by intraoperative bleeding and intestinal anastomotic failure. To date, no single algorithm for treatment tactics has been developed.

The aim of the study is to analyze the results of surgical treatment against the background of Sirolimus therapy.

Method. A retrospective analysis of patients with recurrent intestinal bleeding was performed. Diagnostic methods: endoscopic, radiation, morphological, as well as magnetic resonance imaging and radioisotope scintigraphy. Surgical options are intestinal resections, sclerotherapy and electrocoagulation of malformations. Since 2012, antiproliferative therapy with Sirolimus has been prescribed.

Results. The study included 19 patients (8 boys and 11 girls), from 8 months to 17 years old, the average age was 8 years. Of these, angiodysplasia in the colon (12/63%), small intestine (3/15.8%), combined lesions of the small and large intestine (4/21%), lesions of the rectum and sigmoid colon (10/52.6%). Limited angiodysplasia (lesion of one section of the intestine, up to 5 cm) was diagnosed in 4 children (21%), diffuse angiodysplasia (lesion of one or more sections more than 5 cm) - in 12 (63%), generalized angiodysplasia (systemic angiomatosis with combined lesions of other organs and systems) - in 3 (16%). 12 (63%) underwent surgery, 5 of them once. Two or more operations were undergone by 7 patients. There were no postoperative complications in children who received Sirolimus therapy before surgery.

Conclusion. The use of staged surgical treatment with preventive therapy with Sirolimus allows to influence the risk of unfavorable outcomes and reduce the frequency of complications. The first experience of staged surgical interventions with preoperative therapy with Sirolimus in children with intestinal angiodysplasia shows encouraging results.

Keywords: children; vascular intestinal malformations

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ARM IN ARM? INVESTIGATING THE CO-OCCURRENCE OF ANORECTAL MALFORMATIONS AND LABIOSCROTAL ANOMALIES

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Purpose Anorectal malformations (ARMs) are known to be associated with other defects, however there is no evidence addressing the co-occurrence of ARMs with anomalies of structures derived from the labioscrotal folds. A systematic review of current literature was performed to investigate patterns of association between different ARMs and labioscrotal anomalies (LSAs) when presenting simultaneously.

Method Five online databases (Cochrane, MEDLINE, Embase, CINAHL Plus, ProQuest) were searched for articles reporting co-occurrence of ARMs with LSAs; relevant data was tabulated according to type of defect. ARMs were grouped by increasing severity as 'Low' (perineal (cutaneous)/vestibular/rectovaginal fistula; anal stenosis), 'High' (rectourethral prostatic/rectourethral bulbar/rectobladder neck/rectovesical fistula; rectal atresia) and 'Complex' (cloaca/no fistula/pouch colon/H-type fistula). Both the number of individuals with at least one ARM-LSA co-occurrence and the total number of LSAs associated with each type of ARM were recorded.

Results 1642 articles were identified. In compliance with PRISMA guidelines, 144 papers met inclusion criteria, reporting co-occurrence of ARMs with LSAs (319 patients). Patients with complex ARMs had proportionally the most LSAs associated with their ARM - 58.4% of these were associated with only a single LSA. For high and low ARMs, 66.0% and 77.0% of cases were associated with a single LSA respectively. The absence of data reporting prevalence of each type of ARM without LSA limits the potential to predict the presence of LSAs according to level of ARM.

Conclusion This systematic review indicates that more severe ARMs are associated with a greater number of LSAs. More importantly, a significant proportion of low (i.e. less severe) ARMs may co-occur alongside at least one LSA. This study emphasises the need to establish a close collaboration between paediatric surgeon and urologist, ideally in a joint clinic setting, in the management of patients with any type of ARM.

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POINT-OF-CARE TRANSABDOMINAL RECTAL ULTRASOUND FOR ASSESSING FECAL LOAD AND TAILORING BOWEL MANAGEMENT IN CHILDREN WITH ANORECTAL MALFORMATIONS- REKISO-STUDY

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Purpose

Patients with anorectal malformations (ARM) require regular assessment of fecal load. Using X-rays for evaluation exposes children to repetitive ionizing radiation. This study addresses the following questions:

1. Is it feasible to conduct routine clinician ultrasound measurements during colorectal outpatient clinics?

2. Is the transrectal diameter suitable for visualizing the neorectum in children with anorectal malformations, and is there a correlation between fecal load and symptoms?

3. Is it possible to monitor bowel management using the transrectal diameter in children with anorectal malformations?

Methods

Children with anorectal malformations (ARM), functional constipation, and healthy controls who presented to our colorectal clinic between 04/2023 and 03/2024 were included and compared in this prospective proof-of-concept observational cohort study. Ultrasound scans were performed at each visit, and the maximal horizontal transrectal diameter, including the rectal wall, was measured. We included 185 children with anorectal malformations, functional constipation, and healthy controls.

Results

We included 57 children with anorectal malformations (27 females, 30 males), with 48 months (mean) following reconstruction. 76 control subjects (35 females, 41 males) and 76 children with functional constipation (35 females, 41 males) were included as well. All children underwent a sonographic assessment of the transrectal diameter (TRD).

In asymptomatic children with ARM, the mean TRD was 2.20 cm, similar to healthy controls. Using point-of-care ultrasound, we effectively monitored bowel management while avoiding radiation exposure. Furthermore, our findings confirm that this TRD cut-off reliably distinguishes children with ARM with and without symptoms($p < 0.0001$).

Keywords: ARM, bowel managment, faecal load,

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FOREIGN BODY IN THE LOWER URINARY TRACT IN CHILDHOOD : ETHERNET CABLE / A CASE REPORT

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Introduction

Foreign bodies in the lower urinary tract are rare in children. Such cases typically arise from mental disorders, iatrogenic injuries, trauma, migration from nearby anatomical structures, self-satisfaction actions or sexual abuse. We present a case in guidance with the literature: A 13-year-old male with a foreign body that was inserted from his urethra into the bladder, requiring open surgery.

Case Presentation

A 13-year-old male admitted to Pediatric Emergency Room with complaints of foreign body in the urethra, hematuria and pain. An ethernet cable was inserted into his urethra for sexual satisfaction, however, he was unsuccessful to remove it. On physical examination, disintegrated end of the cable was detected out of the external urethral meatus. Direct urinary system radiography (DUSG) revealed that the other end was in the bladder with its whole integrity. Since the cable was quite long, we decided to re-examine under anesthesia and then remove it surgically. We palpated two knots on the cable; one in the midpenile urethra and the other below the penoscrotal junction. Therefore, we performed open urethrostomy and cystostomy to cut these knots and to remove the cable. The cable was measured 113 centimeters. After closing urethrostomy and cystostomy, procedure was terminated. Postoperatively, the patient was also consulted to psychiatry clinic. He was diagnosed as impulsive suicide attempt and was started oral medication.

Conclusion

In children, urethral foreign bodies are rare and uneasy to manage. Localization, shape and size are important factors in treatment plan. Although endoscopic procedures are mostly preferred for the removal, open surgery may also be required as in our case. Urethral strictures may also develop postoperatively even after complete removal. In pediatric cases, it is also crucial to consider the patient physiologically, psychologically and socially to prevent recurrence.

Keywords: Urethra, bladder, foreign body, childhood

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OMENTAL HERNIATION THROUGH AN OCCULT DIAPHRAGMATIC INJURY FOLLOWING STAB WOUND: DIAGNOSTIC AND THERAPEUTIC VALUE OF LAPAROSCOPY

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Introduction

Diaphragmatic injuries following penetrating thoracic trauma may be clinically subtle and challenging to detect radiologically. Computed tomography (CT) is the most reliable method for diagnosis but it may fail to demonstrate diaphragmatic injury. This case emphasizes the role of laparoscopy as a safe therapeutic and diagnostic tool.

Case presentation

A 13-year-old girl was brought to the emergency department after a physical assault resulting in a stab wound to the left thorax at the 6th intercostal space. Initial CT imaging showed minimal pneumothorax and subcutaneous emphysema, but no diaphragmatic defect. She was admitted to the pediatric intensive care unit. On the second hospital day, a left pleural effusion and pneumothorax developed, prompting chest tube insertion. Fat tissue was observed in the drainage system the following day, raising concern for diaphragmatic herniation. Diagnostic laparoscopy confirmed herniation of omental tissue through a left diaphragmatic defect, which was successfully reduced and repaired laparoscopically. Intraoperatively, the herniated omentum appeared infected, and purulent fluid was aspirated from the peritoneal cavity. Postoperative course was uneventful.

Conclusion

Radiological imaging methods may fail to detect diaphragmatic injury. In case of clinical suspect minimally invasive surgery will help diagnosis and treatment.

Keywords: Penetrating thoracic trauma, laparoscopy, omental herniation

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MANAGING A RARE PEDIATRIC CASE OF EXTENDED JEJUNAL DUPLICATION AND ECTOPIC GASTRIC MUCOSA: INSIGHTS FROM DIAGNOSIS TO TREATMENT

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Introduction: This case highlights the diagnostic and therapeutic challenges in managing a pediatric patient with jejunal duplication and ectopic gastric mucosa, a rare congenital anomaly. Nonspecific initial symptoms and imaging mimics of Meckel's diverticulum underscore the need for comprehensive evaluation in such cases.

Case Presentation: A pediatric patient presented with intermittent abdominal pain, melena, and anemia, later developing severe bleeding. Imaging suggested ectopic gastric mucosa, but laparoscopy revealed jejunal duplication extending into the duodenum, associated with intestinal malrotation. Resection of 40 cm of duplicated intestine and anastomosis were performed, with pathology confirming ectopic gastric mucosa and ulceration. Postoperatively, the patient recovered well, resuming oral diet within a week.

Conclusion: This case emphasizes the importance of integrating clinical, imaging, and surgical findings for accurate diagnosis of rare gastrointestinal malformations. Careful surgical planning to preserve vital structures and long-term follow-up for potential complications (e.g., anastomotic stricture, recurrent bleeding) are critical for optimal outcomes.

Keywords: Jejunal Duplication, Ectopic Gastric Mucosa, Pediatric Patient, Long-segment Duplication, Complex Anatomical Variation

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LAPAROSCOPIC MALONE ANTEGRADE CONTINENCE ENEMA (MACE) SURGERY: A WAYS TO MANAGE LONG-TERM CONSTIPATION IN CHILDREN

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Introduction: Intractable constipation refers to persistent constipation that does not respond to standard therapeutic interventions. It is a very common problem in pediatrics, presenting with a wide range of severity and requiring varying levels of treatment. Managing this condition presents significant challenges and may require a combination of pharmacological, non-pharmacological, and surgical strategies. When left unresolved, intractable constipation can severely affect a patient's quality of life and place a considerable burden on healthcare systems. Therefore, identifying effective and safe treatment options remains a critical priority.

Case Presentation: A 14-year-old girl presented with fecal incontinence due to fecal impaction, which began in August 2024, following a Duhamel pull-through procedure in February 2023. She required disimpaction, laxatives, and enemas, but her symptoms recurred. After initiating rectal irrigations twice a week, she failed to respond to treatment and was unable to defecate independently after several months. Patients who lack the capacity to consistently achieve voluntary bowel movements may require surgical intervention to allow for antegrade enemas, either via the appendix or using a button device. This approach is useful in patients with severe constipation unresponsive to intensive medical management. Permanent stomas are considered an option of last resort.

Conclusion: Physicians vary in their approaches to surgical decision-making for children with treatment-resistant functional constipation. Most surgical procedures are indicated after medical management has been deemed unsuccessful; however, there is no universally accepted definition of treatment failure. Laparoscopic MACE (Malone Antegrade Continence Enema) is a safe, practical, and effective minimally invasive option for managing severe constipation and fecal incontinence in children. This technique offers potential benefits in terms of cosmetic outcomes and overall surgical success.

Keywords: Constipation, Fecal Incontinence, Malone Antegrade Continence Enema

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PREDUODENAL PORTAL VEIN: A CASE SERIES OF VARIABLE CLINICAL PRESENTATIONS AND SURGICAL IMPLICATIONS

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Aim of the study: To present a case series of four pediatric patients with PDPV, each with a different clinical presentation and surgical management.

Methods: We retrospectively reviewed four cases of PDPV managed at our institution. Two cases were associated with extrahepatic biliary atresia (EHBA) and discovered incidentally during surgery. The other two cases presented with duodenal obstruction but with differing etiologies and management.

Results: Two patients with EHBA underwent successful Kasai portoenterostomy; PDPV was discovered intraoperatively and required no intervention. One patient had duodenal obstruction due to PDPV compressing the duodenum; laparoscopic duodenoduodenostomy was performed. Another patient with duodenal obstruction had malrotation as the primary cause; a Ladd's procedure was performed, and PDPV was noted intraoperatively but was not the obstructing factor.

Conclusion: PDPV can present variably ranging from an incidental finding to a causative factor in duodenal obstruction. Its recognition is crucial during abdominal surgery to avoid inadvertent injury and to tailor the surgical approach based on associated anomalies

Keywords: Preduodenal portal vein, kasai, duodenoduenostomy.

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A RARE CASE IN ADOLESCENTS: SELF-LIMITING CECAL DIVERTICULAR PERFORATION

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Introduction

Cecal diverticulum is a rare condition in children and is usually asymptomatic. When cecal diverticulum is infected, it causes right lower quadrant pain and is difficult to distinguish from acute appendicitis. Colon diverticulum is a blind intestinal pouch that occurs when the serosa and mucosa or full-thickness intestinal wall protrudes from a weak point in the colon. More than 60% of cecal diverticulum is seen after the age of 80 and 10% before the age of 40. Those in the left colon are usually numerous and develop later. Those located on the right are usually solitary and congenital.

Case

A 17-year-old girl presented with abdominal pain for 3 days. Ultrasonography and direct abdominal films taken for ovarian and appendix pathologies revealed no pathology. Physical examination revealed defense, rebound and tenderness in the right lower quadrant. Following contrast-enhanced abdominal tomography, the patient underwent surgery with a preliminary diagnosis of cecal diverticulum. It was observed that the cecal diverticulum had perforated, was surrounded by inflamed omentum and formed a mass structure. Appendectomy, diverticulectomy and end-to-end ileocolic resection anastomosis were performed, and silicone penrose drain was placed in the abdomen. The patient was discharged with recovery on the sixth day after the surgery.

Conclusion

Cecal diverticula, unlike diverticula located in the distal colon, are mostly congenital and are true diverticula that include all layers of the colon wall. In contrast, in our case, the pathology result was reported in favor of a pseudodiverticulum. Cecal diverticula are more common in eastern societies than in western societies. They are more common especially in men and the young population. While diverticula located anteriorly in the cecum cause peritonitis when perforated, those located posteriorly cause a cecal mass when perforated and may mimic perforated carcinoma. In our case, the diverticulum was on the haustra and perforated from here and became a mass by being surrounded by omentum. There is no clear consensus on the treatment of cecal diverticulitis. It is in a spectrum ranging from conservative medical treatment to right hemicolectomy. There is no standard surgical intervention.Cecal diverticulum is rare in children and is usually asymptomatic. However, it should be considered in patients presenting with right lower quadrant pain. The surgical method to be applied should be decided by evaluating the patient’s condition and surgical findings.

Keywords: adolescent, rare, cecum, diverticulum, surgery, perforation

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NECROSIS RESCUED BY STAPLER: A RARE CASE OF FUNGAL APPENDICITIS IN A PEDIATRIC ONCOLOGY PATIENT

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Introduction

Abdominal pain is common in hematology-oncology patients due to malignancy or chemotherapy/radiotherapy. During neutropenia, serious conditions like appendicitis, typhlitis, lymphadenopathy, ischemia, and perforation must be considered. Immunosuppression leads to atypical clinical and imaging findings. When surgery is needed, resection should avoid necrotic tissue and be performed from healthy areas using safe techniques. This report presents a rare case of fungal necrotic appendicitis in a pediatric chemotherapy patient, managed with stapler-assisted laparoscopic appendectomy.

Case

An 11-year-old girl presented with shoulder pain and was diagnosed with hepatocellular neoplasia. Chemotherapy was initiated. On day 3 after the 6th cycle, she developed right lower quadrant pain. Imaging showed wall thickening in the cecum and terminal ileum. By day 5, ultrasound revealed a 6 mm appendix with surrounding edema. CRP was 365 mg/L. Due to worsening signs, diagnostic laparoscopy was performed. Exploration showed ecchymotic, poorly perfused areas in the appendix and cecum without perforation. As the appendiceal stump had poor vascularization, stapled excision was done at the appendiceal-cecal junction. A Douglas pouch drain was placed; no complications occurred.

Pathology revealed dense fungal structures consistent with Aspergillus. Though rare, fungal appendicitis should be considered in immunosuppressed patients. Literature reports an incidence of 1.15%, all in immunocompromised individuals. This case highlights the role of fungal infection in chemotherapy-related appendicitis and the safety of stapler use.

Conclusion

In necrotic appendiceal stump cases, especially with immunosuppression, resection should target healthy, perfused tissue. In this case, stapler-assisted laparoscopic appendectomy provided a safe, complication-free outcome. Fungal appendicitis, though rare, must be considered in immunosuppressed patients. This case emphasizes early diagnosis, careful planning, and appropriate technique in high-risk pediatric surgery.

Keywords: Necrotic Appendix, Fungal Appendicitis, Laparoscopic Appendectomy, Linear Stapler, Neutropenic Patient, Surgical Safety, Chemotherapy Complications

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INITIAL CROHN'S DISEASE FLARE-UP FOLLOWING AN ANAL TRAUMA IN A 2.5-YEAR-OLD BOY: A CASE REPORT

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Introduction: Crohn's disease is considered a heterogeneous disorder with multi-factorial etiologies, in which the interaction of genetics and environment manifests the disease. Adverse childhood experiences can affect future physical and mental health outcomes. The rich innervation of the intestine with the Vagus nerve and hormonal interactions, on the one hand, and the constant contact of the digestive system with various pathogenic and non-pathogenic antigens, on the other hand, have a proven role in autoimmune diseases and can gradually be chosen as a therapeutic goal.

Case presentation: We are reporting a case of Crohn's flare-up after trauma in a pediatric case. A 2.5-year-old male with a through and through anal trauma was presented in Akbar Children's Hospital, Mashhad, Iran, Spring 2023 with active bleeding but conscious. He then underwent a physical examination under general anesthesia in the operating room. At the Lithotomy position, a penetrating wound at the 3 o'clock anal verge and a tear in the perineal area at 9 o'clock, which, according to the evidence of pus discharge, were seen hours after the incident which was irrigated with normal saline and Hydrogen Peroxide respectively. Due to the contamination of the area, a supportive colostomy was decided to be closed after six months. At the appointed time during the colonoscopy, the pediatric gastroenterologist noticed extensive inflammation in the distal patch of the colon, which was consistent with Crohn's disease. Histopathological studies then confirmed this diagnosis. This was even though there were no symptoms of inflammatory bowel disease in the history of the boy's illness before the accident. The patient is then treated with prednisolone, Asacol, and ciprofloxacin, and after the disease subsides, the colostomy surgery team closes the colostomy.

Conclusion: Trauma can be an immune-disrupting factor in the digestive system, and trying to reset the brain-gut axis can be chosen as a therapeutic goal.

Permission has been obtained from the patient's legal guardian.

Keywords: Crohn's disease, Anal trauma, Flare up, Child

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TREATMENT OF RECURRENCE DIRECT INGUINAL HERNIA USING THE TAPP TECHNIQUE

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Introduction

Direct inguinal hernia is a relatively rare condition in the pediatric population, with an incidence of up to 1.5%, showing higher prevalence among premature infants. Its origin may be congenital or acquired. Open surgical repair remains the treatment of choice; however, in cases of recurrence or diagnostic uncertainty, alternative techniques may prove beneficial.

Case Presentation

A 6-year-old male patient, previously operated on for an indirect inguinal hernia, was referred to our hospital due to a recurrence of hernia. Physical examination revealed findings consistent with a direct inguinal hernia, prompting video-assisted laparoscopic surgery with plug placement. During follow-up, the patient presented with the same clinical symptoms, and a reoperation was performed using the Transabdominal Preperitoneal (TAPP) approach. This technique involves creating a peritoneal flap and placing a mesh to reinforce the defect.

Using three 5 mm trocars and performing dissection of the inguinal rings, herniated preperitoneal fatty tissue was identified medial to the epigastric vessels. The contents were reduced via countertraction maneuvers. A prosthetic mesh was subsequently placed in the dissected preperitoneal space without the need for fixation, and the peritoneal flap was closed using barbed suture. One year postoperatively, the patient remains asymptomatic.

Conclusion

Open surgery continues to be the gold standard for the treatment of direct inguinal hernias in children. However, the TAPP technique, widely adopted in adult surgical practice, may represent a valuable option in managing recurrent hernias in the pediatric population.

Keywords: Direct hernia, Recurrence hernia, TAPP approach, Mesh, Pediatric patients

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THORACOSCOPIC LIGATION OF CONGENITAL TYPE H TRACHEOESOPHAGEAL FISTULA USING METAL CLIPS WITHOUT FISTULA SECTIONING

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Aim of the study:

H-type tracheoesophageal fistula (TEF) is a rare anomaly, accounting for 4-5% of all congenital esophageal malformations. The surgical management of this condition varies among centres, with thoracoscopic approaches and different ligature techniques gaining popularity.

We present a case report of congenital tracheoesophageal fistula successfully treated through thoracoscopic ligation using a metal clip without sectioning the fistula.

Case description:

A 36+2-week gestation newborn, weighing 1950 grams, presented with regurgitation and desaturation during feedings at 6 hours of life. Transferred to our centre at three days old with suspected congenital tracheoesophageal fistula (TEF), a chest X-ray revealed areas of increased density in the right upper lobe. An esophagogram confirmed the suspicion of TEF. The contrast passed from the esophagus to the left posterolateral tracheal wall through a 2.5mm communication located 18mm from the carina.

At ten days of life, we perform a thoracoscopic surgery using three trocars. We identificate, dissect and ligate the tracheoesophageal fistula, preserving the azygos vein. The fistula is ligated with two metal clips and left intact.

A postoperative esophagogram confirmed the absence of leakage, and she initiated oral feeding. The patient was discharged six days after the intervention.

Conclusions:

Thoracoscopic ligation is a viable and satisfactory procedure for H-type TEF using metal clip ligation without sectioning the fistula, demonstrating successful outcomes as a treatment of choice.

Keywords: low weight, neonatal surgery, minimally invasive surgery, tracheo-esophageal fistula, thoracoscopy

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TWISTED PULL-THROUGH IN HIRSCHSPRUNG'S DISEASE: A RARE SURGICAL COMPLICATION

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Introduction

Hirschsprung's disease (HD) is a rare congenital pathology characterized by the absence of ganglion cells in the distal colon leading to functional bowel obstruction. The primary treatment for Hirschsprung's disease is surgical and the most common are anastomotic leakage and bowel obstruction. We present a rare case of post-operative bowel obstruction.

Case presentation

A 4-year-old male with a history of HD, diagnosed in the neonatal period following sub-occlusive episode, underwent a colonic pull-through using the De La Torre technique at 4 months old. After the surgery he was unable to pass stool and therefore an anastomosis stenosis was assumed. Following an unsuccessful anal dilatation program, he continued to require daily enemas. At that time, the parents looked for an appointment at our hospital. During the pre-operative evaluation, a rectoscopy revealed a stenosis 2-centimeter above the pectinate line with a "cork-like" appearance. The patient underwent a laparoscopic assisted reoperation, which confirmed the suspicion of a twist in the pulled-through segment. This twisted segment was resected, and a new pull-through was performed without complications. At the 7-month follow-up, the patient demonstrated a normal defecation pattern with no incontinence.

Conclusion

A twisted segment of a colonic pull-through is a rare complication following surgery for HD. Given the similarity in symptoms to more frequent causes of bowel obstruction after surgical correction, it is important to maintain a high index of suspicion for this condition. Timely diagnosis and surgical intervention, such as a re-do pull-through, are essential for resolving the twist and preventing further complications.

Keywords: Complications Hirschsprung Disease, Twisted pull-through, Laparoscopic assisted pull-through

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RARE COMPLICATION OF A ROUTINE HERNIA REPAIR

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We present a case of a premature infant referred to our hospital after undergoing elective surgery for inguinal hernia at 49 weeks gestational age. According to records open inguinal herniotomy was performed without intraoperative complications. After showing exacerbation of pain, as well as distension of the abdomen, anuria and ascites two revision-surgeries were performed for suspected bladder perforation. The perforation was reconstructed using a peritoneal patch, in a second revision bilateral percutaneous nephrostomies were placed and the child was reffered to out centre for further urological evaluation.

We saw a preterm neonate in septic condition due to septic uroascites and subsequently peritonitis. Cultures showed Klebsiella oxytoca in peritoneal fluid. We started antibiotic treatment with Tazobactam and initiated further imaging. Cystography through the urethral catheter showed prompt leakage at the inguinal incision without contrasting a bladder, confirming indication for revision surgery. After reopening of the incision we found the bladder trigonum with tachosil patches attached, covered by inflamed small intestine. After removal of the patches, we could not identify any residual bladder aside from the trigonum with both orifices and the urethral catheter ending freely in the peritoneum. On the left side residual of the sperm duct appeared to be intersected.

We performed open ureteroileocutaneostomy in form of a incontinent conduit using Wallace technique. Postoperative management was prolonged due to the peritonitis. Serum-creatinine was standard level throughout treatment. The child was discharged after 9 days with sufficient diuresis over the conduit. Aftercare involved regular out-patient ultrasounds. Patient is currently stable and thriving. Parents have been informed about possible diversion surgery in the future.

Keywords: complication, bladder injury, inguinal hernia, conduit

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ELECTROKINETIC LITHOTRIPTER AS AN ALTERNATIVE FOR HOLMIUM YAG LASER IN URETEROLITHIASIS A CASE REPORT

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Introduction

We aimed to report effectivity of Electrokinetic Lithotripsy in a patient with ureterolithiasis due to hyperoksalury and liver transplant

Case presentation

A twelve years old female child presented with abdominal pain and hematuria Physical examination findings showed tenderness in left low quadrant of abdomen. The laboratory findings, including haematological, biochemical were within normal limits. Urinary ultrasonography demonstrated a stone in left ureter with diameter of 7-8 mm. Lithotripsy was performed under general anesthesia by both Holmium YAG Laser and Electrokinetic Lithotripter. Holmium YAG Laser failed peroperatively and lithotripsy was performed by Electrokinetic Lithotripter. Postoperative recovery was uneventfull.

Conclusion

URS is the first-line treatment of distal ureteral stones in the pediatric population. Althuogh effectivity and stone-free rates are similar in both Holmium: YAG laser lithotripter and Electrokinetic Lithotripter; it is an effective, safe, and cheap alternative for Holmium: YAG laser in ureterolithiasis.

Keywords: urolithiasis, Electrokinetic Lithotripter, Holmium YAG Laser Lithotripter, children

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LAPAROSCOPIC HYSTERECTOMY IN OHVIRA SYNDROME WITH CERVICOVAGINAL ATRESIA: REPORT OF TWO CASES.

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Introduction: Herlyn – Werner – Wunderlich syndrome, also called Ohvira syndrome, is a condition with low incidence and prevalence worldwide and is an example of an anomaly at the level of the Mullerian duct, its origin, a lateral fusion defect that includes the uterus didelphys, hemivagina obstructed and ipsilateral renal agenesis. Being one of the causes of abdominal pain in adolescents, its diagnosis can be difficult, with magnetic nuclear resonance (MRI) being the means of choice for diagnosis and for planning treatment, which must be done early, favoring the relief of symptoms and the prevention of complications.

Its estimated occurrence is 0.1%–3.8%. There are described various types of anomalies, we present the surgical management in two cases with cervicovaginal atresia.

Case presentation: The cases of two patients with a diagnosis of Ohvira syndrome in whom cervicovaginal atresia was identified and managed are presented. Both patients presented with abdominal pain associated with menstrual bleeding. The diagnosis was made by MRI and they were definitively treated with laparoscopic hemihysterectomy and hemivaginectomy due to the characteristics of their malformation. Additionally, one of the patients required laparoscopic excision of endometriosis foci, showing appropriate post-surgery evolution without complications.

Conclusion: Ohvira syndrome is a rare pathology that usually manifests after puberty. Diagnostic suspicion is important in order to make earlier diagnosis and treatment to avoid complications. Laparoscopic approach of patients specifically with cervicovaginal atresia is a feasible management.

Keywords: Ohvira syndrome, Herlyn – Werner – Wunderlich syndrome, didelphys uterus, cervicovaginal atresia, obstructed hemivagina, laparoscopic histerectomy.

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SELF-CASTRATION: WHEN SURGEON IS NOT ENOUGH

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Introduction

Genital self-mutilation (GSM) is a rare urological emergency ranging from mild forms of superficial cuts to genital region to serious and life-threatening conditions: castration and/or penile amputation. First published case report of self-castration was by Stroch in 1901. Up to date, less than 200 cases are reported in the literature with adolescent description being solitary. True incidence and prevalence of GSM is unknown due to the lack of epidemiological studies. It is likely, that mild cases that do not require urgent medical attention are underreported. Most often GSM is associated with mental disorders and/or substance abuse.

Case presentation

17 year old male was presented to our hospital with scrotal laceration and right testicle exterioration through the wound. At night patient tried to remove testicles by cutting them out. His motive was „to diminish harmful effects of testosterone“. During interview and examination the young man demanded to remove both his testicles. Otherwise youngster threatened to commit suicide. Therefore psychiatric consulting was arranged before surgical treatment and after the successful surgery further treatment was continued in specialized department. At that point neither body integrity dysphoria nor transsexualism was diagnosed. After reaching adulthood the patient was diagnosed with transsexualism. Young man was followed-up by psychiatrists as he continued to demand the removal of his testicles although he did not comply with the prescribed endocrinological treatment. Multidisciplinary team was convened to clarify the diagnosis and provide recommendations for further monitoring and treatment.

Conclusion

GSM treatment is challenging due to associated mental disorders and underlying causes. These patients require multidisciplinary approach not only in terms of surgical specialists, but also other professionals with psychiatrists being fundamental. After executing surgical treatment, it is important to ensure long-term follow-up and psychological therapy for these patients.

Keywords: Genital self-mutilation, self-castration, adolescence, psychiatric disorder, body integrity disorder, transsexualism, multidisciplinary approach

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ROUX LIMB OBSTRUCTION FOLLOWING CHOLEDOCHAL CYST SURGERY: AN UNUSUAL COMPLICATION

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Background:

Choledochal cyst (CDC) excision followed by Roux-en-Y hepaticojejunostomy is the gold-standard treatment in children. While immediate postoperative outcomes are usually favorable, delayed mechanical complications such as Roux limb obstruction are extremely rare and often misdiagnosed due to vague symptomatology and unfamiliarity with this entity.

Objective:

To present a series of pediatric patients with Roux limb obstruction post-CDC excision, highlighting the clinical profile, diagnostic approach, surgical findings, and outcomes.

Methods:

We retrospectively reviewed four children (age range: 3–18 years; 2 males, 2 females) who presented between 3 weeks and 18 months after laparoscopic or robotic CDC excision with features of intermittent subacute intestinal obstruction. Data on symptoms, imaging, intraoperative findings, and interventions were collected.

Results:

A total of 100 patients with CDC were operated at our institute. All patients had recurrent abdominal pain, with non-bilious vomiting in three and cholestatic jaundice in one. Imaging (USG, CT, MRI) showed dilated bowel loops, pneumobilia, or transition points near the jejunojejunostomy. Diagnostic laparoscopy revealed diverse causes: internal herniation through mesenteric defects, kinking of the Roux limb at the jejunojejunostomy, and dense supracolic adhesions involving the Roux loop. Surgical interventions included adhesiolysis, mesenteric defect closure, and redo hepaticojejunostomy in one patient. All patients had complete symptomatic resolution postoperatively with no recurrence on follow-up.

Conclusion:

Roux limb obstruction is a rare but significant complication after CDC surgery. A high index of suspicion, thorough radiological evaluation, and timely laparoscopic re-exploration are crucial for optimal outcomes. Routine closure of mesenteric defects may prevent this complication.

Keywords: Choledochal cyst, Roux-en-Y hepaticojejunostomy, Roux limb obstruction

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GIANT OMPHALOCELE REPAIR USING EXTERNAL ABDOMINAL WALL TRACTION: A STEP-BY-STEP SURGICAL VIDEO.

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Purpose: Treatment strategies for giant omphalocele include primary closure, delayed primary closure using Schuster plasty, or delayed closure after scarring of the omphalos sac. The approach depends on the degree of viscero-abdominal disproportion, available medical resources, and surgeon preference. This report demonstrates the technical application of fasciotens®Pediatric, an external traction device designed to accelerate abdominal wall closure in cases of delayed primary closure.

Video Method: An intraoperative video illustrates the use of the fasciotens®Pediatric device. The patient was a one-day-old male newborn, delivered by cesarean section at 37+1 weeks of gestation (birth weight 3740 g). A prenatal diagnosis of omphalocele had been made, with no associated genetic, cardiac, or pulmonary anomalies. The abdominal wall defect measured 5.8 cm in width and contained over 75% of the liver.

Results: Surgery was performed under general anesthesia two hours after birth. Following sterile preparation, the omphalocele sac was completely excised at skin level, exposing the fascia circumferentially. A silicone sheet was sutured to the fascia to create a temporary silo. The fasciotens®Pediatric device applied a continuous traction force of 750 g (approximately 20% of body weight) for five days, during which the patient remained sedated and mechanically ventilated. On day five, the patient returned to the operating room for successful, tension-free abdominal wall closure.

Conclusion: External traction using fasciotens®Pediatric is a viable technique for newborns with giant omphalocele. Key procedural steps include full circumferential exposure of the fascia and direct application of traction to both fascia and skin to achieve safe and effective closure.

Keywords: abdominal wall defects, viscero-abdominal disproportion, traction

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STRANGULATED AMYAND HERNIA COMPLICATED BY CECAL PERFORATION DUE TO SHELLED SUNFLOWER SEED IMPACTION: A RARE CASE REPORT

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Introduction

We aimed to present a rare case of strangulated Amyand hernia with cecal perforation, caused by accumulated sunflower seed shells, resulting in peritoneal and scrotal contamination, intestinal ischemia, and sepsis, requiring urgent surgical resection, anastomosis, and intensive postoperative care due to the severity of complications.

Case presentation

A 1-year-old-male patient was admitted to the emergency department with a history of bilateral scrotal swelling for the last month and recent onset of vomiting. During the initial examination, the scrotum had severe hyperemia and edema. Laboratory findings were WBC:14,000/μL, CRP:308 mg/L, Procalcitonin:100 ng/mL. Scrotal ultrasound revealed bilateral septated fluid collections up to 2 cm. An abdominal X-ray and CT revealed air-fluid levels and herniated bowel loops into the scrotum. Suspecting a strangulated inguinal hernia, exploration was to be carried out. Appendix and perforated cecum herniated into the scrotum (Amyand hernia) and were observed with a perforation site. Numerous shelled sunflower seeds had spread from the perforated cecum into the peritoneal cavity and scrotum. The seeds and purulent contents were aspirated. The terminal ileum, cecum, and appendix were highly ischemic with perforation and necrosis in a few places. Approximately 5 cm of terminal ileum with the ileocecal valve and cecum were resected, and an anastomosis between the terminal ileum and the ascending colon was performed. The inguinal ring was closed. A drain was placed in the rectovesical space, and a penrose drain was inserted through the inguinal incision. Due to the patient's septic condition, he was closely monitored in the intensive care unit for approximately 10 days. The patient was discharged on postoperative day 15.

Conclusion

This rare case underscores the importance of considering Amyand hernia in pediatric patients with scrotal swelling, as delayed diagnosis may result in serious complications requiring extensive surgical intervention and intensive care.

Keywords: Amyand's hernia, İnguinal Hernia, Caecal Perforation

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INNOVATIVE AND MINIMALLY INVASIVE STRATEGIES FOR HIGH-POWER MAGNET EXTRACTION AND MANAGEMENT OF ASSOCIATED COMPLICATIONS IN PEDIATRIC PATIENTS

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Material and Method

We present 4 clinical cases with magnet extraction strategies treated at our center between 2023-2024.

Results

A 10-year-old boy inserted 40 magnetic balls into his urethra, asymptomatic with preserved diuresis. X-ray revealed magnets in the bladder, excluding spontaneous expulsion. Cystoscopy was performed and progressive extraction using a magnetic catheter under fluoroscopic guidance.

A 9-year-old asymptomatic girl admitted after ingesting 8 spherical magnets. They were in the right iliac fossa without progression over 24 hours. Appendectomy was performed using a Gloveport, externalizing the cecum through the umbilical wound and removing the magnets through the appendiceal stump.

A 6-year-old boy presented with abdominal pain and vomiting due to cecal and intestinal loop perforations caused by the ingestion of a metallic chain and spherical magnets. Laparoscopy was performed by Gloveport, with externalization through the umbilicus, followed by intestinal resection and primary anastomosis.

A 7-year-old boy underwent surgery for clinical and radiological findings of intestinal obstruction following the ingestion of multiple magnets 10 days earlier. Laparoscopy was performed using a Gloveport, revealing multiple intestinal fistulas that were sectioned and closed with a mechanical stapler. One of them was used to extract the magnets under fluoroscopic guidance.

Conclusions

The described techniques stand out as safe minimally invasive strategies for managing injuries caused by magnets in the pediatric population.

Keywords: magnet extraction, magnetic balls, intestinal perforation, innovation, minimally invasive strategies

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LONG-TERM OUTCOMES FOLLOWING VASCULAR CANNULATION AND RECONSTRUCTION IN NEONATES UNDERGOING VENO-ARTERIAL EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)

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Background:

ECMO is a critical intervention for neonatal patients with severe respiratory failure unresponsive to conventional therapy. Veno-arterial ECMO requires cannulation of major cervical vessels, raising concerns about potential long-term vascular and neurological sequelae.

Objective:
To assess the long-term outcomes of internal jugular vein and common carotid artery cannulation in neonates treated with veno-arterial ECMO, with a focus on vascular patency, cerebral perfusion, and neurodevelopmental status following surgical reconstruction during decannulation.

Methods:

A retrospective cohort study was conducted at the Filatov Children's City Clinical Hospital (Moscow) from 2016 to 2024, including 66 neonates (mean age: 4.76 ± 4.83 days; mean weight: 3490.7 ± 567.36 g) who underwent right-sided vascular cannulation for ECMO. The mean ECMO duration was 8.95 ± 7.3 days. Surgical reconstruction of cannulated vessels was performed in 61.4% of cases during decannulation, while partial or complete ligation was performed in the remainder. Twenty patients with vascular reconstruction were enrolled in long-term follow-up, which included Doppler ultrasonography, brain MRI, fundus examination, and neurologic evaluation.

Results:
All reconstructed vessels remained patent on DUS, although asymmetry in vessel diameter and flow velocity was observed. No critical flow impairment was identified. Brain MRI findings indicated post-hypoxic lesions in the majority, with no evidence of perfusion-related focal injury attributable to cannulation. Fundus examinations revealed no ipsilateral retinal pathology; mild retinal angiopathy was observed in some cases, without consistent lateralization. Neurological assessments showed age-appropriate development in most patients, with isolated cases of cerebroasthenic syndrome, delayed development, and hemiparesis secondary to intracerebral hemorrhage.

Conclusion:
Surgical cannulation and subsequent reconstruction of the internal jugular vein and common carotid artery in neonates undergoing ECMO is not associated with focal cerebral perfusion deficits, ophthalmic abnormalities, or long-term focal neurological impairments. Observed neurological and imaging abnormalities were primarily attributed to underlying disease and hypoxic injury rather than vascular access.

Keywords: Ecmo, cannulation, decanulation, neonates, vascular reconstruction

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WHO LOSES AN OVARY? A STUDY OF SURGICALLY TREATED OVARIAN LESIONS IN CHILDREN AND ADOLESCENTS

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Purpose

Ovarian lesions requiring surgery are relatively uncommon in pediatric patients. Their diverse clinical and pathological features often make diagnosis challenging. This study aimed to identify age group–specific risk factors for oophorectomy in pediatric ovarian surgery.

Method

We retrospectively reviewed patients aged 0–18 years who underwent ovarian surgery at our center from 2008 to 2024. Patients were categorized into three age groups: Group 1 (≤12 months), Group 2 (<12 years or premenarcheal), and Group 3 (>12 years or postmenarcheal). Clinical and surgical features were compared across groups.

Results

Among 116 patients, 65 (56.0%) underwent ovary-sparing surgery and 51 (44.0%) underwent oophorectomy. Ovary-sparing rates increased with age: 33.3% in Group 1, 49.1% in Group 2, and 76.6% in Group 3 ($p = 0.001$). In Group 1, although 83.3% had simple cysts, ovary preservation was lowest. Torsion occurred in 50.0% of cases. In Group 2, germ cell tumors were most common (81.8%), and 8 of 10 borderline or malignant tumors were found in this group, all requiring oophorectomy. Torsion occurred in 52.6% and was significantly associated with lower ovary preservation ($p = 0.006$). In Group 3, ovary-sparing surgery was most frequent (76.6%), with more diverse pathology and predominantly benign lesions. When all groups were analyzed together, younger age, ovarian torsion, malignant pathology, and larger tumor size were significantly associated with increased likelihood of oophorectomy.

Conclusion

The likelihood of oophorectomy in pediatric patients with ovarian lesions is strongly influenced by age-specific factors. Tailored surgical planning considering age, pathology, and torsion risk is essential to optimize ovary preservation.

Keywords: Ovary, Child, Oophorectomy, Organ Sparing Treatments, Risk Factors

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QUALITY OF LIFE IN CHILDREN WITH ANORECTAL MALFORMATIONS AFTER SURGERY, AN OBSERVATIONAL STUDY

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Background: Anorectal malformations are congenital defects of anus and rectum which require surgery as their first treatment option. The existence of comorbidities along with the post-operative complications, alters the patients' health and influences their quality of life.

Objectives: The primary objective of this study is to assess the Quality of Life (QOL) of children who have undergone surgery for ARM.

Methods: All the children aged 6-12 years old who had undergone surgery for ARM between 2012 and 2023 at our medical center were included in this clinical study. The patients' demographic data were extracted from the hospital's recorded file. The parents of these children participated in the study and completed the PedsQL 4.0 questionnaire over the telephone. The collected data underwent data-analysis by SPSS software, version 26.

Results: The mean age of the participants during the study period was 8.63 ± 1.69 years. The mean age at the time of the surgery was 8.87 ± 14.5 months. The average length of stay in the hospital was 11.24 ± 5.57 days. The mean of the total QOL score of the participants was 92.65 from 100. The mean of physical, emotional, social, and school subdomains was 97.09, 87.07, 94.46, and 89.35 from 100, respectively. Father's education was related to the emotional component of the quality of life of the children.

Conclusion: We concluded that older children with ARM had a higher social component of QOL. Those who underwent surgery later in infancy had a better emotional component of QOL in the years after surgery.

Keywords: Anorectal melformation, quality of life, pediatric

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THE ROLE OF TRAINING LEVEL AND DIURNAL RHYTHMS IN ULTRASONOGRAPHY ACCURACY FOR ACUTE APPENDICITIS IN CHILDREN

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Backgrounds: Evidence has shown the role of ultrasonography (US) in the diagnosis of acute appendicitis. The present study aimed to assess the accuracy of the US in determining acute appendicitis, considering the experience of operators and diurnal/nocturnal timing of US admission among patients undergoing an appendectomy.

Methods: A retrospective cross-sectional study was conducted at a referral hospital. The medical records of all admitted patients undergoing appendectomy due to acute appendicitis from March 2021 to September 2022 were entered into the study. All patients' demographic, clinical, and surgical data were gathered from electronic records.

US and pathological results were also categorized into two groups: positive (in favor of appendicitis), and negative (not in favor of appendicitis). Positive surgery reports were also subcategorized into uncomplicated and complicated appendicitis. Finally, following the relationships between surgical, pathological, and US findings, the data were analyzed, and the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were reported.

Results: 326 eligible patients entered the study. Following the accuracy rates, the results revealed a similar consistency rate of US results according to the surgery or pathological findings. Attending physicians (54.5%) had higher sensitivity compared to residents (14.5%) and non-academic physicians (36%), but all groups showed high specificity, 93.5%, 98%, and 95.5% respectively. Night-admitted cases had lower sensitivity (26% vs. 35%) but higher specificity (97% vs. 95.5%) and NPV (91% vs. 87.5%), suggesting more false negatives but fewer false positives during night shifts.

Conclusions: Lower sensitivity of residents in diagnosis shows that they miss many true cases. Sensitivity remains high regardless of the time; however, specificity and NPV are lower at night, suggesting more false positives and slightly better NPV during night shifts. Burnout among health workers may affect their focus and diagnosis patterns.

Keywords: Ultrasonography, Appendicitis, Pediatrics, Surgery

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WOMEN IN PEDIATRIC SURGERY – A COLLABORATIVE NETWORK FOR EQUITY, TRAINING, AND RESEARCH

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Purpose

Although many women work as pediatric surgeons, they often experience a lack of support during training, when attempting to advance within hierarchical structures, or when pursuing academic positions. This study describes how a group of female pediatric surgeons founded an open network, called Women in Pediatric Surgery, and outlines their achievements to date.

Materials

The collaboration began at the EUPSA Congress in Athens in 2021, where female pediatric surgeons gathered to discuss the representation and experiences of women in the field, both in clinical practice and at professional events. These discussions sparked the idea of forming a closer and more structured network.

Results

Until now, the group expanded into a network of more than 140 women from over 50 countries. It is open to all women working in pediatric surgery. The network maintains a homepage and an active Signal messenger group. Together, the members began analyzing topics such as the scope of pediatric surgery, training pathways, working conditions, and academic engagement worldwide, with a focus on gender disparities. Initial findings were presented at the WOFAPS Congress 2022 (5 oral presentations and one poster) and one article recently published in the European Journal of Pediatric Surgery. Additionally, the group established a database covering training and working conditions in pediatric surgery across 38 countries.

Conclusions

The Women in Pediatric Surgery network demonstrates how international collaboration can empower female surgeons, foster academic and professional growth, and drive change towards greater gender equity in pediatric surgery. By creating a platform for shared experiences, research, and advocacy, the group paves the way for a more inclusive and supportive future in the field.

Keywords: pediatric surgery, women, gender, female pediatric surgery

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C-REACTIVE PROTEIN/ALBUMIN RATIO IS A PROGNOSTIC INDICATOR FOR PREDICTING SURGICAL INTERVENTION IN NEONATES WITH NECROTIZING ENTEROCOLITIS

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Background: Necrotizing enterocolitis (NEC) is a major cause of neonatal morbidity and mortality. Early prediction of the need for surgical intervention remains challenging due to reliance on late clinical or radiological signs. The c-reactive protein and albumin ratio (CRP/Albumin) reflecting both inflammation and nutritional status, may serve as dynamic biomarker to guide timely surgical decision-making.

Methods: In this prospective cohort study at a tertiary care hospital, 66 neonates diagnosed with Bell's stage I-IIIa NEC were enrolled over a year. CRP and Albumin levels were measured daily for three consecutive days, and CRP/Albumin ratio was calculated. Patients were grouped into progression trends: decreasing, increasing, stable or variable. Outcomes included surgical intervention and mortality. Statistical analysis included ROC curve analysis, sensitivity, specificity and comparative group analysis.

Results: Among 66 neonates (mean gestational age 37.2 ± 3.2 weeks), 42.4% required surgery. Neonates with an increasing CRP/Albumin ratio trend had a significantly higher rate of surgical intervention (89.5%) and mortality (26.3%) compared to those with a decreasing trend (8.1% surgery; 2.6% mortality) ($p < 0.001$). The CRP/Albumin ratio demonstrated excellent predictive accuracy for surgery, with AUC values of 0.926, 0.954, and 0.959 on Days 1, 2, and 3, respectively. Optimal cut-offs on Day 2 and 3 yielded sensitivity and specificities above 85%. Serial monitoring of the ratio outperformed single time-point measurements in prognostic value.

Conclusions: CRP/Albumin is a simple, reliable and cost-effective biomarker that can lead to early identification of neonates at risk of surgical intervention and poor outcomes in NEC. Monitoring its temporal progression, rather than relying on single measurements, appears to enhance its predictive accuracy and may support timely decision-making in clinical settings.

Keywords: CRP/Albumin Ratio, Necrotizing Enterocolitis, Neonatal surgery, Laparotomy

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INTEGRATING ARTIFICIAL INTELLIGENCE INTO THE PROGNOSTIC EVALUATION AND MANAGEMENT OF ANORECTAL MALFORMATIONS: A COHORT-BASED APPROACH USING THE SACRAL ANOMALY INCONTINENCE SEVERITY AND ANORECTAL FUNCTION QUALITY OF LIFE SCORES

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Background: Anorectal malformations (ARMs) present significant challenges in predicting long-term continence and psychosocial outcomes. Existing classification systems offer limited prognostic value. We developed an AI-integrated decision support model that incorporates validated scoring systems to forecast functional severity and quality of life in ARM patients.

Objective: To validate a novel artificial intelligence (AI) tool integrating the Sacral Anomaly Incontinence Severity (SAIS) and Anorectal Function Quality of Life (AFQoL) scores, enabling early and individualized outcome prediction in pediatric ARM management.

Methods: A retrospective cohort of 157 surgically managed ARM patients was analyzed. Sacral morphology was classified via convolutional neural networks (CNNs) with 92% accuracy. Clinical inputs, ARM subtype, sacral vertebral count, continence history, and sex, were processed through machine learning models to predict Kelly continence scores and AFQoL burden. A natural language processing (NLP) module extracted continence descriptors from clinical notes. Output scores guided surgical risk stratification and follow-up.

Results: AI-predicted continence outcomes achieved an AUC of 0.91, and AFQoL burden prediction reached an AUC of 0.90. SAIS score correlated strongly with Kelly continence scores (r = -0.79), and Kelly scores with AFQoL (r = -0.84). The AI tool stratified patients into high, moderate, and low-risk tiers and enabled an algorithm-driven clinical workflow for decision-making, postoperative follow-up, and telemonitoring.

Conclusion: This is one of the first studies to integrate deep learning, validated clinical scores, and NLP into a cohesive ARM decision support system. The model facilitates real-time risk prediction, supports surgical planning, and enhances longitudinal care, especially in low-resource or high-burden settings. Its predictive accuracy and scalability position it as a transformative tool in the era of precision pediatric surgery.

Keywords: Anorectal malformation, AI, continence prediction, SAIS, AFQoL

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IONISING RADIATION DOSE DURING CENTRAL VENOUS CATHETER INSERTION

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Purpose

Central venous access (CVA) under fluoroscopic guidance is a common paediatric procedure. However, radiation exposure remains a concern, particularly in children who may undergo multiple interventions. This study aimed to evaluate the level of ionising radiation exposure during CVA insertion and compare it with published data to assess safety and optimisation.

Method

A retrospective review was conducted for all paediatric patients who underwent fluoroscopic-guided CVA insertion between April 2021 and April 2024. Data collected included patient age and weight, type of catheter, insertion technique, clinical indication, fluoroscopy time, dose area product (DAP), and estimated effective dose.

Results

A total of 254 catheters were inserted; 97.3% (247) were placed percutaneously with ultrasound guidance, while 2.7% (7) were inserted via an open technique. The primary indications included haemato-oncology (102), parenteral nutrition (74), and prolonged intravenous antibiotic therapy (74). Catheter types included 131 tunnelled lines, 58 implanted ports, and 64 peripherally inserted central catheters (PICCs). The mean patient age was 6.7 years (SD ±5.3), and mean weight was 25.9 kg (SD ±11.1). The median fluoroscopy time was 7 seconds (range: 1–306), median DAP was 0.0195 Gy·cm² (range: 0.00008–1.14), and median effective dose was 0.116 mGy (range: 0.00051–7.16). Compared to previously reported median DAP values (0.0352–0.28 Gy·cm²), our results demonstrate a significantly lower exposure.

Conclusion

Radiation exposure during CVA insertion in this cohort was low, falling below most values reported in the literature. These findings underscore the effectiveness of optimised techniques and reduced screening times in minimising radiation risks in paediatric patients.

Keywords: Paediatric surgery, central venous access, radiation exposure, fluoroscopy, dose area product, effective dose, radiation safety.

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UNUSUAL TRAUMA INJURIES -DOGS BITE IN CHILDREN

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Dog bite injuries are an increasingly common occurrence. They are more frequent in young children, with increased risk of resulting in serious injury or possible death. The location of the injury is largely dependent on age, as the head, face and neck are the most common in smaller children. These injuries do not affect the child only physically, but also represent with a significant emotional and psychological trauma.

Materials and methods

For a five-years period, from 2017 to 2024, we have observed dog bite wounds in 17 children with different severity that have been treated in the Department of Pediatric Surgery – UMHAT "St. George" – Plovdiv, Bulgaria. The majority of cases were with head localization, followed by upper limb. Multiple wounds localization was observed in two of the cases. Two of the patients suffered severe life-threatening trauma - thoracocentesis and laparotomy were performed in one of the patients due to abdominal and thoracic penetrating wounds, while the other one had been scalped. All of the cases underwent debridement with drainage, and had antibiotic treatment.

Results

The average hospital stay for dog bite wounds was around 7 days. The dressings were changed daily, while the antibiotic treatment duration was 5-10 days, depending on the severity of the trauma.

Conclusion

The child age as well as breed and size of the dog are main factors for the severity of the trauma. The proportions of the pediatric patient and the inability for self-defense determines the prevailing head and neck localization of the bites and the higher mortality rate among children.

With prompt and adequate treatment, the number of complications could be reduced to a minimum, as well as shortening the length of average hospital stay.

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TRANSHEPATIC PORTS IN INTESTINAL FAILURE: A RISKY SOLUTION FOR A DIFFICULT PROBLEM

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Introduction

Children with intestinal failure (IF) often need long-term total parenteral nutrition (TPN), making secure central venous access a critical component of care.However, repeated catheterizations and vascular thromboses may lead to central venous exhaustion, necessitating alternative access routes.In such cases, the transhepatic approach has emerged as an alternative.In this study, we aimed to present our experience with transhepatic port placement in children with IF at our intestinal rehabilitation center.

Methods

We retrospectively reviewed six TPN-dependent IF patients with no central venous access who underwent transhepatic port placement.All catheters were inserted percutaneously under image guidance by experienced interventional radiologists.

Results

There were six patients who required transhepatic port insertion, and their age, weight and primary diagnosis are summarized in Table 1.There were no intraoperative complications.In postoperative period, all transhepatic ports required revision.Five catheters were spontaneously dislocated, and one required revision due to poor skin site condition.The timing of dislocation for each case is presented in Table 1.One patient died following port dislodgement, which resulted in TPN leakage into the peritoneal cavity.In four of the remaining five patients, intracardiac port placement was performed, while in one patient, access was achieved via puncture of the inferior vena cava.

Case	1	2	3	4	5	6
Age (months)	21	23	62	11	50	29
Weight (kg)	4,9	8,9	11	3,5	13,6	8,9
Diagnosis	NEC	Immunoenteropathy	Midgut volvulus	Gastroschisis	Midgut volvulus	Total Intestinal Hirschsprung
Complications	Dislocation	Dislocation	Poor skin site condition	Dislocation	Dislocation	Dislocation
Time to dislocation (day)	77	2	393	3	19	15
Type of revision	Exitus	Intracardiac	Intracardiac	Inferior Vena Cava	Intracardiac	Intracardiac

Conclusion

Transhepatic port placement via hepatic vein puncture can be performed safely without intraoperative complications.However, diaphragmatic motion appears to contribute to a high rate of catheter dislodgement, limiting the long-term reliability of this approach in children with IF.

Keywords: Transhepatic catheterization, Intestinal failure, Total parenteral nutrition, Central venous access, Pediatric vascular access

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AN ANATOMICAL CLASSIFICATION OF CONGENITAL PROXIMAL RADIOULNAR SYNOSTOSIS BASED ON RETROSPECTIVE MRI MEASUREMENT COMBINED WITH RADIOGRAPHY

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Existed classifications of congenital proximal radioulnar synostosis (PRUS) mainly focus on osseous changes and do not cover all types of congenital PRUS, ignoring the role and developing status of the supinator. This study aims to explore the correlation between supinator development and radiographic deformity of congenital PRUS. Pediatric patients diagnosed with congenital PRUS in two pediatric Orthopedic centers were evaluated retrospectively. MRI and radiographic images of their bilateral forearms (including normal ones) were collected. The area of supinator, extensor carpi radialis longus (ECRL), extensor carpi radialis brevis (ECRB), brachioradialis (BRAR) muscle and extensor indicis (EI) muscle were measured on each forearm. The ratios of these muscles were calculated and regarded as an indicator of the developing status of supinator muscle. Twenty-seven congenital PRUS forearms of 16 patients (average 3.45 years) were included. A new MRI & X-ray classification system was proposed to cover all types of radiographic deformity and provide a comprehensive description of supinator development. This study revealed the relation between MRI measured supinator volume and radiographic deformity of congenital PRUS. Supinator muscles were observed in all congenital PRUS cases. A novel classification was proposed, providing a more comprehensive understanding of congenital PRUS.

Keywords: congenital proximal radioulnar synostosis; classification; MRI; radiography

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LAPAROSCOPIC MANAGEMENT OF HEPATIC HYDATID CYSTS

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Purpose:

To analyze the outcomes of laparoscopic echinococcectomy for hepatic hydatid cysts.

Methods:

From 2017 to 2024, 78 patients underwent laparoscopic liver echinococcectomy at our hospital. The cohort included 34 boys (43.6%) and 44 girls (56.4%). Age distribution was as follows: 16 (20.5%) children under 5 years, 27 (34.6%) aged 5–10 years, 19 (24.4%) aged 10–14 years, 11 (14.1%) aged 14–18 years, and 5 (6.4%) patients over 18 years. Diagnosis was based on ultrasound, computed tomography (CT), and magnetic resonance imaging (MRI). Solitary echinococcal liver cysts were identified in 49 (62.8%) patients, while 29 (37.2%) had multiple cysts (ranging from 2 to 6 cysts).

Results:

Laparoscopic echinococcectomy was successfully performed in all 78 cases. In 3 patients (3.8%), conversion to open surgery was required after cyst evacuation, due to the presence of numerous small daughter cysts.

Conclusion:

Laparoscopic echinococcectomy of hepatic hydatid cysts demonstrates outcomes comparable to conventional laparotomy, while offering additional benefits such as a shorter hospital stay, faster postoperative recovery, and improved cosmetic results. These advantages make the laparoscopic approach a viable and effective option for the surgical management of hepatic echinococcosis.

Keywords: minimally invasive, laparoscopy, hepatic hydatid cysts, pediatric surgery, liver echinococcosis

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VALIDATION OF A PROTOTYPE FOR MINIMALLY INVASIVE FETAL SURGERY OF GASTROSCHISIS IN AN AVITAL MODEL

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Purpose

Gastroschisis, a congenital malformation involving the herniation of intestines through a abdominal wall defect, has two subtypes: simple (without additional anomalies) and complex (associated with complications and higher mortality). Previous animal studies suggested that fetoscopic coverage of gastroschisis could benefit the outcome, but technical challenges, especially in securing the covering bag, have limited the feasibility. This study evaluated a new instrument prototype for improved bag fixation.

Method

Based on a systematic literature research, published as a review article, a prototype for fetoscopic coverage was developed and validated in a self-made avital uterine model using a 25-week of gestation simulator. The bag was sutured to the simulated defect without or with the prototype, with each knot set consisting of four knots. Knotting times for each individual suture were recorded. Subjective assessments of ease of use (Likert scale), satisfaction (Likert scale), and usability (System Usability Scale, SUS) were collected via questionnaires. Statistical analysis of quantitative data and qualitative evaluation were performed.

Results

Out of 181 knots, 132 paired knotting times were analyzed (median: 118.5 seconds manually vs. 120.5 seconds with the prototype). No significant differences in times were found ($p>0.7$). However, satisfaction increased with experience, particularly using the prototype ($p=0.008$). The System Usability Scale score improved to 69.77 in the second session, indicating moderate usability.

Conclusion

While the prototype did not significantly reduce knotting times, it enhanced bag fixation without dislocations. These advantages could improve fetal surgery under amnioinfusion compared to partial carbon dioxide insufflation. Increased satisfaction likely reflects a learning effect. The SUS score suggests potential for prototype optimization. Therefore, a new generation of the prototype with enhanced functionality was developed. Further research is required to conduct the new prototype in an underwater setup, starting with non-vital conditions and later in animal models.

Keywords: gastroschisis, fetal surgery, fetoscopy, instrument prototype, avital uterine model

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VOLUME AND DIVERSITY OF CASES IN PEDIATRIC SURGERY EDUCATION: A 30-YEAR OVERVIEW

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Aim of the Study: Surgical experience is a crucial part of surgical specialty training. Worldwide, there are limited publications on case volume and its changes in pediatric surgery residency. This study aimed to analyze case volume characteristics and changes in our clinic over 30 years
Methods: Data were collected from surgeries performed by our clinic within the 30-year period. Cases were categorized as routine/special, elective/emergency, open/endoscopic, and by the primary surgeon's title and residency year.
Results: A total of 6,484 surgeries were performed in the 7 years: 1990 (613), 1995 (624), 2000 (779), 2005 (844), 2010 (1,492), 2015 (1,197), and 2020 (935). Of these, 53.2% were performed by residents, and 46.8% by faculty members. The majority were genitourinary (62.6%) and gastrointestinal (22.6%) cases. Elective surgeries accounted for 77.2%, while emergency cases made up 22.8%. Routine cases constituted 78.2%, while special cases made up 21.8%. The most common surgeries were inguinal hernia repair (17.3%), circumcision (16%), appendectomy (11%), orchiopexy (6.8%), and hydrocelectomy (4.9%). Of the cases, 89.2% were performed openly, while 10.8% were endoscopic.Residents' case distribution by year was 10.4% (0-1 year), 20.8% (1-2 years), 14% (2-3 years), 22.7% (3-4 years), and 32.1% (4-5 years). Faculty members performed more elective, special, and endoscopic cases compared to residents ($p<0.01$). As residents advanced, the frequency of performing special cases, endoscopic surgeries, and elective procedures increased ($p<0.01$)
Conclusion: Despite the diversity of special cases in pediatric surgery, the limited number of each per center presents a significant challenge in resident training.

Keywords: pediatric surgery, resident training, case volume

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EVALUATION OF SILICONE-COATED DRESSINGS IN PEDIATRIC SURGICAL WOUND MANAGEMENT

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Medical adhesive dressings, while widely used, can compromise skin barrier integrity, delay healing, increase infection risks, and contribute to patient discomfort. Given their routine application in pediatric surgery, a comparative assessment of adhesive alternatives is clinically warranted.

Aims This study aimed to compare the clinical performance of silicone-coated dressings (Cosmopor Silicone) versus traditional medical adhesive dressings (Cosmopor E Steril) in pediatric surgical patients.

Materials and Methods: A prospective, single-center, randomized trial enrolled 100 children (5–17 years) undergoing laparoscopic appendectomy for uncomplicated acute appendicitis. Participants were allocated via simple randomization (envelope method) into: **Group 1 (Intervention):** Silicone-based dressings (*n* = 50; 31 males, 19 females; mean age 10.9 ± 2.9 years); **Group 2 (Control):** Medical adhesive dressings (*n* = 50; 28 males, 22 females; mean age 8.6 ± 3.1 years).

Skin integrity was evaluated macroscopically and dermatoscopically at 4 timepoints daily for 7 postoperative days. A mathematical model quantified damage severity (sum of adhesion removal scores × affected skin area coefficient).

Results: **Skin Damage:** By day 7, Group 2 exhibited a 9-fold higher incidence of skin injury vs. Group 1 (36% vs. 4%, *p* < 0.001). **Pain Scores:** Mean pain intensity was 3.5× lower with silicone dressings (1.7 vs. 6 points in controls; *p* < 0.001). **Anxiety Levels:** Control group anxiety remained elevated (8.5–6.9 points) throughout hospitalization, whereas Group 1 reported scores ≤3 points from days 4–7, reflecting improved tolerance.

Conclusions: Silicone-coated dressings (Cosmopor Silicone) significantly reduced peri-wound skin trauma, attenuated pain (by 72%), and minimized anticipatory anxiety during dressing changes. These findings support their preferential use in pediatric surgical care to enhance patient comfort and wound outcomes.

Keywords: MARSI, Silicone-Coated Dressings, Wound Management

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COMPARISON OF TWO ANTIBIOTIC COMBINATIONS FOR CONSERVATIVE TREATMENT OF NON-COMPLICATED ACUTE APPENDICITIS IN CHILDREN

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Objective

Goal of study is to assess effectiveness of two different antibiotic regimens for conservative treatment of non-complicated acute appendicitis (AnA) in children.

Methods

A prospective randomized clinical trial (registered in European Union) is being conducted at a single tertiary care hospital and is in its final stage. Children between 7 and 18 years old, diagnosed with AnA were enrolled and randomly assigned to two different treatment groups. One group received ceftazidime/metronidazole (C/M), the other group received ampicillin/metronidazole (A/M). Both regimens were administered for 3 days. Blood leucocyte count, serum C-reactive protein, Interleukin-6, Interleukin-8, monocyte chemoattractant protein 1 were evaluated 3 times during hospital stay. Statistical analysis was done using linear regression method. 1-year recurrence rates of acute appendicitis (AA) for both groups were compared using logit regression method.

Results

Up to date 48 patients were included (C/M n=23, A/M n=25). Analysis showed no significant differences in evaluated blood and serum inflammatory markers ($p>0.05$ for all markers). No statistically significant difference in recurrence rate of AA was observed (OR=2.42, 97.5% CI: -0.085–0.268, $p=0.336$).

Conclusions

Preliminary results suggest that both antibiotic combinations are equally effective for managing AnA in children. This indicates that the choice of broader spectrum later generation antibiotics may not be crucial in treatment of AnA. We recommend consulting local antibiotic resistance guidelines. Use of metronidazole in both groups may be a limitation of this study. Further research is required for confirmation of these results.

Keywords: acute appendicitis, children, conservative treatment

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REGIONAL ADHERENCE TO NATIONAL GIRFT SURGICAL GUIDELINES ON POST-OPERATIVE ANTIBIOTIC PRESCRIBING IN PAEDIATRIC APPENDICITIS: MULTI-CENTRE MULTI-CYCLE AUDIT OF CLINICAL PRACTICE

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National guidelines on paediatric appendicitis stipulate a pathway for the post-operative antibiotic management of acute appendicitis, stratified by intraoperative findings. Despite this, there is much variation in practice between surgeons and departments. Non-indicated post-operative antibiotics contribute to antibiotic resistance, C. difficile infection and longer inpatient hospital stay.

We assessed compliance with GIRFT guidelines on post-operative antibiotic prescribing in uncomplicated and complicated paediatric appendicitis. We then aimed to standardise practice in line with these national guidelines, to limit antibiotic prescribing to those patients who need it.

We conducted a retrospective review of paediatric appendicectomies (age <18 years on day of surgery) performed at four central London hospitals over a 3-month period. Initial findings were presented at department and site-wide governance events. A second prospective cycle was conducted following this. Specific educational based interventions were then held at each site, targeting junior colleagues most commonly responsible for prescribing. A third cycle is ongoing at the time of writing.

The average number of cases across all four sites was 21 (RANGE=13-33); most had pre-operative imaging to confirm the diagnosis. Retrospective rates of compliance with GIRFT guidelines ranged from 40-75% between hospitals. The most frequent non-compliant practice seen was the continuation of antibiotics following an uncomplicated appendicectomy, with a median duration of 6 days antibiotics post-op. Following education-based interventions, rates of compliance improved to 70-85% in subsequent cycles.

Rates of post-operative antibiotic prescribing in uncomplicated appendicitis were grossly discordant with national standards. The most effective intervention to improve compliance was prompting surgeons to specify a post-op antibiotic plan in the operation note and empowering junior doctors to challenge senior decisions to send patients home on oral antibiotics.

Frequent educational updates give clinicians the confidence to stop antibiotics in the post-op period when no longer indicated, saving costs and minimising harm.

Keywords: appendicitis, post-operative management, antibiotics, antibiotic stewardship

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EVALUATION OF LONG-TERM EFFICACY OF BREASTMILK EXOSOME IN EXPERIMENTAL TESTICULAR TORSION MODEL

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We aimed to investigate the efficacy of exosomes obtained from breast milk on the long-term effects of ischemia reperfusion injury due to testicular torsion. A total of 32 Sprague Dawley rats were divided into 4 equal groups. In Group 1 (control), a scrotal incision was made and closed without any other procedure. In Groups 2 (torsion), 3 (torsion+I) and 4 (torsion+s), the left testis was rotated 720 degrees clockwise and fixed; detorsion was performed 4 hours later. 1 cc of exosomes was administered locally to Group 3, and 1 cc of exosomes was administered intraperitoneally to Group 4 immediately after detorsion. Orchiectomy was performed 6 weeks after detorsion. In biochemical analysis, malondialdehyde (MDA), superoxide dismutase (SOD), catalase (CAT), and glutathione peroxidase (GPX) levels were measured. Johnsen Testicular Biopsy Scoring (JTBS) was used to demonstrate the histopathological effect.

A significant difference was found between the groups in the evaluation of MDA enzyme ($p=0.042$). The MDA value of the torsion group was found higher than the control group ($p=0.025$). When the SOD value was compared between the groups, no significant difference was found ($p=0.089$). When the CAT value was compared between the groups, no significant difference was found ($p=0.828$). A significant difference was found between the groups in the evaluation of GPX enzyme ($p=0.016$). The GPX value of the torsion group was found significant compared to the control group ($p1\text{-}2=0.019$). The numerical decrease was found significant in the torsion+I group compared to the torsion group ($p2\text{-}3=0.038$). A significant difference was found between the groups in the JTBS evaluation ($p<0.001$). The numerical decrease was found significant between the control and torsion groups ($p1\text{-}2= <0.001$). A significant difference was found between the control and torsion+I groups ($p1\text{-}3=0.004$). The numerical difference between torsion and torsion+s groups was found to be significant ($p2\text{-}4=0.003$).

Our study is the first to investigate the long-term efficacy of breast milk exosomes in a testicular torsion model. All these results suggest that breast milk exosomes may be an effective therapeutic agent for patients with testicular torsion-detorsion.

Keywords: Testicular Torsion, Exosome, Breast Milk, Chronic

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PEDIATRIC INGUINAL HERNIA: SHALL WE CHANGE PRACTICES?

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Purpose:

Laparoscopic correction of pediatric inguinal hernia (LIH) remains controversial, with the main argument in favor being the prevention of metachronous inguinal hernia (MH) by simultaneous closure of the contralateral persistent peritoneo-vaginal duct (PPV). A review of the literature and evaluation of the incidence/ characterization of MH cases in patients operated on unilateral inguinal hernia (IH) in the first year of life were conducted.

Method:

All children <1 year old who underwent open repair of unilateral HI in a tertiary center between January 2010/ December 2012 were evaluated for MH over a follow-up period 12-14 years. Data were obtained through clinical records. Exclusion criteria: HI >=1 year; LIH; bilateral IH; homolateral/contralateral cryptorchidism; recurrent IH and unavailability of data in the clinical record. Statistical analysis was performed with SPSS®.

Results:

A total of 168 patients were included, of whom 17 developed MH (incidence rate: 10.12%; 95% CI: 5.65-14.59%). Of these, 12 were male and 5 were female; 10 had right-sided hernia and 7 had left-sided hernia, with a mean age at first intervention of 3.24 months. No significant association was found between MH and age at intervention (p=0.075), prematurity (p=1), sex (p=0.548) or laterality (p=0.700).

Conclusion:

In the literature, incidences of PPV between 20%-50% are reported, so not all PPV will be HI and their closure will be a likely form of overtreatment. According to our results, ten IHL with contralateral PPV closure will be necessary to avoid a MH, so the need for PPV closure remains controversial.

Keywords: Pediatric inguinal hernia, Metachronous hernia, Laparoscopic hernia correction, Persistent peritoneo-vaginal duct

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NON-SURGICAL SILO FOR THE MANAGEMENT OF GIANT OMPHALOCELE

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Introduction:

Giant omphaloceles are rare congenital anomalies with no standardized treatment protocols, complicating their management. This study evaluates outcomes of a staged, initially non-surgical approach to neonatal closure of giant omphaloceles.

Materials and Methods:

We performed a retrospective, multicenter cohort analysis of patients treated between 1994 and 2024. Giant omphalocele was defined as an abdominal wall defect >5 cm in diameter and/or containing more than 50% of the liver within the sac. All patients underwent a staged reduction using a nonsurgical silo technique. Collected data included demographics, gestational age, associated anomalies, timeframes for amnion inversion and final closure, mesh use, complications, mortality, and follow-up duration.

The reduction technique involved creating a silo using an adhesive hydrocolloid dressing (Duoderm®), allowing gradual reintegration of abdominal contents and controlled expansion of the abdominal cavity. Simulated closures were performed to assess patient tolerance before definitive closure.

Results:

Fifty neonates were treated using this method. Mean birth weight was 2900 g (range: 890–3900 g), with a median gestational age of 38 weeks (range: 28–40 weeks). Associated anomalies were observed in 37.5% of cases. The average duration for silo reduction was 7.3 days (range: 0–35), with amnion inversion completed in 5 days (range: 2–9), and final closure achieved in 14.6 days on average (range: 6–38). Anatomical closure was successful in 95% of patients. Absorbable mesh was used in 4 cases; 2 required permanent mesh (Dualmesh®). There were no deaths related to the technique. Follow-up averaged 60 months (range: 6–288).

Conclusion:

This nonsurgical, staged silo approach offers a safe and effective alternative for managing giant omphaloceles in neonates, achieving high rates of anatomical closure with low morbidity and no associated mortality.

Keywords: Omphalocele, abdominal wall defect, non-surgical silo, neonatal surgery, giant omphalocele

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MISSED AT BIRTH: ARE MOTHERS EQUIPPED TO RECOGNIZE ANORECTAL MALFORMATIONS? A CROSS SECTIONAL STUDY ON MATERNAL KNOWLEDGE AND ITS ROLE IN EARLY DIAGNOSIS

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Purpose:

Anorectal malformations (ARMs) are congenital defects that, if undetected at birth, can lead to serious complications. In many low-resource settings, late presentation remains common. As primary caregivers, mothers are often the first to notice abnormalities during routine hygiene care. This study aimed to assess how well mothers recognize normal versus abnormal anal appearances in newborns and to explore the impact of education and other maternal factors on this ability.

Methods:

A descriptive cross-sectional study was carried out over six months (June to November 2024) at the immunization and neonatal clinics of tertiary paediatric hospital. A total of 123 mothers participated. Data were collected using structured, questionnaire assessing sociodemographic characteristics, prior awareness of ARMs, and understanding of normal perineal anatomy. Participants were shown five standardized images of neonatal perineum and asked to identify each as normal or abnormal. Statistical associations were evaluated using the Chi-square test.

Results:

Only 31% of mothers reported prior knowledge of ARMs. While 37% had previously examined their child's perineum, 96% could correctly identify its anatomical location. However, recognition of specific anomalies varied widely: 71% correctly identified female imperforate anus, 51% male imperforate anus, 40% male perineal fistula, and only 17% rectovestibular fistula. During the study, abnormal perineal findings were incidentally identified in 3.3% of neonates.

Conclusion:

The findings reveal substantial gaps in maternal recognition of ARMs, particularly for subtle or less visible anomalies. Strengthening awareness through education at antenatal clinics, delivery wards, and community health programs is essential to improve early detection, reduce diagnostic delays, and prevent avoidable morbidity in affected newborns.

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INTERVAL APPENDECTOMY SHORTENS HOSPITAL STAY, BUT SEVERE COMPLICATIONS ARE DETECTED ONLY AFTER EARLY APPENDECTOMY IN CHILDREN WITH PERFORATED APPENDICITIS

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Purpose: Acute appendicitis is one of the most common surgical emergencies affecting children. The optimal management of perforated appendicitis in children remains controversial. Early appendectomy and interval appendectomy are both available options. The aim of this study is to analyze which treatment option is most beneficial for children with perforated appendicitis.

Method: A total of 254 patients were retrospectively reviewed from January 1, 2012, to December 31, 2023. Of these patients, 22 patients underwent interval appendectomy, and the remaining 232 patients underwent early appendectomy. Patient data were tabulated in Excel version 2407 and statistically analysed using IBM SPSS Statistics version 29.0.1.0 (171). The level of significance was defined as a p-value of <0.05. The inclusion criteria were age below 18 years and the presence of perforated appendicitis. This study was approved by the ethics committee and was conducted as a retrospective observational study.

Results: Patients who underwent early appendectomy had a significantly shorter cumulative length of hospital stay (p <0.001) compared to those who underwent interval appendectomy. Patients who underwent an interval appendectomy had a mean cumulative hospital stay of 22.5 days, while those who underwent an early appendectomy had a mean hospital stay of 9.2 days. Although the interval appendectomy group showed a significantly (p<0.001) higher number of complications requiring treatment (10/22), compared to the early appendectomy group (31/232) the occurrence of severe complications including ileostomy creation, stump insufficiency and ileocecal pole resection were seen only in the early appendectomy group but not in the interval appendectomy group.

Conclusion: In our study, early appendectomy was associated with shorter hospital stay, fewer overall complications, but more severe complications compared to interval appendectomy. Further prospective studies are needed to confirm these findings.

Keywords: perforated appendicitis, interval appendectomy, early appendectomy, complications, length of hospital stay

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BILE ACID DYSREGULATION AND GUT MICROBIOME ALTERATIONS IN PEDIATRIC SEPSIS: THERAPEUTIC POTENTIAL OF URSODEOXYCHOLIC ACID

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Background The bile acid (BA) metabolism is critically involved in the pathogenesis and progression of sepsis. This study explores the role of BA dysregulations and gut dysbiosis in pediatric sepsis and evaluates the therapeutic effect of ursodeoxycholic acid (UDCA).

Methods Targeted BA profiling and metagenomic sequencing were used to analyze serum and fecal samples of pediatric patients with sepsis (n=86) and controls (n=80). Key BAs, microbiota, and their correlations were identified. The potential anti-inflammatory mechanism of UDCA was further validated using intestinal cell models and sepsis mice models.

Results Children with sepsis exhibited significant BA dysregulations, with elevated primary BAs and reduced secondary BAs, notably the significant reductions of UDCA species. A combination of 3β-UDCA and UDCA also effectively predicted the survival outcome in children with sepsis with ROC value 0.828. Metagenomics analysis indicated the increase of pathogens and reduction of beneficial bacterial genera. In addition, the decreased microbial expressions of BA-metabolizing enzymes supported the BA metabolic imbalance. We further confirmed that UDCA could ameliorate the inflammatory response and barrier dysfunction of the intestinal cell monolayer model induced by lipopolysaccharide (LPS). Finally, UDCA could improve sepsis by inhibiting intestinal inflammatory responses and enhancing intestinal barrier function in LPS/cecal ligation and puncture (CLP) induced mice models. UDCA also had a protective effect on inflammatory damage of distal organs including the liver, lung and spleen.

Conclusions BA metabolism and microbial community were disrupted in pediatric sepsis. UDCA shows promise in improving gut barrier integrity and reducing systemic inflammation, offering a translational foundation for sepsis treatment strategies in children.

Keywords: Sepsis, UDCA, gut microbiome, bile acids, pediatric critical care

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UNSPOKEN STRUGGLES AND EMERGING STRENGTHS: THE JOURNEY OF YOUNG INDEPENDENT WOMEN PEDIATRIC SURGEONS IN INDIA

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Purpose

The early years of independent practice for women pediatric surgeons in India are marked by a mix of silent struggles and adaptive strengths. This study aims to explore the early career challenges of young women pediatric surgeons (≤5 years post-specialization) practicing in Tier-1 cities, focusing on clinical, institutional, and personal struggles. The objective is to highlight systemic gaps and initiate a global conversation on gender equity in surgical fields.

Method

A qualitative, questionnaire-based survey was shared with 43 young women pediatric surgeons (within 5 years of completing training), of whom 17 responded. The questionnaire explored confidence levels during training and early practice, and assessed factors such as work-life balance, family support, institutional backing, gender bias, unhealthy peer competition, and career progression barriers. It also captured enablers such as academic presentations, fellowships, social media engagement, and paediatrician networking.

Results

While 86% (14) felt confident during training, only 40% retained this confidence in early practice due to a lack of mentorship and increased responsibilities. 67% (11) experienced gender bias or were underestimated. 60% (10) faced limited colleague support and competitive pressure. 53%(9) reported prejudiced expectations to slow down their growth. On the positive side: 73%(13) found social media helped build professional visibility and connect with pediatricians. Academic presentations at national and international forums enhanced their credibility. Pursuing fellowships and developing niche surgical skills added to their confidence. Developing patience and resilience was a recurring self-reported strength.

Conclusion

Young women pediatric surgeons in India face multifaceted barriers, but also show remarkable adaptability through modern platforms, continued learning, and self-driven growth. Institutional mentorship, peer support, and recognition of gender-based challenges are essential to foster a more equitable and empowering surgical landscape.equity and growth in pediatric surgical practice.

Keywords: WOMEN PEDIATRIC SURGEONS, INDIA, PEDIATRICS SURGEONS IN INDIA, YOUNG WOMEN PEDIATRIC SURGEONS

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ARTIFICIAL INTELLIGENCE'S INVOLVEMENT IN SCIENCE: A NEW ERA OF RESEARCH FRAUD

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Purpose: The role of AI (Artificial Intelligence) in scientific publishing is expanding, raising concerns about its appropriate application. Most journals permit the use of AI to improve writing skills unless mentioned in references. However, it is also widely used for plagiarism and fabricating science. AI-generated articles can be convincing; they often even pass rigorous peer review processes. We aimed to create a paper written by AI to test its capabilities.

Method: We generated a counterfeit scientific meta-analysis of contralateral orchidopexy in pediatric testicular torsion using the free version of ChatGPT. The initial paper contained fake references, but after more specified commands, AI found existing, relevant articles for reference. The article easily passed plagiarism checkers. AI detectors only recognized 70% of the text as AI-generated.

Results: Recognizing fake publications remain challenging. Inaccurate, non-existing references, some writing patterns and inconsistency are all signs of AI fraud. Using online detectors can also not always identify AI-generated content. Noticing AI-created science strongly relies on human insight and experience; therefore, it is essential to evaluate every publication with a critical mindset.

Conclusion: While the pressure to publish continues to grow among scientists, approximately one million new papers are published each year. Based on rough estimations, 70-90% of them are not replicable, yet only a limited number are eventually retracted. Strict regulations and more profound review processes are needed to restore trust in the scientific community.

Keywords: Artificial Intelligence, Fraud

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ARTIFICIAL INTELLIGENCE AND PEDIATRIC SURGERY

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Background

Artificial intelligence (AI) has been recently shown to improve clinical workflows, yet its potential in pediatric surgery remains largely unexplored. This systematic review details the use of in pediatric surgery.

Methods

Ten medical databases were searched from inception until January 2025, identifying articles focused on Artificial intelligence in pediatric surgery. The authors reviewed full texts of all eligible articles. Studies were included if they were original investigations or clinical application of models for pediatric health conditions managed surgically and possibilyty to teach the students and specializants. Studies were excluded if they were not peer-reviewed, commentaries, or case reports, did not focus on pediatric surgical conditions. Extracted data included study characteristics, place and time for teach for the clinical specialty, AI method and algorithm type, and performance metrics, key results, validation, and risk of bias using PROBAST and QUADAS-2 and others.

Results

Authors screened 6179 articles and included 202. Half of the studies (50%) reported predictive models (for adverse events [30%], surgical outcomes [26%] and survival [10%]), followed by diagnostic (30%) and decision support models (42%). The main pediatric surgical subspecialties represented across all models were general surgery (45%), pediatric urology (42%), thoracic and neurosurgery (36%). Fifty-three percent of models were interpretable, and 10% were both interpretable and externally validated. Concerns over applicability were identified in 10%.

Conclusions

While AI has wide potential clinical applications in pediatric surgery, very few published AI algorithms were externally validated, interpretable, and unbiased. Future research needs to focus on developing AI models which are prospectively validated and ultimately integrated into clinical workflows.

Keywords: Pediatric surgery, Artificial intelligence /AI/

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ADENOVIRAL INFECTIONS: ARE THEY AN UNDERESTIMATED CAUSE OF ACUTE APPENDICITIS?

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Purpose: Acute appendicitis (AA) is the most common surgical emergency in childhood. Luminal obstruction of the appendix vermiformis by lymphoid hyperplasia due to viral infections is the most proposed cause of appendicitis in childhood. We hypothesized that adenovirus infections may have a significant role in the etiology od AA, and planned a prospective cohort study.

Method: Between October 2024 and May 2025, we prospectively analyzed patients who underwent appendectomy for suspected appendicitis, and accepted to enroll the study. Following appendectomy, 1 cm portion from the tip of the specimens were divided and kept at -80 C^0 freezer along with stool samples. The remaining portion of the specimens were sent to histopathologic examination. Specimens including appendicoliths or foreign bodies were excluded from the study. Patient demographics, imaging, and laboratory studies were recorded. At the end of the study period tissue and fecal samples were extracted for adenovirus DNA PCR and sequence analysis.

Results: A total of fifty patients with a mean age of 11.9 ± 3.5 were analyzed. Histopathology of the appendectomies were non-complicated AA in 62%, complicated AA in 12% and negative in 26% of the patients. Adenovirus DNA PCR and sequence analysis was positive in two patients with non-complicated appendicitis for Adenovirus serotype 41. None of the patients with complicated appendicitis and negative appendectomies were positive for adenovirus. Stool samples of all patients were negative for adenovirus.

Conclusion: Adenovirus infections have been addressed by limited number of studies with low-sensitive methods in the etiology of AA. This is the first study that adenovirus was analyzed in fresh-tissue samples with simultaneous use of PCR and sequence analysis methods. Although the cohort of this pilot study was limited, adenoviral infections may have a significant role in the etiology of appendicitis. However, our results should be validated with increased number of patients.

Keywords: Acute appendicitis, adenovirus, PCR, sequence analysis, children

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IMMUNOGENETIC ARCHITECTURE OF HIRSCHSPRUNG DISEASE: RET VARIANTS, MOLECULAR CROSSTALK, AND POLYGENIC INTERACTIONS IN ENTERIC NEUROCRISTOPATHIES

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Hirschsprung disease (HSCR), a neurocristopathy affecting 1 in 5,000 live births, is primarily characterized by distal intestinal aganglionosis resulting from the aberrant migration, proliferation, or differentiation of neural crest-derived enteric progenitors. The most extensively studied genetic determinant, the *RET* proto-oncogene, encodes a receptor tyrosine kinase essential for enteric nervous system (ENS) ontogeny. Yet, germline *RET* mutations are observed in only 7–35% of cases, predominantly in long-segment and familial HSCR, and frequently in the context of syndromic presentations such as MEN2A (Multiple Endocrine Neoplasia type 2A), implicating complex immunogenetic mechanisms beyond monogenic inheritance. Recent integrative multi-omics analyses, including transcriptomic, miRNAomic, and network-based interactome modeling, have elucidated that HSCR exhibits a polygenic and multifactorial etiology involving a constellation of at least 13 genes (*RET, EDNRB, EDN3, GDNF, SOX10, ECE1, NTN, ZEB2, PHOX2B, L1CAM, KIAA1279, TCF4,* and *NRG1*). These loci encode proteins that orchestrate key signaling pathways regulating immune-molecular crosstalk, neurogenic inflammation, and neuroepithelial development. Intriguingly, rare and common polymorphisms in *RET* exons, including synonymous variants affecting mRNA splicing (e.g., exon 11), act synergistically with non-coding RNAs (miRNAs, lncRNAs, and circRNAs) to modulate expression thresholds critical for neural crest cell fate decisions. Moreover, immunogenetic profiling suggests that dysregulated RET signaling compromises epithelial barrier function and gut-immune homeostasis, potentiating Hirschsprung-associated enterocolitis (HAEC), the leading cause of mortality in HSCR. The RET “Janus” paradox—exemplified by its dual role in HSCR and MEN2A via context-specific gain- and loss-of-function mutations—further underscores the immunogenomic intricacy and dynamic epistasis underlying this disorder. Emerging bioengineering approaches, including enteric neural stem cell (ENSC) transplantation and human pluripotent stem cell (hPSC)-derived ENS progenitor grafts, offer promising avenues for regenerative immunomodulation.

This synthesis delineates HSCR as an archetype of immunogenetically-driven congenital disease, advocating for precision molecular diagnostics integrating RET-centered genotyping, epigenetic profiling, and immune-network interrogation. Such a systems immunogenetics paradigm will catalyze novel diagnostic, prognostic, and therapeutic strategies, shifting HSCR management from surgical palliation toward biologically informed intervention.

Graphical abstract is created with support of AI.

Keywords: Hirschsprung disease, RET proto-oncogene, immunogenetics, enteric nervous system, neural crest cells, enterocolitis, polygenic inheritance, non-coding RNA, regenerative medicine.

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PEDIATRIC PERFORATED APPENDICITIS: IDENTIFYING RISK FACTORS AND MICROBIOLOGICAL DETERMINANTS OF POSTOPERATIVE OUTCOMES

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Purpose: This study aimed to evaluate risk factors and microbiological predictors of early postoperative outcomes in children with perforated appendicitis.

Materials & Methods: A retrospective single-center analysis of 528 children (<18 years) undergoing appendectomy for perforated appendicitis was conducted between 2010 and 2021. Demographic, clinical, microbiological, and intraoperative data were reviewed. Surgical site infections (SSI), length of stay (LOS), and postoperative interventions were assessed as outcomes. Data were analyzed using statistical tests, with p-values <0.05 considered significant.

Results: Microbiological cultures were obtained in 390 patients (73.2%), yielding positive results in (349) 87.2%. Escherichia coli 282 (80%), Bacteroides fragilis 116 (33.2%), Pseudomonas aeruginosa 56 (16%), and β - hemolitical streptococcus 33 (15%) were the most frequent pathogens. Surgical site infections were observed in 11.36% (60/ 528) patients, including 31 cases of wound infection and 29 cases of abdominal abscess. Risk factors for SSI included elevated C-reactive protein (CRP >100 mg/L; p=0.02), presence of intraoperative abscesses (p=0.01), growth of Enterococcus spp. (p=0.01) and Pseudomonas aeruginosa (p=0.002), despite the fact that all patients with pseudomona got empiric antipseudomonal therapy. Logistic regression identified Pseudomonas infection (RR 3.3, 95% CI (1.6-6.9)) and abscess on the first surgery (RR 5.1, 95% CI (2.6-9.8)) as significant predictors for early postoperative complications, p<0.05.

Conclusions: Presence of intraoperative abscesses and specific pathogen as Pseudomonas are critical risk factors for early postoperative complications. Microbiological profiling and culture-guided antibiotic adjustments are essential for managing pediatric perforated appendicitis.

Keywords: pediatric perforated appendicitis, surgical site infection, risk factors, microbiological predictors, antibiotics

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ANALYSIS OF THE APPLICATION OF LAPAROSCOPIC APPENDECTOMY COMBINED WITH HERNIA REPAIR IN CHILDREN WITH DIFFERENT PATHOLOGICAL TYPES OF APPENDICITIS

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Purpose Appendicitis with inguinal hernia or concealed inguinal hernia found intraoperatively – how to deal with it? This study aimd to investigate the treatment methods of inguinal hernia during acute and chronic appendicitis surgery, and evaluate the efficacy and long-term prognosis of simultaneous appendectomy and inguinal hernia repair.

Methods A retrospective analysis was conducted on 16 pediatric patients who underwent simultaneous laparoscopic appendectomy and inguinal hernia repair at our treatment center between June 2018 and December 2024. The patients were categorized into two groups based on the pathological type of appendicitis: Group A (elective surgery for chronic appendicitis) and Group B (emergency surgery for other types, including acute appendicitis, suppurative appendicitis, and perforated gangrenous appendicitis). The study evaluated the clinical manifestations, surgical safety, treatment outcomes, and long-term prognosis of appendicitis with different pathological types.

Results During this period, our treatment center admitted a total of 510 cases of acute and chronic appendicitis undergoing laparoscopic appendectomy, including 16 pediatric cases (3.14%) with concomitant inguinal hernia, who underwent simultaneous laparoscopic appendectomy and inguinal herniorrhaphy. The surgical success rate was 100%. Postoperative pathological findings revealed 8 cases of chronic appendicitis in Group A, while Group B included 3 cases of acute simple appendicitis, 4 cases of acute suppurative appendicitis, and 1 case of perforated gangrenous appendicitis. Surgical duration, hospitalization time, and hospitalization costs were significantly higher in Group B compared to Group A, with statistical significance. There were no differences in postoperative complications such as incision infection, scrotal redness, or fluid accumulation between the two groups. Follow-up for six months showed no recurrence of inguinal hernia.

Conclusion Concerning children suffering from appendicitis with different levels of inflammation and various pathological types, concurrently presenting with inguinal hernia, simultaneous execution of laparoscopic appendectomy and high ligation of the hernial sac under laparoscopic guidance can preclude the need for a second anesthetic administration and surgical intervention. This approach proves to be safe, feasible, cost-effective, and economically prudent when accompanied by appropriate surgical management and postoperative care. As such, its selective clinical implementation is recommended.

Keywords: Appendicitis, Inguinal hernia, Concurrent, Laparoscopy

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EFFICACY AND SAFETY OF RIVAROXABAN IN NEONATAL CATHETER-RELATED THROMBOSIS: A SINGLE-CENTER RETROSPECTIVE STUDY OF 122 CASES

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Objective: To systematically evaluate the clinical efficacy of rivaroxaban in treating neonatal catheter-related thrombosis (CRT) and analyze risk factors affecting treatment outcomes.

Methods: Clinical data of 122 neonatal CRT patients treated with rivaroxaban from March 2022 to October 2024 at our Hospital were retrospectively analyzed. The primary outcome was complete thrombus resolution rate. Multivariate logistic regression was used to analyze risk factors affecting treatment efficacy.

Results: Among 122 patients, the complete thrombus resolution rate was 71.31% (87/122) after 6 weeks of anticoagulation, which significantly increased to 88.52% (108/122) after extending to 3 months ($p<0.01$). Multivariate logistic regression analysis showed that chemotherapy (OR=5.48, 95%CI: 1.04-28.73, $P<0.05$) and difficult catheter placement (OR=12.53, 95%CI: 3.13-50.22, $P<0.05$) were independent risk factors affecting 3-month anticoagulation efficacy. No anticoagulation-related bleeding or other complications were observed during the study period.

Conclusion: Retrospective data suggest that rivaroxaban is safe and effective in treating neonatal catheter-related thrombosis, with a higher complete thrombus resolution rate observed at 3 months compared to 6 weeks of anticoagulation therapy. Chemotherapy and difficult catheter placement were identified as independent risk factors affecting treatment efficacy. However, these findings require validation through multi-center, prospective, randomized controlled trials.

Keywords: Neonate; Catheter-related thrombosis; Rivaroxaban; Anticoagulation therapy; Risk factors

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COMPARATIVE OUTCOMES OF LAPAROSCOPIC VERSUS OPEN APPENDECTOMY IN PEDIATRIC PATIENTS AT A REFERRAL CENTER

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Background. Laparoscopic appendectomy is now commonplace and the preferred approach in many first world countries; however, many developing countries still manage the condition through open surgery. In order to improve the acceptance and viabiltity of laparsocopic appendectomy, we decided to promote the approach in pediatric patients to determine the advantages and potential problems with MIS adoption. Surgical outcomes, including duration and complications from laparoscopic and open procedures are compared.

Methodology. This retrospective cohort analysis encompasses all pediatric appendicitis cases at our institution from 2022 to 2023. There were a total of 273 cases during that period. Patient records were reviewed for surgical approach and outcomes.

Results. The mean patient age was 11.87 years with a male: female ratio of 1.84. Average duration of symptoms prior to consult was 2.47 days. Most of the patients had complicated appendicitis (57.8% ruptured, 10.2% gangrenous). For the surgical approach, 42.9% underwent open appendectomy (OA) and 57.1% had LA with a conversion rate of 7.14%. Irrespective of disease severity, LA was superior to OA in terms of time to resume feeding (2.84 vs 4.07 days), post-op length of stay (5.29 vs 6.95 days), and surgical site infection rate (3.3% vs 16.2%). Operative times were not statistically different, Other morbidities for LA included intraabdominal abscess (1.9%) and postoperative adhesions requiring adhesiolysis (1.3%), while the OA group reported 1 case each for adhesions, intraabdominal abscess, and incisional hernia.

Conclusion. This study highlights the superiority of laparoscopic appendectomy in the pediatric population as implemented in a referral center. It also provides preliminary data on a significant cohort of patients with complicated appendicitis who underwent laparoscopic management. Further studies on cost benefit analysis should be undertaken to improve the adoption of the laaproscopic approach. Earlier consultation should also be highlighted to minimize complications.

Keywords: appendicitis, laparoscopy

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SURGICAL TREATMENT OF CHRONIC APPENDICITIS IN CHILDREN

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Introduction. Chronic appendicitis (CA) is a diagnosis characterized by long-standing right lower quadrant pain. We analyzed clinic, morphology and immunohistochemical studies of the appendix in order to confirm the adequacy of surgical treatment CA in children.

Materials and methods. We carried out comparative studies of the clinical picture, results of morphological and immunohistochemical studies of remote appendicitis in 55 CA children and 35 children with acute appendicitis (AA).

Results: The low prognostic significance of appendicular scales for determining indications for surgical treatment of chronic appendicitis (CA) has been established. Laparoscopic surgery is the preferred treatment method for chronic appendicitis. Morphological examination of CA in most cases revealed signs of chronic inflammation with fibrosis in the mucosa and submucosa of the appendix.

Immunohistochemical studies of CA showed a pronounced expression of proteins VEGF, MMP-9, and VCAM-1 in the submucosal and muscular layers, as well as moderate expression of Collagen-II-alpha-1. However, the number of cells expressing the VIP protein was low, both in the mucosa and the submucosa.

The number of MMP-9-positive cells was the highest, followed by VEGF and Collagen-II alpha-1, with a moderate number of VIP-positive cells. In patients with appendicitis, an immunohistochemical study showed a decrease in the expression of all the proteins studied. This could be due to damage to antigenic determinants by hydrolytic enzymes from neutrophilic segmented granulocytes in the focus of acute inflammation. The expression of VEGF was moderate, while that of VIP (mainly in blood vessels of the muscle layer), Collagen-III-alpha-1 and MMP-9 was doubtful. All the proteins were detected in single cells, mostly in the muscle and serosal layers. After appendectomy, 6% of children experienced resolution of abdominal symptoms. Recurrence of pain was more common in girls with irregular menstrual cycles during puberty.

Conclusions: We have identified immunohistochemical and morphological changes that suggest autoimmune and vascular mechanisms in appendix damage in children with acute appendicitis. Laparoscopic surgery can help eliminate abdominal pain for most patients.

Keywords: Chronic appendicitis, immunohistochemical studies, laparoscopic appendectomy

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ADDITION OF PERITONEAL DISSECTION OR CAUTERIZATION TO PURSE STRING SUTURE DURING INGUINAL HERNIA REPAIR INCREASES PERI-HERNIA SAC NECK COLLGEN FORMATION

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Aim of the study: The worldwide accepted repair for indirect inguinal hernia in children is high ligation of the hernia sac with open herniotomy. However, laparoscopic pediatric inguinal hernia repair has been gaining popularity in the last two decades. Many different surgical techniques are used in laparoscopic hernia repair nowadays. An experimental study was conducted to investigate the effects of different peritoneal injury techniques added to hernia repair on collagen deposition at the hernia sac neck.

Methods: Present study was conducted on thirty-five adult (3-6 month old, 260-350 g) Wistar Albino male rats. There were five experimental groups;

Control group: no intervention

Sham group: inguinal canal was held and released with forceps

Suture group: inguinal canal is closed with purse string and transfixion sutures

Peritoneal dissection+suture group: peritoneal dissection followed by purse string and transfixion sutures

Cauterization+suture group: Peritoneal cauterization followed by purse string and transfixion sutures

All procedures were performed through median laparotomy using open operative techniques. Collagen deposition around the hernia sac neck repair was measured microscopically three weeks later.

Main results: Collagen deposition around hernia sac neck repair in Peritoneal dissection+suture and Cauterization+suture group was found to be statistically higher when compared with other groups ($p<0.001$). Collagen deposition around the hernia sac neck repair in Cauterization+suture group was found to be the highest among groups ($p<0.05$).

Conclusions: The combined usage of peritoneal injury and suture during inguinal hernia repair further stimulates mesothelial fibrosis at the hernia sac neck compared with mesothelial fibrosis induced by suture techniques only.

Keywords: inguinal hernia, pediatric inguinal hernia repair, laparoscopic inguinal hernia repair, laparoscopic, experiment, peritoneal injury

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INGUINAL HERNIA IN NEWBORNS – CAN YOU PREDICT THE BEST TREATMENT PATH?

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Purpose: Inguinal hernia is a common condition requiring surgical repair in children. In preterm (PT) infants, incidence can reach 20%, mostly due to birth before embryological closure of the processus vaginalis. Despite a frequently performed procedure, the ideal approach and surgical timing remain uncertain, reflected by significant variation in practice and anaesthesia-related concerns. We aimed to evaluate predicting factors of optimal inguinal hernia repair (IHR) timing and outcome.
Methods: We retrospectively analysed neonates and PT diagnosed with inguinal hernia during neonatal intensive care unit (NICU) admission, over 14 years. Patients were excluded if data was incomplete or evaluation was not conducted by a paediatric surgeon. Variables collected were: Gestational age, sex, congenital anomalies, age and symptoms at diagnosis, laterality, ultrasound use and concordance, surgery timing (NICU/post-NICU), simultaneous procedures, spontaneous resolution and outcomes.
Results: Seventy patients were included; 84% were male. Median gestational age was 29 weeks, and congenital anomalies were present in 46%. Diagnosis occurred at a median of 46.5 days. Ultrasound was performed in 60% and concordance with clinical findings occurred in 50%. Surgical repair was executed in 73%: 33 cases during NICU stay and 19 post-NICU. Thirteen patients had spontaneous resolution, of which 12 (92%) were PT. Five patients were lost to follow-up. Contralateral repair rates were similar. No clinical variables were significant predictors of timing of surgery ($p > .05$). Regarding outcomes, combined adverse results (surgical complications and recurrence) were significantly more frequent when NICU repair ($p = .0208$).
Conclusion: No clear predictors guide timing of IHR in newborns. While prompt repair is often necessary, it may carry not only higher anaesthesiologic risk but also adverse surgical outcomes. Spontaneous resolution should not be overlooked in selected cases, especially in PT infants.

Keywords: Inguinal hernia, Surgical Timing, NICU

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FROM NEONATE TO ADOLESCENT: A REVIEW OF OVARIAN MASS MANAGEMENT IN A SINGLE CENTER

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Aim: This study aims to evaluate our clinical approach and surgical outcomes for pediatric ovarian pathologies in light of the current literature.

Methods: A retrospective analysis was conducted on the demographic, laboratory, sonographic, surgical, and histopathological data of 1000 patients who were followed up and treated for ovarian cysts/masses (ICD code Q50.1) in our clinic between 2018 and 2024.

Results: A total of 786 patients were included in the study, with a mean age of 12 years (0–17 years). Of these, 243 patients (31%) were in the pre-menarche period. The most frequent symptom was pelvic tenderness, followed by palpable pelvic masses. Ovarian torsion was diagnosed in 11% of the patients Excluding torsion, only 10% of patients required surgical intervention due to ovarian mass. Open surgery was performed in 52% of cases, while laparoscopic surgery was conducted in 48%. Among operated patients 63% of masses were pure cystic, 10.7% were both solid and cystic, 2% were solid masses, 23.3% were necrotic ovarian structures. Malignancy rate was 0.4%. The most common surgical procedure was cyst excision (64.4%) for benign masses, while oophorectomy was the most frequently performed procedure for malignant masses. The rate of oophorectomy among all procedures was 21%. The most prevalent histopathologic diagnosis was simple/corpus luteum cyst, followed by mature cystic teratoma and cystadenomas for benign lesions. Yolk sac tumor and sertoli cell tumors were identified as malignant masses.

Conclusion: Ovarian masses in pediatric and adolescent patients are predominantly benign, and are followed conservatively. Given the low incidence of malignancy and the importance of preserving future fertility, minimal invasive ovarian-sparing surgery should be considered as the first approach in these patients.

Keywords: Pediatrics, ovarian mass, fertility

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THE EFFICACY OF QUALITY CONTROL MANAGEMENT FOR FULMINANT MYOCARDITIS IN CHILDREN: MULTICENTER EXPERIENCE

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Background and Objectives: Fulminant myocarditis (FM) in children has an abrupt onset, is difficult to identify, and the disease progresses rapidly with a high mortality. The key to improving the quality of life of children with fulminant myocarditis lies in the timeliness of early diagnosis, the identification of the progression of organ damage and the effectiveness of treatment. This study focuses on two major aspects: the timeliness of early identification and evaluation and the effectiveness of treatment for this disease, and conducts quality control management to explore ways to reduce complications and mortality.

Methods: An expert group was organized to formulate a quality control plan for the diagnosis and treatment of fulminant myocarditis in children. Eight tertiary hospitals with the ability of pediatric extracorporeal membrane oxygenation (ECMO) were selected as pilot sites, and training and implementation of the quality control plan for the diagnosis and treatment of fulminant myocarditis in children were carried out. A retrospective analysis was conducted on the data of six years from January 2018 to December 2020 before quality control and from January 2021 to August 2023 after quality control to evaluate the feasibility and efficacy of quality control.

Results: A total of 187 children with fulminant myocarditis were enrolled, among which 156 survived and 31 died. The total mortality rate was 16.58% (31/187). The mortality rate decreased from 22.0% before quality control to 12.4% after quality control (P = 0.081). The complications of craniocerebral injury and severe renal injury both decreased from 19.5% to 8.6% (P = 0.029). Among the overall timeliness indicators of evaluation in six years, the completion rates of electrocardiogram, echocardiogram, and blood lactate were relatively high, reaching 86.5% - 98.7%. The completion rates of blood lactate and Glasgow Coma Scale (GCS) significantly increased after the implementation of quality control, from 86.5% and 62.2% to 98.1% and 81.9% respectively (P values were 0.002 and 0.003 respectively). The Vasoactive Inotrope Score (VIS) before ECMO insertion decreased from 23 (10, 60) before quality control to 20 (8, 28) after quality control (P = 0.087), without statistical significance. The highest value of lactate before ECMO insertion was 6.7 (3, 10.3) mmol/L in the three years before quality control and 6.7 (4.1, 11.4) mmol/L in the three years after quality control, with no obvious change. The time from admission to ECMO establishment was shortened from 10.5 ± 17.3 h before quality control to 6.7 ± 10.2 h after quality control (P = 0.037). The utilization rate of Cardiopulmonary resuscitation (CPR) before ECMO decreased from 51.2% before quality control to 28.6% after quality control (P = 0.002). The achievement rates of the effectiveness indicators of anti-shock treatment within 12 hours [blood lactate, Mixed Venous Oxygen Saturation (SvO2), urine output] were significantly correlated with death, with P values of 0.009, 0.000, and 0.000 respectively. Although there was no obvious change in the achievement rates of the three treatment effectiveness indicators before and after quality control, the overall achievement rates of the 12-hour treatment effectiveness indicators in six years had reached 69.1% - 89%.

Conclusion: The implementation of the quality control management project for fulminant myocarditis in children has improved the ability of early diagnosis and identification of organ damage. In particular, the significant increase in the completion rates of blood lactate and GCS, which are convenient for clinical operation, has promoted the early establishment of ECMO after admission, reduced the utilization rate of CPR before ECMO, and decreased the mortality rate and the incidence of complications of important organs.

Keywords: fulminant myocarditis, children, quality control

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THE MECHANISM STUDY OF FOXO1 ON THE PROLIFERATION AND APOPTOSIS OF CHONDROCYTE IN DDH

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Objective: To explore the mechanism of FOXO1 on the regultion of developmental dysplasia of the hip (DDH).

Methods:(1)Clinical experiment: 40 patients with DDH were enrolled and the general clinical data were collected. Assess hip joint function of the patients were evaluated using McKay Hip Score. FOXO1 concentrations in the serum were detected by ELISA assays. The relationship between FOXO1 concentration and DDH severity was investigated by statistical analysis. (2)Animal experiments: DDH rat model was builded, then divided into control group and model group. Femoral head morphological index was measured. The cartilage degradation was evaluated by FOXO1 immunohistochemical staining, HE staining and Mankin scoring. (3)Cell experiments: The hip joint chondrocyte was isolated from control and model group rat and then transfected with siFOXO1 plasmid. Cell proliferation was detected by WST1 assay. Cell apoptosis was detected by flow cytometry. The expressions of FOXO1, β-catenin and Bim were detected by qRT-PCR and western blot assay.

Results: FOXO1 level in the serum of DHH patients correlated negative correlation with the DHH severity. Femoral head morphological index of model group was higher than that of control group. HE staining results showed significant pathological changes in the hip joints of the model group animals. Immunohistochemistry results indicated decreased FOXO1 expression levels in the hip joint tissues of the model group. The cell proliferation index in model group was lower than that of control group, and the cell apoptosis was induced in model group. Compared with control group, the β-catenin and Bim expression level were upregulated. The apoptosis was inhibited, the proliferation, β-catenin and Bim expressions were increased after siFOXO1 plasmid transfected in model group.

Conclusions: FOXO1 could regulated chondrocytes apoptosis via Wnt/β-catenin signal pathway, and then improve clinical symptoms of DHH

Keywords: DDH, FOXO1, Wnt/β-catenin signal pathway

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UNMASKING THE CHALLENGES: A QUALITATIVE STUDY OF BARRIERS TO TRAINING PEDIATRIC SURGEONS IN MINIMALLY INVASIVE SURGERY IN PAKISTAN

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Purpose

Minimally invasive surgery (MIS) has become a cornerstone of modern pediatric surgical care, offering reduced postoperative pain, quicker recovery, and improved outcomes. However, in low- and middle-income countries (LMICs) like Pakistan, pediatric MIS integration lags that of adult MIS, with training limitations contributing significantly to this disparity. We tried to explore the barriers faced by pediatric surgeons in acquiring and teaching MIS skills in Pakistan, with the goal of informing practical, context-specific improvements in surgical training.

Methods

This qualitative study was conducted in pediatric surgery departments of major teaching hospitals across Pakistan. Fifteen pediatric surgeons, including both MIS-trained experts and senior surgeons still learning MIS techniques, were selected through purposive and snowball sampling. Data was collected via semi-structured interviews using a thematic guide. Transcripts were coded, and thematic analysis was performed to identify recurring patterns and insights.

Results

Four major themes were identified:
1. Infrastructure and Equipment Gaps: Unavailability of pediatric-specific instruments in public sector teaching hospitals and limited access to dry labs like simulators and robotics.
2. Training and Mentorship Deficiencies: Lack of formalized MIS curricula and limited exposure in residency. Senior surgeons acknowledged their own limited MIS experience, creating a training bottleneck.

3. Institutional and Policy-Level Barriers: Absence of national-level pediatric MIS training mandates. Training abroad is self-funded, with no government-level scholarships and grants for advanced learning opportunities.
4. Sociocultural and Ethical Challenges: Ethical concerns over training on pediatric patients without adequate supervision and certification.

Conclusion

Pediatric MIS training in Pakistan is hindered by systemic, infrastructural, and educational challenges. Developing structured national curricula, investing in training tools, fostering mentorship networks, and promoting faculty development are essential steps toward bridging the MIS training divide in LMICs.

Keywords: Minimally invasive surgery, training programs, health resources, pediatrics

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RETROSPECTIVE ANALYSIS OF CLINICAL FEATURES AND IDENTIFICATION OF PROGNOSTIC RISK FACTORS FOR NEUROBLASTOMA

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Purpose: To systematically review the cases of single-center NB (neuroblastoma) in recent years, analyze the high-risk factors of NB, summarize the diagnosis and treatment experience, and find potential prognostic predictors.

Method: The clinical data of children diagnosed with NB in our center from January 2015 to June 2024 were retrospectively collected. According to the pretreatment risk group, the children were divided into high-risk and non-high-risk groups, and the comparison between groups was performed to determine the high-risk factors of NB.

Results: A total of 111 NB children were enrolled. The event-free survival rate was 61.54% (8/13) in high-risk group and 97.96% (96/98) in non-high-risk group. Compared to the non-high-risk group, levels of [NSE (neuron-specific enolase) (94.80 (39.01, 152.35) vs. 25.97 (18.51, 37.65) ng/mL), SF (serum ferritin) (150.65 (117.08, 424.30) vs. 71.57 (40.20, 111.85) ng/L), LDH (lactate dehydrogenase) (485.00 (357.00, 650.00) vs. 261.50 (226.00, 310.00) U/L)] at admission and postoperative first [neutrophil-lymphocyte ratio (8.05 (5.51, 17.25), 5.55 (2.65, 7.69)), platelet-to-lymphocyte ratio (272.95 (187.79, 467.87) vs. 167.78 (122.33, 232.75)), systemic immune-inflammation index (2482.90 (1733.00, 5406.10) vs. 1525.00 (906.44, 2240.20))] were significantly elevated in the high-risk group ($P < 0.05$). Conversely, levels of [RBC (red blood cell count) (4.13 (3.51, 4.37) vs. 4.43 (4.22, 4.72) *10^12/L) and Hb (hemoglobin) (106.00 (97.00, 109.00) vs. 123.00 (115.00, 130.00) g/L)] at admission and [RBC (3.59 ± 0.56 vs. 4.21 ± 0.50 *10^12/L) and Hb (95.50 ± 13.26 vs. 116.17 ± 14.29 g/L)] at discharge were significantly lower in the high-risk group ($P < 0.05$).

Conclusion: Patients in the high-risk group have significantly poorer prognoses. NSE, SF, LDH, inflammatory markers, RBC, and Hb may be helpful for the prognosis evaluation of NB in the future, so their monitoring in clinical practice is very important.

Keywords: neuroblastoma, children, high-risk, clinical features, risk factors

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PEDIATRIC COLORECTAL CANCER: SURGICAL CHALLENGES AND THE EMERGING ROLE OF HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY

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Purpose: Colorectal cancer (CRC) is extremely rare in the pediatric population, with limited guidance in the literature regarding optimal treatment strategies. Pediatric cases often present at advanced stages and may require aggressive multimodal therapy. This study presents a five-case series to evaluate the clinical presentation, surgical approaches, and the potential utility of hyperthermic intraperitoneal chemotherapy (HIPEC) in pediatric CRC.

Method: We retrospectively reviewed 5 patients (4 boys, 1 girl) diagnosed and treated for colorectal cancer at our center between January 2012 and June 2025. Patient data including age, sex, symptoms, chemotherapy regimens, surgical interventions (including HIPEC), and outcomes were analyzed.

Results: The median age was 14.4 years (range: 12-16). Most patients presented with nonspecific symptoms such as abdominal pain, anemia, and rectal bleeding, resulting in delayed diagnosis. 4 patients received neoadjuvant chemotherapy (FOLFOX-6), however diagnosis was confirmed after operation in one patient. While low anterior resection was performed in 2 patients; tumor was unresectable in one patient and colostomy was performed for obstructive symptoms. 2 patients underwent multiple operations (subtotal colectomy, total colectomy, small bowel resections) due to disease extent, additionaly one of them with peritoneal carcinomatosis underwent extensive cytoreductive surgery followed by HIPEC, representing a rare application of this modality in the pediatric setting. Two patients achieved complete remission (CR) with long-term follow-up; however one of them later developed a secondary T-cell lymphoma and died. While two patients died of disease (DOD) despite intensive treatment, one patient with extensive disease is still undergoing adjuvant chemotherapy.

Conclusion: Pediatric colorectal cancer requires individualized, aggressive treatment plans. Complex surgical procedures including multistage resections and HIPEC may be considered in select advanced cases. This case series underlines the importance of early suspicion and multidisciplinary management and suggests a potential role for HIPEC in high-stage pediatric CRC with peritoneal involvement.

Keywords: colorectal cancer, children, hyperthermic intraperitoneal chemotherapy

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SURVIVAL OUTCOMES IN WILMS TUMOR WITH AND WITHOUT INTRAVASCULAR THROMBUS: A COMPARATIVE STUDY

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Purpose: This study aims to compare the survival rates of pediatric patients with Wilms tumor (WT) presenting with intravascular thrombus (IVT) versus those without IVT.

Methods: Medical reports of patients with WT treated and followed up at our institution between June 2012 and June 2025 were retrospectively reviewed. Among these data, patients presented with IVT were identified. The initial levels of IVT were assessed and monitored throughout the treatment. All patients underwent a combination of surgical and oncological management, including neoadjuvant chemotherapy (AREN0534, NWTSG-5) where indicated. Survival analysis was performed utilizing the Kaplan-Meier method on SPSS software version 25.

Results: 51 patients with WT were treated during this period. The median age was 48 months (5-126 months). 43 patients had unilateral WT, 8 patients had bilateral WT. 7 patients (6 male, 1 female) with IVT were identified (13.7%). Tumor thrombus extension during initial evaluation were; level III (5), level IV (1), level V (1). Following neoadjuvant chemotherapy; thrombus level in patients with level III regressed to level II, while no regression was observed in 2 patients with cardiac thrombus. All patients with IVT underwent surgery after neoadjuvant chemotherapy. There were no significant difference in overall survival (OS) and event-free survival (EFS) for WT patients with and without IVT (5 year OS of 83.3% and 86.4%, respectively, p value: 0.823 and 5 year EFS of 83.3% and 82.3%, respectively, p value: 0.811).

Conclusion: WT with IVT can achieve survival outcomes comparable to those without IVT, under multidisciplinary approach and experienced surgical teams.

Keywords: Wilms tumor, intravascular thrombus, survival

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INDOCYANINE GREEN FLUORESCENCE IMAGING IN PEDIATRIC RENAL TUMORS: ADVANCING STANDARDIZATION FOR SENTINEL LYMPH NODE IDENTIFICATION

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Indocyanine green (ICG) fluorescence imaging has become an innovative technique in oncologic surgery, particularly for renal tumors, by enhancing the visualization of sentinel lymph nodes (SLNs). Accurate SLN identification is crucial for staging, and biopsy of at least 6–7 regional lymph nodes remains a key component of renal tumor management. Compared to conventional methods, ICG provides superior contrast, potentially reducing the need for reoperations and leading to improved staging accuracy and survival outcomes. Nevertheless, the lack of standardized protocols for ICG dosing and timing limits its diagnostic consistency.

A dual-center study conducted in Wroclaw and Gdańsk (Poland) examined 20 pediatric patients undergoing either nephron-sparing surgery (NSS; n=14) or nephrectomy (n=6) where lymphatic mapping was unclear. In each case, 0.2 ml of ICG was injected intraoperatively into four healthy parenchymal sites, 1–2 cm from the tumor margin, immediately following kidney exposure and prior to vascular pedicle dissection. The results revealed varying degrees of visualization effectiveness.

Optimal lymph node visualization was achieved in one benign cyst and eight nephroblastoma cases (6 NSS, 2 nephrectomies). ICG failed to detect lymph nodes in cases of chromophobe carcinoma and renal cell carcinoma. All fluorescent tissues identified intraoperatively were confirmed histologically as lymphoid structures. Postoperative evaluations showed normal renal perfusion and creatinine levels across all patients. Delayed peritoneal drainage (>4 days post-NSS in 2 cases) and blood transfusions (4 cases) were linked to surgical complexity, not ICG use. No adverse reactions to ICG were reported. Although ICG use slightly extended surgical time in both NSS and nephrectomy procedures, this increase did not exceed 5%.

The findings underscore the importance of further research aimed at optimizing ICG protocols—particularly dosage and timing—and highlight the value of specialized training to fully leverage its benefits in pediatric renal oncology

Keywords: ICG, Indocyanine Green Fluorescence Imaging, Renal Tumours in Children, Sentinel Lymph Node Identification

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SURGICAL TREATMENT OF PROXIMAL FEMUR UNICAMERAL BONE CYSTS IN CHILDREN: A RETROSPECTIVE SINGLE-CENTER STUDY

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Objective

The aim of this study was to present the clinical and radiological outcomes of surgical treatment for proximal femur unicameral bone cysts (UBC) in children.

Methods

A total of 37 patients with proximal femur UBC in children were analyzed retrospectively at our institution from 2015--2024. Patients were divided into two groups according to whether internal fixation was used. Demographics, cyst activity, the cyst area, the healing time of pathological fractures and cysts, clinical and radiological outcomes, the time to activity and complications were analyzed.

Results

Eighteen patients in the noninternal fixation group and 19 patients in the internal fixation group were included. There was no significant difference between these two groups in terms of age, duration of follow-up, fracture at diagnosis, cyst activity, or healing time of pathological fractures and cysts. The cyst area in the internal fixation group was 1609±1131 mm^2, which was significantly greater than that in the group without internal fixation (936±597 mm^2, $P<0.05$). There was no significant difference in the clinical or radiological outcomes between the two groups. Patients who were treated with internal fixation were able to return to activity significantly sooner than those who were not (5.9 months vs 7.7 months; $P<0.05$). There was no significant difference in complications between the two groups ($P = 1.000$).

Conclusions

Surgical treatment of proximal femoral UBCs in children remains a challenge. The use of internal fixation is beneficial for accelerating the healing process and reducing the time to activity.

Keywords: proximal femur; unicameral bone cyst; surgical treatment; complication

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EARLY OUTCOMES OF LIMB SALVAGE WITH ENDOPROSTHETIC RECONSTRUCTION FOR PEDIATRIC AND ADOLESCENT LOWER EXTREMITY OSTEOSARCOMA: A CASE SERIES OF 6 PATIENTS

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Background

Osteosarcoma is the most common primary malignant bone tumor in children and adolescents, frequently affecting the lower extremities. Wide resection combined with endoprosthetic reconstruction remains a critical limb-salvage strategy, yet long-term outcomes, particularly in young patients, warrant further evaluation. **This study analyzes early functional and oncological outcomes in a small cohort undergoing this procedure**.

Methods

A retrospective review was conducted on six patients (1 male, 5 females; mean age 13.2 years) diagnosed with lower extremity osteosarcoma between 2020 and 2022. Surgical management included wide tumor resection followed by modular endoprosthetic reconstruction: 2 cases of proximal femoral (hip) replacement and 4 cases of distal femoral (knee) replacement. Perioperative chemotherapy and rehabilitation were standardized. Outcomes were assessed via the Musculoskeletal Tumor Society (MSTS) scoring system, complication rates, and survival analysis over a 24-month follow-up period.

Results

At two-year follow-up, four patients (66.7%) remained disease-free with a mean MSTS score of 22.5 (range 18–25), indicating satisfactory functional recovery. Two patients (33.3%) experienced metastatic recurrence at 2 and 8 months postoperatively, leading to mortality. Complications included one case of superficial surgical site infection and one case of transient periprosthetic joint instability, both resolved with intervention. No aseptic loosening or mechanical failure was observed. A case of 12 years old male with femoral osteosarcoma is showed in Figure 1.

Conclusions

Despite the challenges of small sample size, early results suggest that endoprosthetic reconstruction following wide resection provides viable limb salvage in pediatric and adolescent osteosarcoma, with acceptable functional outcomes. However, high rates of metastatic recurrence underscore the need for stringent surveillance and multidisciplinary management. Larger cohorts and extended follow-up are essential to refine surgical protocols and adjuvant therapies.

Keywords: osteosarcoma; limb salvage; endoprosthetic reconstruction; outcome;

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OUTCOMES OF STANDARDIZING LYMPH NODAL SAMPLING FOR NEPHROBLASTOMA

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Background: Every cooperative group mandates proper LN sampling during Wilms tumor (WT) surgery. The omission of lymph node sampling is the most frequent protocol deviation in WT surgeries worldwide. We intend to perform systematic station-wise nodal sampling whether affects overall outcomes for WT. This study aimed to assess the feasibility of systematic station-wise LN sampling and how it affects the staging, risk-stratification, treatment, and prognosis of WT.
Method: This prospective type of observational study was conducted at two tertiary care hospital over a period of 3.5 years between December 2021 to June 2025. A total of 39 children (0 to 14 years) with unilateral or bilateral Wilms tumor were included in this study according to International Society of Pediatric Oncology (SIOP) protocol. All these patients underwent a systematic 4-station nodal sampling during Wilms tumor surgery. Those with a history of renal surgery or biopsy of the renal mass, positive 24-hour urinary VMA, and histology-proven non-Wilms tumor after surgery were excluded.
Result: Among the 39 children with Wilms tumor, nine children with Wilms tumor harbored histologically proven positive nodal disease. Total lymph node yield (LNY) was 195, with a median LNY of 5. Four interaortocaval lymph nodes had metastesis in four children with Wilms tumor and 13 lymph nodes were histologically proven positive in five children with wilms tumor. Right-sided tumors had more frequent involvement of interaortocaval nodes and skip disease.
Conclusions: The proposed strategy of systematic station-wise lymph node sampling provides a framwork to lead surgeons in performing lymph node collection. Routinely interaortocaval nodes sampling should be performed and metastasis may skip hilar nodes. It eliminates the unreliability of visual assessments by surgeons due to performance of systematic station-wise lymph nodes sampling.

Keywords: Lymph Node Sampling; Staging, Station-wise, Prognosis, Wilms tumor.

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PEDIATRIC PANCREATIC TUMORS – AN AUDIT FROM A TERTIARY CARE CENTRE

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Purpose:

Pediatric pancreatic tumors are extremely rare, accounting for < 0.1% of all childhood cancers. Broadly categorized as either epithelial or non-epithelial. Most common exocrine tumor is solid pseudopapillary neoplasm (SPN), while pancreatoblastoma (PBL) is the most common malignant exocrine tumor. Malignant tumors necessitate radical surgical resection. Benign and low-grade malignant tumors may be treated with parenchyma-sparing procedures. Aim of this study is to review our experience in the management, outcome of pancreatic tumors at our institute.

Methods:

Retrospective analysis of 17 patients with pancreatic tumors, who underwent treatment, from December 2011 to June 2025 was done. Collected data included clinical details, chemotherapy, operative details, histopathology, complications, outcomes, etc.

Results:

Total 17 patients (12 females) were included. Histopathological diagnoses were PBL (07), SPN (10). Median age was 10 years. Four received neoadjuvant chemotherapy (PLADO). One underwent Trans arterial chemoembolization & Radio frequency ablation. Four had regional lymph node metastasis, three had remote (02 Liver, 01 Lung) metastasis. Surgeries performed include pylorus preserving pancreaticoduodenectomy (09), Pylorus resecting pancreaticoduodenectomy (01), Central pancreatectomy (01), Distal pancreatectomy (02), Distal pancreatosplenectomy (02), Total pancreatectomy, splenectomy, total gastrectomy (01) with 1 patient deemed inoperable on exploration. Major vascular involvement included Superior mesenteric vein (01) and Portal vein (01) thrombus requiring thrombectomies and Common hepatic artery repair in 01 patient. Postoperative complications included Delayed gastric emptying (02), Dysphagia (01), Gastrocutaneous fistula (01), Post operative pancreatic fistula (01), Chylous ascites (02). Two were lost to follow up, three had recurrences. Rest other patients are under follow-up without local, remote recurrence with no sequelae of chemotherapy till date. Follow-up ranged from 01 - 156 months.

Conclusion:

PBL and SPN are the most common pediatric pancreatic tumors, best managed by complete surgical resection. Careful evaluation, multidisciplinary team approach, individualized surgical planning, early appropriate chemotherapy in responding tumors are necessary for better outcome

Keywords: Pancreatic tumors, Solid pseudopapillary neoplasm, Pancreatoblastoma

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LAPAROSCOPY IN SELECTED ABDOMINAL TUMORS IN CHILDREN

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Purpose
In our study we reviewed our experience in laparoscopy for abdominal tumors in children to evaluate feasibility and safety of this approach.

Method
We conducted an analysis of the period from September 2017 to January 2024. Laparoscopy was employed for the diagnosis of solid tumors and nodal masses, with subsequent treatment provided in selected cases. For diagnostic purposes laparoscopically assisted surgical and core needle biopsies were employed. For treatment laparoscopic surgery was performed on adrenal and retroperitoneal tumors, renal tumors, ovarian tumors, and lesions in other anatomical regions.

Results

17 patients underwent laparoscopic surgery for adrenal tumors and three patients for retroperitoneal tumors. The youngest patient was 3 months old, the oldest 11 years old. Based on preoperative imaging and laboratory tests, all patients were qualified for the primary tumor resection. 8 patients with renal tumors underwent laparoscopic surgery following preoperative chemotherapy. Nephrectomy was performed in 7 cases, while one child was qualified for a nephron-sparing procedure. 35 girls with ovarian tumors underwent laparoscopic surgery. Among lesions in other anatomical regions, one tumor of the mesocolon and one tumor of the falciform ligament were excised. All surgeries were performed via a peritoneal approach and no intraoperative complications occurred. Complete tumor resection was achieved in all cases. The postoperative course was uneventful for all patients, and they were discharged home in a good general condition between the first and fourth postoperative day.

Conclusion

In the cases described, laparoscopy proved to be a feasible, reliable and safe surgical method. It provided detailed visualisation of the surgical field, enabled precise biopsies, and facilitated the complete removal of lesions without causing damage. As a minimally invasive technique, it also allowed for a rapid return to normal activity and shortened the length of hospital stays.

Keywords: laparoscopic surgery, abdominal tumors

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OPTIMIZING TREATMENT STRATEGIES FOR PEDIATRIC WILMS TUMOR WITH VASCULAR THROMBOSIS: A SINGLE-CENTER EXPERIENCE

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Introduction:

Wilms tumor, or nephroblastoma, is the most common malignant renal tumor in children. Thanks to therapeutic advances, survival rates now exceed 90%. However, vascular thrombosis—seen in approximately 25–35% of cases—poses significant challenges in diagnosis and treatment. This study reviews our experience with nephroblastoma cases complicated by vascular thrombus, highlighting clinical characteristics, therapeutic approaches based on thrombus extent, and outcomes.

Methods:

We conducted a retrospective review over eight years (2015–2022) at the Pediatric Surgery Department of the Children's Hospital. The study included 12 children (aged 0–14 years) diagnosed with nephroblastoma and intravascular thrombosis. Data collected covered demographic, clinical, radiological, pathological, treatment, and follow-up details.

Results:

These 12 patients represented 24% of all nephroblastoma cases treated during the study period (n=50), with a median age of 5 years and 2 months. All had tumor extension into at least the renal vein, while 33% showed thrombus progression into the inferior vena cava. Neoadjuvant chemotherapy led to tumor shrinkage in 90% and thrombus regression in 67% of cases. Surgical management involved thrombectomy in 75% of patients, followed by adjuvant chemotherapy in all and radiotherapy in 42%. After a mean follow-up of 6 years and 3 months, the overall survival rate was 100%, despite one recurrence with local and metastatic disease.

Conclusion:

Nephroblastoma with vascular thrombosis demands an individualized, multidisciplinary strategy. Tailoring treatment to the thrombus extent—with coordinated chemotherapy, surgical intervention, and radiotherapy—can lead to excellent oncologic outcomes. Our findings emphasize the importance of integrated care in managing these complex cases.

Keywords: Wilms tumor, Nephroblastoma, Venous thrombosis, Prognostic factors

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PEDIATRIC PHEOCHROMOCYTOMA AND PARAGANGLIOMA: A 15-YEAR SINGLE-CENTER EXPERIENCE

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Introduction: Pheochromocytoma and paraganglioma (PPGL) are rare neuroendocrine tumors that secrete catecholamines. This study reviews our experience with the diagnosis and management of these tumors in pediatric patients.

Materials and Methods: We conducted a retrospective analysis of pediatric patients who underwent surgery at Motol University Hospital between 2009 and 2024.

Results: A total of 18 patients (8 boys and 10 girls) were treated, with a median age of 14.2 years (range, 9.7–18.7 years). The most common presenting symptoms were hypertension (n=15), headaches (n=8), sweating (n=8), and palpitations (n=5); All patients underwent genetic testing. (VHL) Von Hippel-Lindau syndrome was confirmed in three patients, all of whom exhibited bilateral disease (one synchronous, two metachronous). Two patients were found to have a SDHB (Succinate dehydrogenase type B) mutation. Histopathological analysis revealed 13 cases of pheochromocytoma (with bilateral involvement in two patients) and six cases of paraganglioma. Surgical management of pheochromocytomas included adrenalectomy performed via open (n=6) and laparoscopic (n=7) approaches, with tumor resection preserving adrenal tissue in one patient with bilateral disease. All paragangliomas were resected via laparotomy, with one case managed laparoscopically.

The median follow-up duration was 8.6 years (range: 8 months to 15.9 years). Postoperatively, clinical symptoms resolved gradually in all patients. No deaths were reported during the follow-up period.

Conclusion: Pheochromocytoma and paraganglioma should be considered in the differential diagnosis of retroperitoneal tumors and in children with hypertension. Surgical resection remains the definitive treatment. Patients with confirmed genetic mutations (SDHB and VHL) are at a high risk for recurrence and require lifelong follow-up.

Keywords: Pheochromocytoma, Paraganglioma, Retroperitoneal tumors, (VHL) Von Hippel-Lindau syndrome, SDHB (Succinate dehydrogenase type B) mutation, Hypertension.

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A SINGLE-CENTER STUDY ON NEPHRON SPARING SURGERY FOR UNILATERAL WILM'S TUMOR

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Objective: To explore the indications, safety, and value of nephron sparing surgery (NSS) in the treatment of unilateral Wilm's tumor (UWT).

Method: Children's Hospital Zhejiang University School of Medicine started the study on the feasibility of the application of NSS in UWT in January 2020. The inclusion criteria for NSS surgery are: 1) unilateral Wilm's tumor; 2) If there is biopsy pathology, the pathological type is favorable histopathological (FH); 3) Unipolar lesion; 4) There is a boundary between tumors and normal renal parenchyma; 5) There is no tumor surrounding the renal portal vessels and no tumor thrombus in the renal veins; 6) The tumor did not break through the renal capsule. From January 2020 to September 2023, a total of 10 pediatric patients were enrolled, and their demographic characteristics, imaging and pathological features, perioperative complications, renal function changes, and treatment prognosis were statistically analyzed.

Result: The majority of enrolled children in this study were female (8/10), with a median age of initial diagnosis of 33.5 months (10 months to 76 months). According to NWTS-5 staging, all patients were in stages I-III(stage III patients were all increased due to biopsy staging), and most of them had a single lesion. All postoperative pathological changes in the patients were non anaplastic and had negative margins. No serious complications such as urinary leakage or loss of vital organs were found after surgery; Some patients may have abnormal urine routine or mild renal function after surgery, but they gradually recover to the normal range during follow-up. One patient was found to have lung metastases during postoperative follow-up, and was treated with enhanced chemotherapy followed by surgical resection of the metastases and concurrent radiotherapy. Currently, he's in a state of complete relief. There is no residual or recurrent of the tumor in the surgical area or distant metastasis was found in the remaining patients. As of the last follow-up (from 1 to 42 months), all patients survived well.

Conclusion: The application of NSS is safe and feasible in children with unilateral Wilm's tumor who meet specific conditions.

Keywords: unilateral Wilm's tumor, nephron sparing surgery

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OVARIAN GRANULOSA CELL TUMORS IN PREPUBERTAL GIRLS: A RETROSPECTIVE COHORT ANALYSIS

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Aim: The objectives of the study were to analyze the demographic characteristics, presenting complaints, timeliness of diagnosis, treatments received, and prognosis of all prepubertal girls diagnosed with ovarian granulosa cell tumors (OGCT) who were managed in our center.

Method and Analysis: We conducted a retrospective cohort analysis of all prepubertal girls pathologically diagnosed with OGCT in Children's Hospital Zhejiang University School of Medicine, Hangzhou, China, between 2019 and 2025. Data were collected by reviewing patients' medical notes.

Results: A total of seven prepubertal girls, aged 1.8 to 6.7 years, were diagnosed with ovarian granulosa cell tumors (OGCT) between 2019 and 2025. Four patients presented with premature thelarche, one with excessive upper lip hair and elevated serum testosterone, two with abdominal pain, and one with constipation. Among those with abdominal symptoms, the duration of illness ranged from 10 hours to 11 days. Anti-Müllerian hormone (AMH) levels were markedly elevated in four patients, while one had a normal level, the rest two didn't have the test. No cases of distant metastasis were identified. One patient experienced ovarian rupture prior to surgery and was classified as FIGO stage III; the remaining six were classified as stage I.

All patients except one underwent adnexectomy. The exception was a 1.8-year-old girl with a 2.8 cm ovarian tumor, who underwent laparoscopic ovarian tumor resection. All tumors were confirmed as juvenile granulosa cell type on histopathology. Two patients experienced recurrence and subsequently died. One had preoperative ovarian rupture and the other presented with ovarian torsion lasting 11 days. The remaining five patients are under regular follow-up, with no signs of recurrence to date.

Conclusion: Juvenile granulosa cell tumor is the predominant pathological type of ovarian OGCT in prepubertal girls. Most patients present with precocious puberty or abdominal pain, and the majority are diagnosed at stage I with a favorable prognosis. Fertility-preserving surgery, particularly adnexectomy, is a feasible and commonly recommended option in early-stage disease. In contrast, patients with disease beyond stage I tend to have a poorer prognosis, and the decision to preserve fertility should be approached with caution, carefully weighing oncologic safety against future reproductive potential. Even in stage I, if the ovarian torsion and necrosis have lasted for a long time, the possibility of recurrence should be guarded against, and the postoperative management plan may need to be changed.

Keywords: prepuberty, ovarian tumor, granulosa cell tumor, clinical characteristics, Retrospective Review, prognosis, PAG, pediatric and adolescent gynecology

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COMPARISON OF THE EFFICACY AND RECURRENCE RATE OF LASER PHOTOCOAGULATION METHODS WITH ND:YAG LASER 1064 NM FOR LOBULAR CAPILLARY HEMANGIOMA OF THE SKIN IN CHILDREN

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Background: Lobular capillary hemangioma (LCH) is an acquired benign vascular tumor that causes suffering to the child and whose treatment is often associated with recurrences.

Objective: To compare the efficacy and recurrence rate of laser photocoagulation methods with Nd:YAG laser 1064 nm for lobular capillary hemangioma of the skin in children.

Methods: A retrospective analysis of the results of LCH in skin treatment in children was conducted in the Children's Republican Clinical Hospital, Kazan, Russia between 2007 and 2024. Two Nd:YAG 1064 nm laser coagulation methods were compared. The first method involved photocoagulation of the exophytic mass using 30 ms pulses with an energy density of 120–130 J/cm². The second method included an additional step of non-contact exposure of the feeding vessels following exophytic mass removal, according to a patented technique (RU patent no. 2814754).

Results: During the specified period, 255 LCH photodestruction procedures were performed: 144 using Method 1 and 111 using Method 2. The average LCH diameter was 5.5±0.9 mm. The mean patient age was 41.2±13.6 months (range: 0 to 111 months). Over a 6 month follow-up period, 9 recurrences were recorded in Group 1, with there no recurrences in Group 2.

Conclusions: A two-stage method of LCH laser photocoagulation, performed according to a patented technique and involving photodestruction of the exophytic component followed by coagulation of the feeding vessels at its base, ensures radical removal of all vascular structures, including basal vessels. The results of the research demonstrate a statistically significant advantage of this method compared to single-stage photocoagulation.

Keywords: Lobular capillary hemangioma, LCH, Nd:YAG laser, photocoagulation.

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EPIDEMIOLOGICAL TRENDS IN PEDIATRIC RENAL TUMORS: A COMPARATIVE REVIEW OF TWO CENTERS IN DIFFERING ECONOMIC SETTINGS

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Purpose: Pediatric renal tumors remain a significant cause of morbidity and mortality worldwide. Management strategies vary across international oncology groups, often influenced by available resources. This study aimed to compare the epidemiology, management protocols, and outcomes of pediatric renal tumors at two institutions—one in a low- to middle-income country (LMIC) and the other in a high-income country (HIC)—to identify key differences and potential areas for global improvement.

Methods: A retrospective review was conducted of pediatric patients diagnosed with renal tumors over the past 10 years at two tertiary centers. Data collected included tumor type, stage at presentation, treatment protocols used, and outcomes. Comparisons were drawn between the two settings with respect to clinical characteristics and resource availability.

Results: Wilms tumor was the most common renal tumor at both institutions. Patients at the LMIC center more frequently presented with advanced-stage disease, likely due to delayed access to healthcare services. The LMIC site utilized the SIOP protocol, while the HIC followed COG guidelines. Mortality was higher in the LMIC cohort but remained within internationally reported ranges. Genetic testing was more routinely employed in the HIC, providing insights into associated mutations and risk stratification.

Conclusion: This comparative review underscores the disparities in presentation and outcomes of pediatric renal tumors between LMIC and HIC settings. Delayed access to care in LMICs contributes to more advanced disease at diagnosis and poorer outcomes. Enhanced healthcare infrastructure, early detection strategies, and equitable access to diagnostic and treatment modalities are essential to improve global outcomes. Bridging this gap is critical to ensuring that children receive optimal care, regardless of geographic or economic context.

Keywords: Pediatric renal tumors, Wilms tumor, Global health disparities, LMIC, Oncology protocols, Childhood cancer outcomes

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BILIARY ATRESIA IN SUDANESE INFANTS: A MULTICENTRE RETROSPECTIVE STUDY OF CLINICAL PRESENTATION, SURGICAL MANAGEMENT, AND SHORT-TERM OUTCOMES

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Purpose:

Biliary atresia is a progressive cholangiopathy and the leading indication for pediatric liver transplantation. In resource-limited settings, delayed diagnosis and limited surgical access adversely affect outcomes. This study describes the clinical presentation, management, and short-term outcomes of infants with biliary atresia in Sudan.

Methods:

A retrospective descriptive cross-sectional study was conducted across six major pediatric surgery centers in Sudan, including infants diagnosed between January 2019 and March 2024. Clinical, laboratory, imaging, operative, and outcome data were analyzed.

Results:

Eighty-four infants were included; 48 (57.1%) were male, and 44 (52.4%) were referred before 90 days of age. All presented with prolonged jaundice, acholic stools, and dark urine. In 60.7%, jaundice began in the first week of life. Diagnosis was confirmed by imaging, liver biopsy, and intraoperative cholangiography. Kasai portoenterostomy was performed in 73 infants (86.9%); 11 (13.1%) had advanced disease precluding surgery. Postoperative complications occurred in 48.8%, most commonly wound infection (21.4%) and anastomotic leak (9.5%). At discharge, 72.6% passed pigmented stools. At six months, 35.7% had favorable outcomes; mortality was 50.0%. Only 3.6% accessed liver transplantation abroad.

Conclusion:

Delayed presentation and limited transplant access compromise outcomes. Early diagnosis and improved surgical and transplant access are vital.

Keywords: Biliary atresia, Resource-limited settings, Kasai portoenterostomy, Children

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CYSTIC BILIARY ATRESIA: LESSONS LEARNED AT A HIGH-VOLUME CENTER IN BOGOTA, COLOMBIA

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Objectives: The cystic variant of biliary atresia (CBA) accounts for 5% to 10% of all cases. Although traditionally considered a condition with a more favorable prognosis, outcomes depend on the patient's age at the time of surgical diversion. This study aims to characterise outcomes of CBA patients at a high-volume center in our country.

Materials and methods: We conducted a retrospective observational study and case series report of patients diagnosed with cystic biliary atresia between 2020 and 2024 at Fundación Cardioinfantil (Bogotá, Colombia). Demographic, clinical, and therapeutic variables were assessed, along with patient outcomes. Disease progression was analysed on a case-by-case basis.

Results: A total of five female patients were included. In addition to jaundice and acholic stools, initial presentations involved biliary ascites and a presumed retroperitoneal neoplasm with abdominal compartment syndrome. The mean TB at admission was 6.03 mg/dL (SD 2.06 mg/dL), while the mean DB was 3.33 mg/dL (SD 1.68 mg/dL). The average cyst diameter was 28 mm (SD 11.1). The median age at KPE was 29 days (14-67 days). Jaundice clearance was achieved within six months. No patients required liver transplantation or died during follow-up.

Conclusions: This report is the first case series describing the management of cystic biliary atresia in Colombia. Our findings highlight the challenges of managing rare diseases in resource-limited settings. We conclude that the presence of a hepatic hilar cyst in a jaundiced newborn should be presumed to be CBA until proven otherwise.

Keywords: Biliary atresia, cystic biliary atresia, Kasai portoenterostomy, Colombia

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UNEXPLAINED CHRONIC DESATURATION IN CHILDREN: SHOULD WE LOOK BEYOND THE CHEST?

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Purpose: Hypoxemia is defined as a deficiency of oxygen in the blood, most commonly caused by pulmonary or cardiac disease, or anemia. We report our cases of patients with chronic hypoxemia secondary to congenital extrahepatic portosystemic shunt, also known as Abernethy syndrome. This study aimed to investigate congenital extrahepatic portosystemic shunt as an underlying cause of chronic hypoxemia.

Methods: We conducted a retrospective study of patients diagnosed with congenital extrahepatic portosystemic shunt, between 2016 and 2025, in our department.

Results: All three patients were female, with a mean age of 3 years. Clinical presentation was similar across cases, marked by cyanosis of the lips and fingers, digital clubbing, and exercise intolerance. One patient required continuous oxygen therapy. The first case involved an Abernethy malformation type Ib, in which the superior mesenteric vein and splenic vein joined to form a short extrahepatic portal vein draining into the inferior vena cava (IVC). The second case also showed a type Ib malformation, with a portosystemic shunt between the splenomesenteric trunk and the left renal vein, with no visible portal trunk. The third case had a type Ib malformation with a communication between the right superior renal vein and the splenic vein via an extrahepatic shunt. The portal trunk and IVC were patent. All three patients underwent surgical treatment consisting of ligation of the shunt. Postoperative outcomes were uneventful. The patient who had been oxygen-dependent was successfully weaned off oxygen therapy one month after surgery. Anticoagulant therapy was administered intravenously for one month, followed by oral anticoagulation.

Conclusion: Congenital portosystemic shunts are rare anomalies with poorly defined anatomy. In the context of unexplained chronic hypoxemia, clinical evaluation should always be complemented by detailed radiological investigations to assess potential abdominal vascular anomalies.

Keywords: Congenital portosystemic shunt, Abernethy syndrome, Chronic hypoxemia, Pediatric cyanosis,

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POSTOPERATIVE COMPLICATIONS IN PEDIATRIC PANCREATIC SURGERY: WHAT WE LEARNED IN A DECADE

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Introduction: Pancreatic surgery in pediatric population is rare and technically demanding, with limited data on indications, surgical techniques, and outcomes. This study presents a ten-year, single-center experience to describe the indications, procedures and postoperative outcomes of pancreatic surgery in children.

Methods: A retrospective review was conducted in patients who underwent pancreatic surgery by the same pediatric surgeons over the past decade. Data collected included demographics, surgical indications, operative details, pathological findings and outcomes.

Results: A total of 23 patients (12 males, 11 females) with the median age of 12 years underwent pancreatic surgery. Indications were pancreatic tumors (n=15), chronic pancreatitis (n=3), nesidioblastosis/hyperinsulinism (n=3), and metastatic/infiltrative tumors (n=2). Procedures performed were subtotal or distal pancreatectomy (n=17), Whipple procedure (n=3), and pancreaticojejunostomy (n=3). Splenectomy was performed in two patients—one with hereditary pancreatitis and peripancreatic inflammation obscuring splenic vessels, and one with desmoid fibromatosis involving pancreatic tail and splenic hilum. All patients had surgical drains with a median duration of 10 (7–13) days. Postoperative complications occurred in 17 patients, including pancreatic leak (n=8), wound infection (n=5), intra-abdominal collections (n=2), intestinal perforation (n=1), and ileus (n=1). Octreotide infusion was administered to all patients with pancreatic leaks. One patient with a persistent leak underwent endoscopic pancreatic duct stenting. Percutaneous drainage was used in two patients, and re-laparotomy was performed in two cases with intestinal obstruction. Median time to enteral feeding was 5 (2–6) days, and median hospital stay was 16 (10–21) days. The most common pathology was solid pseudopapillary tumor (n=11), followed by chronic pancreatitis and nesidioblastosis.

Conclusion: The high incidence of postoperative complications following pediatric pancreatic surgery highlights the need for specialized, multidisciplinary care. Optimal outcomes can only be achieved when these complex procedures are carried out in expert centers equipped to manage both the surgery and its potential sequelae.

Keywords: Pediatric pancreatic surgery, Solid pseudopapillary tumor, Subtotal pancreatectomy, Whipple procedure, Pancreaticojejunostomy, Postoperative complications

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DIAGNOSTIC ACCURACY OF ULTRASOUND AND TRANSIENT ELASTOGRAPHY IN BILIARY ATRESIA AMONG INFANTS WITH NEONATAL CHOLESTASIS

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Purpose: To evaluate the efficacy of abdominal ultrasound (US) and transient elastography (TE) in early diagnosis of presumed biliary atresia (BA) among infants presenting with neonatal cholestasis.

Methods: This retrospective single-center study involved 157 infants with neonatal cholestasis admitted to the Republican Specialized Scientific-Practical Medical Center of Pediatrics (RSSPMCP) in Tashkent between 2013 and 2023. Initial evaluations were partly conducted at two regional centers, followed by detailed diagnostics at RSSPMCP. The diagnostic algorithm included abdominal ultrasound, transient elastography, and selective hepatobiliary scintigraphy. BA was surgically confirmed via intraoperative cholangiography or liver biopsy in 43 cases, while 88 were classified as presumed BA based on clinical presentation, ultrasound, and elastography findings. Non-BA cases were differentiated through clinical, laboratory, imaging, and genetic investigations when indicated.

Results: Presumed BA was identified in 131 (83.4%) infants, with 43 cases confirmed surgically. Ultrasound criteria indicative of BA included the triangular cord sign (38.3%) and gallbladder abnormalities (65.5%). A normal gallbladder was present in 35.8% of presumed BA cases, indicating limited sensitivity of US alone. TE showed significantly increased liver stiffness in presumed BA cases (21.05±1.9 kPa) compared to non-BA (17.22±3.65 kPa; $p<0.05$), especially in patients older than 90 days. Hepatobiliary scintigraphy performed selectively in six cases confirmed absence of intestinal excretion in all BA cases, with two false positives in non-BA conditions.

Conclusion: Combined use of abdominal ultrasound and transient elastography significantly improves early non-invasive diagnosis of presumed BA, aiding timely surgical decision-making in infants with neonatal cholestasis.

Keywords: biliary atresia, neonatal cholestasis, ultrasound, transient elastography, diagnosis

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BILE LAKE POST FOLLOWING KASAI PORTOENTEROSTOMY IN BILIARY ATRESIA (BA): CLINICAL COURSE AND CLINICAL IMPLICATIONS

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Bile lake (BL) is considered as a complication with a poor prognosis in that it can be a source of recurrent cholangitis due to bile stasis. To date, the impact of BL on the course of biliary atresia (BA) is limited to evidence from each study group, and only the significance of bile lake with cholangitis is known. Therefore, in this presentation, we will retrospectively review the clinical course of children operated for BA at our center and share our experience on the impact of bile lake on the clinical course of BA.

We retrospectively reviewed medical records of 133 patients who underwent operation on BA between 1992 and 2002 in Asan Medical Center.

BL were identified in 59 patients, and more than half of them were identified in the left liver (n=28). Of these, 37 patients were treated for cholangitis associated with BL. All were treated with antibiotics except for 2 patients who underwent hepatectomy, 1 patient who underwent PTBD insertion, and 1 patient who underwent revision after HJ at first surgery. Seven of the patients did not progress to Kasai failure because the BL disappeared after treatment. However, six of these patients were found to have progressed to LC. In 29 patients, the BL persisted or worsened despite treatment, and 10 of these patients underwent LT. Of the 74 patients without a bile lake, 53 were found to have cholangitis, and 24 underwent LT.

We found that BLs were not directly associated with cholangitis (p=0.545) and BL with cholangitis was not directly associated with liver transplantation (p=0.730). It may be due to the presence of a group of patients with rapidly progressive LC without BL who underwent transplantation and advances in medical management, including antibiotics.

Keywords: bile lake, biliary atresia, cholangitis, liver transplantation, Kasai operation

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CHYLOUSASCITIS-UNUSUAL COMPLICATION IN CASES OF EHPVO AFTER SHUNT SURGERY: A SINGLE CENTRE EXPERIENCE

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Introduction: Chylous ascites (CA) is a rare postoperative complication. The accumulation of chylous fluid in the abdominal cavity is an infrequent yet alarming complication in abdominal surgery. Excessive lymphatic leakage is ocassionally encountered in the course of operation at the base of mesentery or retroperitoneum. This study aims to evaluate the incidence and risk factors of CA following shunt surgery in cases of Extrahepatic portal venous obstruction (EHPVO).

Materials and methods: Electronic medical records of the patients underwent shunt surgery for various indications in EHPVO were reviewed retrospectively from January 2019 to March 2024. Demographic data, radiological data, operative notes and postoperative management reviewed retrospectively. The diagnosis of CA was based on the presence of a non-infectious milky or creamy peritoneal fluid greater than 100 ml/day with a triglyceride concentration ≥110 mg/dl.

Results: 64 patients were operated for EHPVO in a single unit during the study period. Total of 14 patients (21.8 %) with mean age of 11.8 years (9 males and 5 females), developed ascites needing abdominal drain for prolonged period (mean-16.6 days). Out of which, 5 patients (7.8 %) had CA on clinical and biochemical evaluation. It is more common in the patients with raised portal pressure (mean-46.6 cm H_2O), after intrapancreatic splenic vein dissection (for small splenic vein), pericholedochal cholangiopathy, large retroperitoneal or perisplenic collateralls dissection.All the patients were treated conservatively for ascites with peritoneal drainage, medium chain triglyceride diet (MCT), octeriotide infusion and TPN administration. All the patients are on regular follow up and are doing well.

Conclusion: Chylous ascites is a rare and unusual complication following Shunt surgery. The risk is mainly predicted by the extent of dissection and surgery. CA may cause significant morbidity and prolong length of hospital stay. Conservative treatment with peritoneal drainage, MCT based diet modification, Octeriotide infusion intend to reduce the flow of lymph is recommended to avoid complications.

Keywords: Shunt, portal pressure, chyle

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AN EFFECTIVE ALTERNATIVE FOR ABDOMINAL WALL CLOSURE FOLLOWING LIVER TRANSPLANTATION: ADAPTING AN ADULT SURGICAL TECHNIQUE TO A PEDIATRIC POPULATION

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Introduction

Abdominal wall closure following pediatric liver transplantation can represent a significant surgical challenge, often due to the size mismatch between the graft and the recipient. In such cases, prosthetic materials may be required to achieve a tension-free closure. We present our experience using the “sublay” technique, a method commonly applied in adult surgery but infrequently reported in pediatric patients, for abdominal wall reconstruction.

Materials and Methods

A retrospective review was conducted of pediatric patients who underwent liver transplantation and subsequent abdominal wall closure using the “sublay” technique with a resorbable monofilament poly-4-hydroxybutyrate (P4HB) mesh between 2017 and 2024. Demographic variables, time from transplantation to definitive closure, duration of follow-up and postoperative complications associated with the technique were analyzed.

Results

Of the total 65 transplanted patients, 15 underwent abdominal wall closure using the sublay technique. Of these, 74% were female, with a mean age of 36 months ± 37.44 SD (range: 5–132 months). The average time to definitive closure was 12 days ± 14.75 SD (range: 3–41 days), and the mean follow-up period was 60 months ± 30.89 SD (range: 6–130 months). Seven of the 15 patients received primary closure using the sublay technique without complications. The remaining eight initially underwent primary closure with conventional methods but developed incisional hernias during follow-up. These patients were subsequently reoperated using the sublay technique, with no postoperative complications or hernia recurrence observed.

Conclusions

The sublay technique using resorbable mesh provides favorable long-term outcomes and may represent a safe and effective alternative for abdominal wall closure following liver transplantation. Moreover, it may be a valuable strategy in other complex surgical scenarios where spatial constraints pose a challenge for primary closure.

Keywords: Abdominal wall clousure, Pediatric liver transplantation, Reabsorbable mesh, Abdominal wall reconstruction.

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MASS SPECTROMETRY TO ASSESS MULTI-PLATFORM BIOMARKERS OF LIVER FIBROSIS IN BILIARY ATRESIA: A SYSTEMATIC REVIEW

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Purpose: Biliary Atresia (BA) is a dreadful disease with an unpredictable outcome. Various biomarkers have been investigated to predict the prognosis in BA. Recent advances in high-throughput mass spectrometry (MS) have enabled detailed profiling of circulating and excretory biomarkers, offering a non-invasive window into hepatic fibrogenesis. This study synthesizes evidence on the application of MS —particularly liquid chromatography–tandem MS (LC-MS/MS) and data-independent acquisition MS (DIA-MS)—in assessing fibrosis severity and prognosis in BA.

Method: A PubMed search done on 18 June 2025, using search words “biliary atresia mass spectroscopy liver fibrosis”, yielded 9 articles. The manuscripts were studied to explore the transformative role of MS in understanding and diagnosing liver fibrosis in biliary atresia and patient care.

Results: LC-MS/MS-based bile acid profiling revealed significantly elevated total and conjugated bile acids in patients with portal hypertension and progressive disease following KPE. Serum levels of fibroblast growth factor 19 (FGF19), quantified alongside bile acids, were reported as a strong predictor of liver fibrosis and transplant-free survival, with FGF19 >109 pg/mL associated with a hazard ratio of 4.31 for poor outcomes. Additionally, reduced levels of 7α-hydroxy-4-cholesten-3-one (C4), a surrogate marker of bile acid synthesis, correlated with advanced fibrosis, suggesting suppressed hepatic bile acid production. Fecal proteomic studies using DIA-MS identified over 100 proteins differentially expressed in BA versus non-BA controls, providing a stool-based diagnostic signature with high discriminatory power (AUC >0.90). Urinary bile acid screening via tandem mass spectrometry has been effective in detecting inborn errors of bile acid synthesis, though overlap with BA necessitates confirmatory testing. Targeted metabolomic approaches further differentiated BA from neonatal hepatitis syndrome using plasma biomarkers such as N-acetyl-D-mannosamine. lncRNA MEG9 was shown to enhance cholangiocyte inflammatory signaling via S100A9 interaction, while ^13C-phenylalanine breath testing correlated well with fibrosis grades. Integration of microbiome sequencing with MS-derived bile acid profiles uncovered dysbiosis in patients with cholangitis post-Kasai portoenterostomy.

Conclusion: MS has revolutionized biomarker discovery, enabling multi-platform, high-resolution profiling of bile acids, metabolites, and proteins, facilitating early diagnosis, monitoring, and mechanistic understanding of fibrosis in BA. These tools offer substantial promise for clinical translation and personalized patient care.

Keywords: Mass Spectrometry, Biomarker, prognosis, biliary atresia

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CHOLEDOCHOLITHIASIS IN CHILDREN: EVALUATING THE EFFICACY OF EXPECTANT STRATEGIES

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Introduction:

Choledocholithiasis, the presence of gallstones in the common bile duct (CBD), is a rare yet serious condition in pediatric patients. The optimal management strategy is still a subject of debate. Our purpose is to examine the natural history of choledocholithiasis in children in an attempt to provide guidelines for its management.

Methods:

This retrospective study reviewed the medical records of all children diagnosed with choledocholithiasis from 2003 to 2023. Data collected included patient demographics, clinical presentation, diagnostic methods, management approaches, postoperative outcomes. Patients were categorized into those managed conservatively and those undergoing ERCP. Outcomes were assessed based on symptom resolution, complication rates, and recurrence during follow-up.

Results:

A total of 12 children with choledocholithiasis were identified, with a mean age of 8.9 ± 1.6 years. Clinical presentations included abdominal pain in 91.7%, obstructive jaundice in 75%, and fever in 58.3%. Seven patients (58.3%) were diagnosed with choledocholithiasis as a distinct entity, with 5 of these (71.4%) presenting with acute pancreatitis, which was the primary clinical manifestation leading to further investigation. The remaining 46.7% of cases corresponded to retained CBD stones in patients previously cholecystectomized. Management strategies included conservative treatment in 11 patients (91.7%), which involved close monitoring and supportive care, and combined ERCP in one patient. Among those managed conservatively, 10 children (91%) achieved spontaneous resolution of symptoms and demonstrated sonographic resolution within 1 week without the need for invasive procedures. No recurrences of choledocholithiasis were observed in either group during the follow-up period of 24 months.

Conclusion:

Our findings suggest that the natural history of choledocholithiasis in children may support expectant management strategies as there is a high likelihood of spontaneous passage of stones through the papilla and subsequent resolution of symptoms without the need for invasive procedures.

Keywords: Choledocholithiasis, Pediatric patients, Common bile duct stones, Endoscopic retrograde cholangiopancreatography (ERCP)

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TREATMENT OPTIONS AND SURGICAL MANAGEMENT OF NON-PARASITIC SPLEEN CYSTS IN CHILDREN: A SINGLE-CENTRE EXPERIENCE

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Aim: Splenic cysts are rare lesions in the pediatric population. These cysts are mostly incidental and rarely symptomatic. The aim of this study is to share our clinical experience regarding the follow-up and treatment strategies for patients diagnosed with non-parasitic splenic cysts (NPSCs).

Methods: In our study, the records of patients who visited the pediatric surgery outpatient clinic due to NDK between 2019 and 2025 were retrospectively evaluated. The patients' demographic data, symptoms, follow-up periods, radiological findings, surgical methods, complications, and pathology results were recorded. Patients were divided into two groups: those who were followed up (Group 1) and those who underwent surgery (Group 2).

Results: A total of 70 patients were included in the study, of whom 51.5% were female. The mean age was 9 years (range: 1–17 years). Group 2 comprised 17.1% of the patients. It was found that 92.8% of the cysts were detected incidentally. The mean cyst size on ultrasonography was 2.1 cm in Group 1 and 7.9 cm in Group 2. The mean follow-up duration in Group 1 was 9.5 months. In Group 2, the surgical procedures performed were aspiration/cyst wall excision (n=5), partial splenectomy (n=5), and total splenectomy (n=2). All patients who underwent aspiration or cyst wall excision experienced recurrence and subsequently underwent partial splenectomy in a second session. Histopathological examination revealed that 75% of the cases were consistent with epithelial cysts.

Conclusion: Due to the immune functions and hematological roles of the spleen, the most important goal in surgical interventions is to preserve the spleen as much as possible. Therefore, partial splenectomy should be preferred in the surgical treatment of NDK to preserve the function of the spleen and prevent recurrence.

Keywords: Non-parasitic splenic cyst, child, partial splenectomy, epithelial cyst, spleen conserving surgery

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RECURRENT HEPATIC ECHINOCOCCOSIS IN CHILDREN

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Surgical management is the basic treatment for hydatid disease. Over-all, the recurrence rate appears to be high (4.6%–22.0%).

The purpose of this study was to report our results in the management of recurrent hydatid disease, evaluating the methods for identifying recurrence, prognostic factors and therapeutic options.

Methods: We retrospectively reviewed the medical records of patients who underwent surgery for cystic hydatidosis between 1990 and 2024.The type of cysts, localization, multiplicity and preoperative complications were analyzed, as well as the surgical intervention for hydatidosis, the solicidal agents used for treatment of the residual cavity and postoperative chemotherapy.

Results: Of the 584 children who underwent surgery during our study period, follow-up was complete for 484 (82.8%). Cysts recurred in 51 patients (8.7%). Abdominal ultrasonography. Computed tomography and MRI appeared to be efficient for diagnosing recurrence. The 2 most important determinants for recurrence were minute spillage of the hydatid cyst and inadequate treatment owing to missing cysts or incomplete pericystectomy. All recurrences required surgery. There were 14 postoperative complications for a rate of 27.0%. Two factors predict the CE recurrence: incomplete removal of the daughter cyst particularly in long-standing cysts and spillage of the cyst's contents. This meta-objective analysis is to assess the likelihood of cystic echinococcosis recurrence following remission of the liver infection at the primary site as well as the recurrence risk variables.

Conclusion: Avoidance of minute spillage of cyst contents and cautious removal of the parasite with as much of the pericyst as possible are fundamental objectives of primary hydatid surgery. Conservative surgery (removal of the cyst contents plus partial precystectomy with drainage when necessary) plus chemotherapy and local sterilization is suggested for both primary and secondary operations and appears to achieve satisfactory long-term results. Radical surgery (resection, cystopericystectomy) is preferred only in select patients.

Keywords: Echinococcosis, children, recurrences,

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ROBOTIC-ASSISTED CHOLECYSTECTOMY IN CHILDREN

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Purpose. Cholecystectomy is one of the most common surgical procedures performed in a minimally invasive way. The present study demonstrates the first experience of performing robot-assisted cholecystectomy in children with gallstone disease and analyzes their results.

Method. The study presents retrospective data on 12 patients with cholelithiasis operated on using robot-assisted technology at the Irkutsk State Regional Children's Clinical Hospital. Robot-assisted gallbladder removal procedures were performed using the new Versius robot model manufactured by CMR (Cambridge Medical Robotics, UK) using 4 ports.

Results. The mean age of patients at the time of surgery was 16,5±0,5 years (median – 17,0 [16,0; 17,0] years). The mean weight of patients at the time of surgery was 71,0±20,0 kg (median – 62,0 [55,0; 89,0] kg). The duration of the operation was 64,2±13,6 min (median – 68,0 [61,0; 70,0] min). During the surgical intervention, there were no complications in the form of bleeding from the cystic artery or damage to the common bile or right bile ducts. The duration of stay of patients in the intensive care unit was 17,6±3,1 hour (median – 18,0 [17,0; 20,0] hours). Duration of hospitalization was 26,0±3,6days (median – 5,0 [4,0; 6,0] days). Throughout the observation period, patients did not complain of discomfort and pain in the area of the upper floors of the abdominal cavity. According to the ultrasound examination performed 1, 3 and 6 months after the operation, there were no signs of expansion of the external and internal bile ducts.

Conclusion. Robotic cholecystectomy is a reproducible minimally invasive technique in children. It is well accepted by patients and their parents as a safe and cosmetically beneficial surgical procedure. Further research is needed to determine the potential benefit of using this approach in pediatric surgery.

Keywords: robot-assisted surgery, cholecystectomy, children

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PNEUMOVESICOSCOPIC VERSUS ROBOT-ASSISTED URETERAL REIMPLANTATION IN CHILDREN WITH PRIMARY OBSTRUCTIVE MEGAURETER: AN AGE-STRATIFIED COMPARATIVE STUDY

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Objective: To compare perioperative outcomes of Pneumovesicoscopic Politano-Leadbetter (PL) versus Robot-Assisted Laparoscopic Lich-Gregoir (RALG) in pediatric primary obstructive megaureter (POM) through age-stratified analysis.

Methods: This retrospective study analyzed 68 POM children (2020-2024), stratified into <2 years (PL, n=10; RALG, n=25) and ≥2 years (PL, n=14; RALG, n=19). Outcomes included demographics, preoperative hydronephrosis/ureteral dilation metrics, postoperative drainage duration, hospitalization length, double-J stent duration, Clavien-Dindo complications, recurrence, and symptom resolution.

Results: In the <2-year-old group: RALG significantly shortened hospitalization vs PL (median 8.0 [IQR 7.0–10.0] vs 10.5 [8.0–14.75] days; P=0.015) and required more ureteral tailoring (88.0% vs 55.6%; P<0.001). No significant differences in operative time, complication grade, or recurrence rate. In the ≥2-year-old group: PL reduced double-J stent duration vs RALG (34.5 [30.25–40.75] vs 49.0 [43.0–56.0] days; P=0.002) and had lower drainage tube utilization (14.3% vs 100%; P<0.001). Hospitalization, operative time, complications, and 6-month resolution rates were comparable. Cox regression identified age <2 years as a predictor for delayed symptom resolution (HR=0.525; P=0.023), supported by Kaplan-Meier analysis (P<0.05).

Conclusion: RALG reduces hospitalization for children <2 years, while PL decreases double-J stent duration and drainage requirements for those ≥2 years. Younger age is an independent predictor of delayed postoperative resolution, supporting age-specific surgical selection. This study supports an age-based individualized surgical approach for obstructive megaureter patients, while long-term efficacy comparisons require larger cohorts and extended follow-up.

Keywords: Robot-assisted laparoscopy, Pneumovesicoscopy, Age factors, Primary obstructive megaureter, Treatment outcome.

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TESTICULAR ATROPHY AFTER LAPAROSCOPIC ORCHIOPEXY: IS SURGICAL STRATEGY THE KEY FACTOR?

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Aim:

Cryptorchidism is a common congenital anomaly of the male genital tract, with true non-palpable testes (NPTs) accounting for approximately 30% of cases. Although surgery is a standard treatment, there is no universally accepted technique. This study aims to compare the risk of testicular atrophy between one-stage (1S) and two-stage laparoscopic (2S) orchiopexy.

Material and Methods:

We retrospectively reviewed 42 NPTs that remained non-palpable under anesthesia and were managed with either 1S or 2S laparoscopic orchiopexy. Atrophy was defined based on clinical follow-up and confirmed histologically when orchiectomy was required.

Results:

Thirty-nine patients were included, 31 with unilateral and 8 with bilateral NPTs. Among the bilateral cases, three underwent laparoscopic surgery on both sides. Of the 42 testes, 23 were left-sided. Ultrasound was performed in 34 cases; 15 testes were not visualized. Among the visible ones, 57.9% were in the inguinal canal.

Laparoscopic 1S orchiopexy was performed on 22 testes, with two cases of atrophy (9.1%). Among the 20 testes treated with 2S orchiopexy, three became atrophic (15.0%). The difference was not statistically significant ($p = 0.554$). No significant association was found between the surgical technique and intraoperative testicular location ($p = 0.118$).

Neither the presence of a non-palpable testis at birth, nor its unilateral or bilateral presentation, showed a statistically significant association with atrophy. However, smaller or non-visualized testes on ultrasound were linked to higher recurrence ($p = 0.0127$), and more proximal ultrasound locations correlated with smaller intraoperative testicular size ($p = 0.0504$).

Atrophy was diagnosed after an average of 35 months; four cases required reoperation, confirming complete atrophy and severe hypospermatogenesis histologically.

Conclusions:

While the type of surgical technique was not significantly associated with testicular atrophy, ultrasound parameters such as testicular size and location were correlated with relevant surgical outcomes such as cryptorchidism recurrence and intraoperative testicular dimensions.

Keywords: cryptorchidism, laparoscopy technique, atrophy, ultrasound

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A NEW STRATEGY FOR ROBOTIC-ASSISTED LICH-GREGOIR URETERAL REIMPLANTATION BASED ON THE PROTECTION OF FEMALE FUTURE FERTILITY

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Objective: In the treatment of female children with bilateral vesicoureteral reflux, ureteral diameters all less than 1 centimeter, and no ureteroplasty, laparoscopic (robot-assisted) Lich-Gregoir surgery is a common surgical method. To protect potential female fertility, a new treatment strategy was implemented during laparoscopic (robot-assisted) Lich-Gregoir surgery, and its feasibility and effectiveness were explored.

Methods: From August 2022 to February 2025, 22 female children with bilateral primary vesicoureteral reflux of grade 3-5, with bilateral ureteral diameters less than 1 centimeter, and meeting the surgical indications were diagnosed. The ureter was transected at the vesicoureteral junction, transferred above the uterine artery and then anastomosed with the bladder mucosa. The follow-up period was 6 to 26 months. And 18 cases of VCUG were reexamined 6 months after the operation.

Result: The average operation time was 162 minutes and the average blood loss was 5ml. The average indwelling time for abdominal drainage after the operation was 2.5 days, and the average postoperative hospital stay was 6.5 days. No painkillers were used after the operation. No complications such as long-term urinary extravasation, incision infection, and anastomotic stenosis were observed. Postoperative B-ultrasound indicated that hydronephrosis and ureteral dilation did not increase significantly compared with those before the operation. Among the 18 children who underwent re-examination of VCUG, it was shown that vesicoureteral reflux improved in 16 children.

Conclusion: In female children with bilateral vesicoureteral reflux who do not require ureteral resection, taking advantage of the precise anatomy of robots, compared with the previous surgical method of direct extravesical reimplantation, the new strategy of Lich-Gregoir surgery, which transects the ureter and places it above the uterine artery, can effectively protect the bilateral uterine arteries from embedding, pulling, and angulation. Maximize the protection of women's future fertility.

Keywords: vesicoureteral reflux, bilateral , ureteral reimplantation, Robotic, strategy

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ANALYSIS OF COMPLICATIONS IN PEDIATRIC UROLOGY ROBOT SURGERY - SINGLE CENTER EXPERIENCE

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Objective: To report our analysis of complications in pediatric urological robotic surgery

Method: A retrospective analysis was conducted on 366 robotic surgeries performed by one team in the Department of Urology at Zhejiang University Children's Hospital from July 2020 to April 2024, including patient demographic data, intraoperative details, outcomes, and complications (Clavien system)

Result: 366 robotic surgeries were performed, with 231 males and 135 females; The minimum age is 28 days, and the maximum age is 15 years and 9 months; 184 cases of hydronephrosis, 97 cases of vesicoureteral reflux, 35 cases of duplicated kidneys, 27 cases of vesicoureteral junction obstruction, 14 cases of renal dysplasia, 4 cases of adrenal tumors, 4 cases of renal tumors, and 1 case of splenic tumor. There were 21 cases of complications, including 2 cases of grade I, 13 cases of grade II, and 6 cases of grade III. There were 2 cases of postoperative hydronephrosis and 9 cases without significant improvement; Two cases of recurrent obstruction after UVJO surgery; There was 1 case of reflux and 2 cases of residual after replantation surgery; 2 cases of intestinal obstruction; 2 cases of bleeding; Urinary retention 1 case; Complications incidence rate 21/366 5.7%

Conclusion: Pediatric urology robots are safe to perform, with a relatively low incidence of complications and a low rate of additional interventions due to complications. Further research is needed to validate our findings and support the continued use of robotic technology in pediatric populations

Keywords: child, Complication, Pediatric Urology Robot Surgery

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ROBOTIC HEMINEPHROURETERECTOMY FOR COMPLETE DUPLEX SYSTEM WITH URETEROCELE: A CASE SERIES

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Purpose: Complete ureteral duplication is a rare urological anomaly, and ectopic ureters occur in approximately 1 in 19,000 live births. In children, these abnormalities are often associated with recurrent urinary tract infections or voiding dysfunctions. When patients are symptomatic, robotic heminephroureterectomy (RHNU) is a minimally invasive surgical procedure to resect the superior renal pole and its respective ureter. We present the results of a series of 7 cases treated with this procedure.

Method: Between January 2022 and June 2025, 7 patients diagnosed with a complete duplex system with ureterocele underwent RHNU. The variables presented are: age, weight, sex, indication for the procedure, operative time, operative bleeding, intraoperative complications, conversion rate, and perioperative complications.

Results: The smallest patient in the series weighed 9 kilograms. The diagnosis for all cases was a complete pyeloureteral duplex system with an associated ureterocele. Operative bleeding was minimal, measuring less than 5 ml. There were no intraoperative complications, and the conversion rate to open surgery was zero.

Conclusion: Robotic heminephroureterectomy offers all the advantages of laparoscopic surgery, with superior hemostasis control due to the versatility of the instrument movements and the availability of hemostatic energy. This could establish it as the gold standard for the treatment of this pathology.

Keywords: robotic heminephroureterectomy (RHNU) , robotic surgery, duplex system, ureterocele

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PERCUTANEOUS EMBOLIZATION AS THE FIRST-LINE TREATMENT FOR VARICOCELE: STILL AN EFFECTIVE THERAPEUTIC STRATEGY?

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Purpose

In 2014, we published our therapeutic strategy with percutaneous embolization (PE) as the first option for treating varicocele. With an 80% remission rate in our series, we maintained this approach to this day despite controversy regarding the best treatment option for varicocele: PE vs surgery. We have evaluated our results after 10 more years of experience and advancements in interventional radiology.

Method

Retrospective study of patients with varicocele treated between 2014 and 2024. The clinical-radiological data were extracted from the electronic medical records, stored and processed using statistical software.

Results

We indicated PE in 74 out of 193 patients evaluated for varicocele: 4 had competent proximal spermatic veins (CPSV), in 2 the procedure was abandoned (multiple collaterals, inability to cannulate the vein), 65 had successful procedures with complete remission, 1 required a second PE to complete embolization, and 2 had recurrences during follow-up after initially effective PE. Seven patients underwent surgery: 6 laparoscopically and 1 via inguinal open surgery. Lymphatic preservation was performed in all patients except for one, who developed a postoperative lymphocele. The remission rate after PE and surgery was 95.58% and 100%, respectively. There were 5 complications in patients undergoing PE and 2 who underwent surgery (p=0.1095). Of the 69 patients referred to urology, 3 were treated for recurrence after PE in pediatric age with a resulting global PE resolution rate in our series of 92.65% with a maximum follow-up time of 6 years.

Conclusion

In our experience, PE remains an effective therapeutic option when experienced interventional radiologists are available, with few side effects and, performed on an outpatient basis, is cost-effective with results comparable to surgery.

Keywords: varicocele, percutaneous embolization, surgery

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PUSHING THE BOUNDARIES OF ANATOMICAL REPAIR UNDER PNEUMOVESICOSCOPY; DISTAL TUNNEL ADVANCEMENT WITH OR WITHOUT OTHER URETERONEOCYSTOSTOMY TECHNIQUES

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Although Glenn-Anderson reimplantation is a well-known technique for correction of ureterovesical junction anomalies, it's not the most popular one. The major reason is that every patient are not good candidates for it. Here we present our limited experience with pneumovesicoscopic Glenn-Anderson technique.

A total of 24 patients (36 ureters) are enrolled in the study (12 boys and 12 girls) with 12 unilateral and 12 bilateral ureters. Mean age of the patients was 73,208 ± 9,284 years. Mean duration of surgery was 120 ± 8,039 minutes in unilateral cases and 171,416 ± 5,571 minutes in bilateral cases. Original technique was performed in 21 ureters while a combination with Politano-Leadbetter technique was performed in the rest 15. Indications of surgery were vesicoureteral reflux (n=15), megaureter (n=6), and bladder diverticulum (n=3). One patient needed a redo reimplantation for residual VUR and procedure was regarded successfull in %95,833 of patients (1/24 patient) and %97,222 of ureters (1/36 ureters) within a median follow up duration of 17 months (3-50).

Distal tunnel advancement technique described by Glenn and Anderson is an anatomical and relatively less demanding technique with lower complication rates. Major disadvantage is the limited length of the submucosal tunnel which makes the patient selection critical. Cranially located ureters, conditions that don't require long tunnel and combination with Politano-Leadbetter technique may serve as proper indications. Pneumovesicoscopy may provide additional benefits of better tissue exposure, magnification, lesser tissue trauma and pain

Keywords: laparoscopy, ureteral reimplantation, pneumo-vesicoscopy, VUR, megaureter

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MANAGEMENT OF URETEROPELVIC JUNCTION OBSTRUCTION IN NEWBORNS; DECISION MAKING PROCESS AND ROLE OF LAPAROSCOPY

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Introduction:

To present our experience on pyeloplasty in newborns.

Materials and Methods:

The newborns (<31 days) who underwent pyeloplasty for ureteropelvic junction obstruction between 2007 and 2025 are enrolled in the study. The demographics and clinical data are retrospectively evaluated.

Results:

A total of 17 patients with 20 renal moiety are enrolled but 2 were excluded due to nonfunctioning kidneys and only 15 moieties are enrolled as 3 moieties of 3 bilateral patients were operated after the newborn period. Eight patient underwent open, 7 underwent laparoscopic pyleoplasty. Male/female rate was 12/3. Median age at operation was 27 days (5-30). Six patients underwent preoperative nephrostomy and creatinine clearance evaluation to confirm a functional kidney. Mean postoperative DFR of these patients was 35.33 (±17.02). Mean preoperative and postoperative pelvic diameters were 37.8 (±31.72) mm and 11,4 (±10.83) mm, respectively. Nine patients underwent preoperative MAG3 scan with a median DFR of 44.77% (11-69%) which increased to 50% (1-56%). The DFR of involved renal moiety reduced in 3 patients but none are regarded failed as USG parameters improved. In median follow up of 28 months (3-171 months), none was regarded as surgical failure.

Conclusion:

Severe hydronephrosis with suspected UPJO is hard to handle in newborns. Achieving a correct diagnosis is hard as the kidney function can not be reliably evaluated in this age group. Furthermore, technique of choice is also controversial. Depending on the patient, combinations of USG, nephrostomy and scintigraphy may help the diagnosis and, both open and laparoscopic technique can be performed with outstanding success in experienced hands.

Keywords: newborn, laparoscopy, ureteropelvic junction obstruction, pyeloplasty, hydronephrosis

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SACRAL NEUROMODULATION IN CHILDREN WITH NEUROGENIC LOWER URINARY TRACT DYSFUNCTION

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Objective: To analyze the efficacy of sacral neuromodulation (SNM) in the treatment of pediatric NLUTD, and to explore the application value of SNM in children with NLUTD

Methods: Patients with NLUTD who underwent SNM treatment in Children's Hospital of Zhejiang University School of Medicine from May 2020 to July 2025 were included. The treatment effect was analyzed by ICCS recommended micturition dysfunction symptom score, pediatric urinary incontinence quality of life score, urinary ultrasound, and urodynamic indicators (compliance, FD, MCC, DLPP).

Results: A total of 20 children with NLUTD underwent SNM phase 1 electrode implantation (1 case used a new generation of SureScan- whole-body MRI compatible electrode), including 11 males and 9 females. There were 15 cases of spinal cord hypoplasia (including tethered cord, myelomeningocele, spinal lipoma and coccygeal degeneration syndrome), 3 cases of congenital anal atresia, 1 case of sacrococcygeal tumor, and 1 case of non-neurogenic neurogenic bladder. Age 5-17 years old at the time of surgery. A total of 3 children did not receive the second-stage stimulator implantation, of which 2 children did not meet the expected treatment effect during the experience period (1 case completely removed the electrode, 1 case retained the electrode to cut the outer part of the lead), and 1 case could not be implanted in the second stage due to the formation of subcutaneous abscess after postoperative infection. 17 children successfully completed the implantation of the second-stage stimulator. Urinary storage symptoms (urgency, frequency/incontinence) and/or voiding symptoms (non-obstructive urinary retention/straining to urinate) were significantly improved by evaluations via OABSS score, 24-hour voiding diary, PPBC-C score, AUA-SI-QOL score, SAS score and ultrasound (post-residual urine).

Conclusion: NLUTD in children has a significant impact on the physical and mental health of children. As an effective third-line treatment option, SNM has shown significant results in improving symptoms and quality of life in children. However, due to the heterogeneity of NLUTD in children and the complexity of SNM techniques, treatment needs to be individualized and fully considered for each patient.

Keywords: Neurogenic lower urinary tract dysfunction, Sacral neuromodulation, Children

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APPLICATION OF AUTOLOGOUS KIDNEY TRANSPLANTATION TECHNOLOGY IN PEDIATRIC UROLOGY

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Zhejiang University

Objective : Exploring the application of autologous kidney transplantation technology in pediatric urology

Methods : Retrospective analysis of three cases of pediatric autologous kidney transplantation conducted by the Department of Urology, Affiliated Children's Hospital of Zhejiang University School of Medicine from September 2017 to February 2023, including demographic data, etiology, surgical methods, complications, etc

Results : Case1,male,13Y4M,old left ureter rupture and long segment defect caused by car accident trauma,openaccess+transplantation,intraoperative hemorrhage of 200ml,postoperative hydronephrosis and good renal function were observed .Case2,female,9Y7M,right renal artery stenosis,refractory hypertension, laparoscopic access+open transplantation,intraoperative hemorrhage of 30ml,antihypertensive drugs stopped 1year after surgery, renal function was normal; Case3,male,13Y11M,hypertension,left renal arteryhilaraneurysm(2.0cm),open access+vascular reconstruction+transplantation,intraoperative hemorrhage of 50ml,post operative oral amlodipine blood pressure was basically normal,postoperative CTA indicated arterial anastomosispatency,poor perfusion in a few areas of the kidney,and normal renalfunction.

Conclusion : Autologous kidney transplantation can be safely used for pediatric long segment ureteral defects, renal vascular lesions, etc. Patients with renal vascular lesions should pay attention to hypertension, renal infarction, and other conditions. There are relatively few specialized hospitals for children, and more experience needs to be accumulated

Keywords: child, autologous kidney transplantation

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CAN REFRACTORY URINARY TRACT INFECTIONS SECONDARY TO BLADDER INSTABILITY BE TREATED WITH BOTULINUM TOXIN INJECTIONS?

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Purpose: To evaluate the impact of botulinum toxin injections on the control of urinary tract infections (UTIs) secondary to bladder instability in school-aged girls.

Materials and Methods: A retrospective study conducted over 12 months, from September 2015 to October 2016. Included in the study were girls presenting with bladder instability without any neurological impairment. Girls with a history of urinary tract malformations were excluded. Twenty-four girls presenting with recurrent UTIs secondary to bladder instability, suspected based on voiding disorders and confirmed by urodynamic testing, were included. All patients had previously undergone anticholinergic treatment and voiding retraining. All patients received botulinum toxin type A injections at doses ranging from 14 to 20 units. Outcome assessment was based on infectious symptoms and the improvement of voiding disorders.

Results: The study population was aged between 6 and 14 years. All patients had UTIs associated with voiding disorders, including:daytime urinary incontinence: 5 cases, urgency with nocturia: 8 cases ,frequent urination: 6 cases,interrupted urination with fractionated flow: 5 cases.The follow-up period lasted 10 months. During this period, resolution of infectious symptoms was observed in 20 patients. Cleanliness (continence) was achieved in 48%, improvement in urinary frequency in 32%, and resolution of urgency in 27%.The injections were performed without any complications, and the stability of results was maintained throughout the follow-up period.

Conclusion: Botulinum toxin type A is an effective and appropriate alternative for controlling refractory UTIs secondary to bladder instability in school-aged girls. It simultaneously improves the associated voiding disorders.

Keywords: Botulinum toxin, bladder instability, Urinary truct infection.

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SALVAGED BUT LOST: DETORSION, DELAYED ORCHIECTOMY, AND THE LIMITS OF TESTICULAR RESCUE

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PURPOSE: In pediatric testicular torsion, detorsion is aimed at salvaging the testis. However, a subset of patients experience delayed atrophy, necessitating secondary orchiectomy. The histological profile of these testes is not well described. We aimed to analyze clinical and histopathological outcomes of patients who underwent initial detorsion but subsequently required orchiectomy due to atrophy.

METHOD: This retrospective study included 19 patients treated between 2019 and 2024. All patients underwent detorsion, followed by orchiectomy due to delayed atrophy. Parameters assessed included age, symptom duration, Doppler vascularity, torsion degree, interval between procedures, and histopathology (Johnsen score).

RESULTS: Mean age was 12.5 years. Median symptom duration was 36 hours. The mean degree of torsion detected in the first operation was 2,5 tours. Post-detorsion Doppler showed absent or severely diminished vascularity in most cases. The median time between detorsion and orchiectomy was 97 days. Histological evaluation revealed Johnsen score of 1 in 84% (16/19) indicating complete spermatogenic arrest. Only 3 patients showed partial spermatogenesis (score >1). The mean Johnsen score across all patients was 1.84.

CONCLUSION: Even after seemingly successful detorsion, a subset of patients may progress to irreversible testicular damage. A Johnsen score of 1 in the majority of these cases indicates early onset germinal epithelium destruction despite salvage attempts. Routine Doppler follow-up and clear surgical criteria for orchiectomy may be essential in preventing unnecessary delay and preserving endocrine and fertility potential.

Keywords: testicular torsion, detorsion, delayed orchiectomy, children

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MITROFANOFF PROCEDURE IN CHILDREN: A 20-YEAR SINGLE-CENTER EXPERIENCE

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Background

The Mitrofanoff procedure offers a continent catheterizable channel for bladder emptying in children with impaired bladder function. This study aims to evaluate the indications, surgical outcomes, and long-term complications associated with this technique in a pediatric population from a resource-limited country.

Methods

We conducted a retrospective, single-center study of children who underwent the Mitrofanoff procedure between 2004 and 2024, with regular follow-up in our pediatric surgery department.

Results

Eighteen children (10 males, 8 females) were included, with a mean follow-up of 6 years. The mean age at surgery was 9 years (range: 5–15). Indications included neurogenic bladder in 9 patients (6 with myelomeningocele, 3 with sacral agenesis), bladder exstrophy in 8, and posterior urethral valves in 1. All patients underwent appendicovesicostomy in 3 cases and in combination with other reconstructive surgeries in the remaining cases.

Postoperative complications were observed in 72% of patients. The most common was stomal stenosis (39%), with a median onset within the first year post-surgery. All patients with complications required at least one surgical revision, with an average of 2 reinterventions per patient (range: 1–7). Among them, 31% were treated by cutaneous revisions. In 38% of complicated cases, the conduit was ultimately abandoned due to poor tolerance or parental refusal.

Conclusions

The Mitrofanoff procedure remains a valuable solution for achieving continence in children with complex bladder dysfunction. However, the high rate of complications and reoperations highlights the need for meticulous patient selection, comprehensive preoperative counselling and structured long-term follow-up.

Keywords: mitrofanoff, bladder, stenosis

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PNEUMOVESICOSCOPIC REPAIR OF PARAURETERAL AND NON-PARAURETERAL BLADDER DIVERTICULA IN CHILDREN; NOT URETERONEOCYSTOSTOMY FOR ALL

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Isolated bladder diverticulum is rare in children. Commonly, they are pseudo-diverticula characterized by protrusion of bladder mucosa through a detrussor muscle defect. Pneumovesicoscopy is a relatively novel minimally invasive technique of performing intravesical procedures.

A total of 13 patients are enrolled in the study with 10 boys and 3 girls. Diverticulum was on the left (n=7), right (n=4) side or was bilateral (n=2). Diverticulum was paraureteral in 10 cases and outside the trigone in 3. Three patients had co-existing vesicoureteral reflux. Ureteroneocystostomy was performed in 7 patients (3 GA 4 PL) but not deemed necessary in 6. Mean age of the patients was 8,884 ± 1,241 years. Duration of surgery was 139,818 ± 13,395 minutes in unilateral cases and 185,000 ± 10,000 minutes in bilateral cases. Median duration of follow up was 11 months (3-70). Control cystogram was performed in 3 patients with reflux and 1 patients who had postoperative urinary tract infection and all were normal. Other patients were followed up clinicaly and by ultrasonography and all were regarded successful.

A mild to moderate type I posterior urethral valve was found in 4 boys and a urethral polip in 1 boy as an underlying condition. Two girls and 1 boy had overactive bladder.

Pneumovesicoscopic repair of bladder diverticulum appears as successful as open surgery. It provides lesser tissue trauma, better vision, exposure and cosmesis. Magnification provided by laparoscopy obviated the need for ureteroneocystostomy in 3 patients with paraureteral diverticulum.

Keywords: laparoscopy, bladder diverticulum, pneumo-vesicoscopy, Hutch diverticulum,

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LONG-TERM OUTCOMES OF INTRALESIONAL BLEOMYCIN TREATMENT FOR CHILDHOOD CYSTIC LYMPHANGIOMAS

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Purpose: Treatment of lymphatic malformations is complex and the optimal approach between surgical excision and sclerotherapy remains debated. This study aims to evaluate long-term efficacy, safety and outcomes of intralesional bleomycin sclerotherapy in childhood lymphatic malformations.

Materials and Methods: Data from 96 patients who underwent intralesional bleomycin sclerotherapy for lymphatic (LM) and venolymphatic (VLM) malformations in our clinic between 2012 and 2024 were retrospectively analyzed. Patients were evaluated for demographic features, lesion morphology (macrocystic, microcystic, mixed), anatomical location, number of treatment sessions, complications, and recurrence rates. Treatment response was measured using a four-point clinical and radiological scoring system (0: no response, 1: minimal response, 2: significant improvement, 3: good response). Patients scoring 2 or 3 were considered responsive.

Results: The mean follow-up period for 96 patients (54 males, 42 females) was 78.5 months. A good response was observed in 64.6% and significant improvement in 27.5%, resulting in a total clinical success rate of 92.1%. Although macrocystic lesions required fewer injection sessions (p=0.013), there was no significant difference in final treatment response among cyst types. Lesions in the head and challenging areas like the tongue required more sessions and showed lower response rates. Five giant cervicofascial cases resulted in sepsis and death. Recurrence rate was 12.2%, with all recurrences responding well to repeat sclerotherapy. The complication rate was 19.8%, mostly local and temporary.

Conclusion: Intralesional bleomycin sclerotherapy is a safe and effective method with high success and low complication rates for treating childhood lymphatic malformations. Despite requiring more sessions in difficult anatomical areas, it should be considered a first-line treatment due to its efficacy and lower recurrence compared to surgery.

Lesion	N(%)	LM (N)	VLM (N)	Response (p)	Sclerotherapy Sessions (p)
Microcystic	29	24	5	0.077	0.083
Macrocystic	31	28	3	0.106	***0.013***
Mixed	36	30	6	0.800	0.499

Keywords: Lymphangioma, Microcyct, Macrocyst, Sclerotherapy, Bleomycin

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EFFICACY OF SINGLE-LAYER CONTINUOUS SUTURE IN COLONIC ANASTOMOSES: A COMPARATIVE EXPERIMENTAL STUDY IN A RABBIT MODEL

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Aim:

To evaluate the safety and healing properties of single-layer continuous suturing in colonic anastomoses by analyzing clinical and histomorphological outcomes in an experimental setting.

Materials and Methods:

This study was approved by the Institutional Animal Ethics Committee. Forty-eight rabbits underwent laparotomy, colonic mobilization, and resection followed by end-to-end anastomosis. Animals were randomized into two groups: **Group I** (*n=24*): Single-layer continuous seromuscular-submucosal suture (excluding mucosa); **Group II** (*n=24*): Single-layer continuous full-thickness suture (including mucosa). Each group was further subdivided based on suture material (with/without antibacterial coating).

Macroscopic and histological assessments were performed on postoperative days 3, 7, 14, and 21. Evaluated parameters included: Restoration of intestinal motility; Adhesion severity (Evans' scoring model); Stenosis index (Irvin's method); Histological analysis (modified Verhofstad wound healing scale).

Results:

No mortality or anastomotic complications occurred. Key findings:

- **Adhesions**: Most pronounced in Group II (full-thickness suture + non-coated thread).
- **Stenosis**: Significantly lower in Group I (9.8±1.6 and 15.4±1.9) vs. Group II (21.1±2.9 and 36.2±3.5; $p<0.05$).
- **Histology**: Precision suturing (Group I) promoted complete colonic wall regeneration. Antibacterial-coated sutures reduced inflammatory response and foreign-body reaction.

Conclusion:

Single-layer continuous seromuscular-submucosal suturing minimizes postoperative stenosis and adhesions in colonic anastomoses. Antibacterial-coated sutures further mitigate inflammation, suggesting enhanced safety and efficacy for clinical translation.

Keywords: Colonic Anastomoses, Single-Layer Continuous Suture, Experimental Study

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ASSESSMENT OF QUALITY OF LIFE IN PATIENTS WITH MÜLLERIAN ANOMALIES AT A REFERRAL CENTER IN COLOMBIA

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Objective:
To evaluate the quality of life in pediatric patients with müllerian anomalies who underwent surgical intervention between 2018 and 2023.

Methods:
Retrospective case series of patients with müllerian anomalies intervened between 2018 and 2023. Quality of life was assessed using the PedsQL 4.0. Ethics committee approval was obtained.

Results:

A total of 45 patients were included. The most common müllerian anomalies were longitudinal vaginal septum and uterus didelphys, followed by imperforate hymen in 20% of cases. Renal absence was present in 31.4% of patients, with right-sided predominance in 80%. Anorectal malformations were associated in 52.7%. All patients underwent vaginoscopy and surgical intervention, the most common procedure was septum resection (40%).

The PedsQL quality of life questionnaire was administered by phone to 83.3% of patients. The mean follow-up was 48 months. Mean quality of life (QoL) scores were generally good and similar between parent-proxy and self-reports in the 13–18 yo group (73.34 vs. 77.51) and the 8–12 yo group (68.75 vs. 72.82). The highest QoL scores were in the 2–4 yo group (80.43), followed by the 5–7 yo group (79.71). Emotional functioning consistently scored lowest across age groups. Physical functioning scored highest in the 2–4 yo and 5–7 yo groups, while social functioning scored highest in the 8–12 yo and 13–18 yo groups.

Currently, 36% of patients have initiated sexual activity, and two have had children, one delivered vaginally and one by cesarean.

Conclusions:

Pediatric patients with müllerian anomalies showed good quality of life after surgical intervention, with higher scores in physical and social functioning. These findings highlight the positive impact of timely treatment on functioning and reproductive outcomes, as reflected by initiation of sexual activity and successful pregnancies in some patients.

Keywords: müllerian anomalies, quality of life, functioning and reproductive outcomes

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SHOULD WE CHOOSE PROPHYLACTIC SURGERY IN CHILDREN WITH MEGADOLICHOSIGMA? EXPERIENCE OF TWO COLORECTAL SURGERY DEPARTMENTS

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Sigmoid volvulus is a rare condition in children. However, patients with megadolichosigma frequently seek medical attention. Identifying the group at risk for sigmoid volvulus is an important task to minimize the risk of severe, life-threatening complications.

Objective: To analyze the experience of two colorectal surgery departments in treating children with sigmoid volvulus.

Results: From 2012 to 2025, 27 children with a diagnosis of megacolon were treated in two departments. Of these, 8 children (30%) had one or more episodes of sigmoid volvulus (5 girls, 3 boys). The mean age at hospitalization was 14 ± 2.6 years. The age of symptom onset ranged from 1 to 12 years. The most common complaints were abdominal distension (88%), constipation (87%), and abdominal pain (25%). All patients had radiological evidence of megadolichosigma (100%). All patients had a positive calretinin reaction on histological examination, which excluded Hirschsprung's disease. All patients underwent contrast enema, which revealed typical signs of sigmoid volvulus ("coffee bean" and "bird's beak" signs). Emergency surgery due to signs of distal intestinal obstruction was performed in 3 cases (37%). The operations included manual detorsion of the sigmoid colon (1 patient), sigmoid resection with stoma (1 patient), and ileostomy (1 patient). Sigmoid resection without stoma and without postoperative surgical complications was performed in 7 patients (87%). One patient underwent endoscopic detorsion and decompression of the colon with a silicone tube prior to surgery. Histological examination of the resected segment showed no aganglionosis or hypoganglionosis in 88% of cases; in 1 case (12%), hypoganglionosis was found in the biopsy.

Conclusion: Despite the rarity of this condition in children, pediatric surgeons need to increase their awareness to recognize patients at risk for sigmoid volvulus. This will help in making the right decision regarding the management strategy for such patients.

Keywords: Sigmoid volvulus, Megadolichosigma

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TO DRAIN OR NOT TO DRAIN? A COMPREHENSIVE SYSTEMATIC REVIEW AND PAIRWISE META-ANALYSIS OF POST-APPENDECTOMY ABSCESS MANAGEMENT IN CHILDREN

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Background:

Post-appendectomy intra-abdominal abscess (IAA) is a common and challenging complication in pediatric surgical practice. Traditional management favors drainage; however, recent studies suggest that conservative treatment with antibiotics may be equally effective in selected patients. This systematic review and meta-analysis aimed to compare conservative and interventional approaches in managing pediatric post-appendectomy abscesses.

Methods:

A systematic literature search was conducted in PubMed, Embase, and CENTRAL from inception to June 2025. Eligible studies included randomized or observational studies comparing drainage (surgical/percutaneous) with conservative management in children (0–18 years) with IAA following appendectomy. The primary outcomes were treatment success, abscess recurrence, and length of hospital stay. Data were pooled using random-effects models, and subgroup and sensitivity analyses were conducted.

Results:

Ten studies comprising 363 pediatric patients (152 interventional, 211 conservative) were included. No significant difference was observed in treatment success (RR = 1.00; 95% CI: 0.95–1.05) or abscess recurrence (RR = 0.99; 95% CI: 0.57–1.74). However, conservative management was associated with a significantly shorter hospital stay (mean difference = -3.4 days; 95% CI: -6.14 to -0.65; p = 0.02). Subgroup analyses, including triple antibiotic therapy, fever, and drainage modality, showed no superiority of one approach over another.

Conclusions:

Conservative management with antibiotics appears as effective as interventional drainage for post-appendectomy abscesses in clinically stable children and may reduce hospitalization. However, findings are limited by a serious risk of bias and confounding. High-quality, prospective, multicenter studies with standardized protocols are urgently needed to inform evidence-based management.

Keywords: appendectomy, abscess, children, conservative management, drainage, meta-analysis, antibiotics

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EFFECTS OF THE POLYETHYLENE GLYCOL COATED PADS ON INTESTINAL ANASTOMOSIS SAFETY: AN EXPERIMENTAL RAT MODEL

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Purpose: The purpose of this study was to investigate the mechanical, histopathological and biochemical effects of polyethylene glycol (PEG) coated pads on anastomotic healing in a rat model of colonic anastomosis.

Methods: In our study, two groups of Wistar Albino male rats (n=9) were formed, and two subgroups were formed to get intact samples. Groups were labelled as follows:

A: Anastomosis only group,

A-int: Intact intestinal specimen from the anastomosis only group,

AP: Anastomosis+PEG pad group,

AP-int: Intact intestinal specimen from the anastomosis+peg pad group.

The rats underwent laparotomy on the 7th postoperative day, and intestinal samples were taken. Bursting pressure, tissue hydroxyproline levels were measured. Mucosal anastomotic reepithelization and granulation formation, inflammatory infiltration, fibrosis and angiogenesis formation were evaluated histopathologically.

Results: Anastomotic bursting pressures are statistically significant higher in group-A when compared with group-AP. In group-AP tissue hydroxyproline levels were found slightly higher but no-statistical significant than other groups. No statistically significant difference between the groups for Mucosal anastomotic reepithelization, granulation tissue formation, inflammatory infiltration, and angiogenesis scores is highest in group-A when compared with other groups. No granulation tissue formation was found in either of the intact groups.

Conclusion: Our study demonstrated that PEG-coated pads have no potential benefit to increase anastomotic healing and support colonic anastomosis in rats.

Keywords: Anastomosis, Bursting Pressure, Colon, Polyethylene glycol, Rat

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FEATURES OF INTESTINAL STOMAS IN CHILDREN WITH CROHN'S DISEASE

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Introduction. Crohn's disease (CD) in children is often represented by more severe forms than in adults. The aim of the work was to analyze the results of treatment of children with CD an intestinal stoma in different forms of the disease.

Methods. A retrospective study was conducted analyzing the results of treatment of 164 children with complicated CD. Patients underwent resection of a section of the intestine with the imposition of a primary anastomosis without a stoma or with the imposition of a preventive stoma, or a stoma was formed in the resection area, or a diverting stoma was created without bowel resection.

Results. In patients with stricturing CD (n=74), bowel resections were performed with the formation of a stoma in the resection area (13%), creation of an anastomosis with the imposition of a proximal preventive stoma (6%), and stoma removal without bowel resection (9.7%). Most patients subsequently managed to close the stoma (96%). In the group of penetrating CD with strictures (n=46), resections of the intestinal section were performed with the imposition of anastomosis without a stoma (63%) or with the creation of a preventive stoma (17%), or ostomy was performed without intestinal resection (20%).

In children with CD of the colon, ileostomy was formed in 80% of cases. In patients with pararectal fistulas and active proctitis - in 48%.

The average follow-up period was 3 years. An unfavorable prognosis of CD was revealed in cases of stoma formation in severe paraproctitis (p=0.0002) and in severe refractory colitis with perianal lesions (p=0.0075).

Conclusion: Indications for a preventive intestinal stoma are high inflammatory activity in patients with CD who have not previously received treatment or when therapy is ineffective. The formation of a diverting stoma is necessary for complex pararectal fistulas, with severe proctitis and widespread damage to the pararectal tissue.

Keywords: Crohn's disease, Children, Intestinal Stoma

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EVALUATION OF FUNCTIONAL OUTCOMES AND QUALITY OF LIFE FOLLOWING CONSTIPATION TREATMENT IN PATIENTS WITH ANORECTAL MALFORMATIONS

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Aim

In patients with anorectal malformations (ARMs), the treatment goal is achieving continence, supporting psychosocial development and improving quality of life. We aimed to evaluate the effect of constipation management on fecal continence and quality of life in children operated for ARM between 2007 and 2017.

Methods

This prospective observational study included patients previously operated for ARM. Before initiating constipation treatment and 4–8 weeks after the intervention, patients were assessed using the Krickenbeck functional classification and the Pediatric Quality of Life Inventory (PedsQL). The PedsQL was completed separately by both the child and the caregiver. Changes in functional and quality-of-life scores were analyzed using the Wilcoxon signed-rank test.

Results

A total of 50 patients aged 8–18 years (mean: 11.7) were included in the study. Of the participants 52% were male and 48% female. Based on clinical need, patients received dietary recommendations (71%), laxatives (12%), rectal enemas (12%), or surgical revision (4%) over a 4–8 week period. Post-treatment Krickenbeck scores showed significant improvement in soiling (36%, p=0.0017) and constipation (36%, p=0.0002). Overall improvement in Krickenbeck scores was observed in 44% of patients (p=0.0002). In the child-reported PedsQL assessments, only the physical health domain showed a significant increase (26%, p=0.0013). In contrast, caregiver reports demonstrated significant improvements in physical (30%, p=0.0006), emotional (22%, p=0.0273), social (12%, p=0.0336), and school functioning (10%, p=0.0412) domains.

Conclusions

Short-term medical management for constipation leads to meaningful improvement in functional outcomes, particularly in soiling and constipation domains. While children mainly reported improvement in physical aspects, parents observed broader enhancements in their children's quality of life. These findings emphasize the importance of treating constipation even in late postoperative follow-up and considering both patient and caregiver perspectives in evaluating outcomes.

Keywords: anorectal malformation, constipation, fecal continence, quality of life, Krickenbeck, PedsQL

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APPENDICITIS IN PCR-NEGATIVE CHILDREN DURING THE COVID-19 PANDEMIC: A RETROSPECTIVE ANALYSIS OF NEUROGENIC INFLAMMATION

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Introduction:

In approximately 15% of cases undergoing surgery for acute appendicitis (AA), normal findings are observed in the histological examination of the appendix. Neurogenic appendicopathy (NA) is clinically indistinguishable from acute appendicitis and is relatively less known. This retrospective study is designed to investigate the frequency of neurogenic appendicopathy in cases operated on during the COVID-19 pandemic, who were PCR-negative for COVID-19 and showed no histological evidence of appendicitis.

Materials and Methods:

COVID-19 seronegative cases, who were operated on with a preliminary diagnosis of acute appendicitis before and during the pandemic, were divided into two groups, each consisting of 20 randomly selected patients with similar age and equal gender distribution. The groups were defined as follows: Group 1: Patients who underwent surgery for acute appendicitis before the pandemic and showed no histological evidence of appendicitis. Group 2: Patients who underwent surgery for acute appendicitis during the pandemic, had no history of COVID-19, were PCR-negative, and showed no histological evidence of appendicitis.

The examination and laboratory findings of both groups were recorded. All appendix sections were stained with hematoxylin-eosin and S-100. The slides were independently analyzed and scored by two different pathologists (Observer 1 and 2) who were blinded to the patients' clinical histories.

Results:

The ages, genders, fevers, vomiting, diarrhea, dysuria findings, white blood cell counts, C-reactive protein levels, appendiceal diameters, and lengths of hospital stay of the 40 cases included in the study were recorded and compared. Statistically significant differences were found between the two groups in terms of fever, diarrhea, dysuria, and elevated white blood cell counts. In histological examination, both Observer 1 and 2's scores for Group 2 showed statistically significant differences in terms of NA.

Conclusion:

Neurogenic appendicopathy (NA) is characterized by a concentration of nerve cells in the appendix. It is clinically indistinguishable from acute appendicitis but can be identified through histopathological examination. During the pandemic, in cases with symptoms of acute appendicitis but no histological evidence, S-100 staining of the samples revealed a concentration of nerve fibers in the region. These findings suggest that even PCR-negative cases may still be affected by the virus during the pandemic or that the virus may have a localized interaction with the gastrointestinal system.

Keywords: acute appendicitis, neurogenic appendicopathy, COVID-19 pandemic

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OPTIMIZING MANAGEMENT OF INTUSSUSCEPTION IN LMICS: IS ROUTINE ADMISSION ALWAYS NECESSARY?

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Purpose

Intussusception is a leading cause of intestinal obstruction in children. It is standard practice to admit patients for observation after successful reduction in the emergency room (ER). In low- and middle-income countries (LMICs), healthcare is largely out-of-pocket and strategies that reduce unnecessary admissions without compromising safety are essential. This study compared the clinical outcomes and recurrence rates in children managed through routine inpatient admission versus those discharged from the ER.

Methods

We conducted a retrospective cohort study of children diagnosed with intussusception between 2010 and 2024 at a tertiary-care hospital. Demographic and clinical data were extracted from the medical records. The outcomes assessed were recurrence of intussusception and length of hospital stay.

Results

We included 189 patients in the study with 159 admitted for observation (Group A) and 30 discharged from the ER unless admission was clinically warranted (Group B). Patients in Group B were younger (median age: 0.9 vs. 2.0 years, $p < 0.01$) and presented with fewer severe clinical symptoms than those in Group A. Abdominal pain (78% vs. 33%) and blood in the stool (64% vs. 40%) were more common in Group A ($p < 0.01$, $p = 0.01$). Recurrence was slightly higher in Group B (13% vs. 8%), although the difference was not significant ($p = 0.50$). In the multivariable analysis, ER-based management was not associated with increased recurrence (adjusted OR: 0.56; 95% CI: 0.14–1.89; $p = 0.40$). A hospital stay <3 days was more frequent in Group B (83% vs. 73%, $p = 0.02$).

Conclusion

We found that ER-based management did not influence intussusception recurrence and was associated with shorter hospital stays. In LMICs, this approach may provide a safe and cost-effective alternative to routine admissions.

Keywords: Intussusception, recurrence, ER management, LMICs, cost-effective

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CAN HISTOPATHOLOGICAL ANALYSIS OF AN APPENDIX BE ELIMINATED IN RESOURCE LIMITED AREA?

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Background

Many studies have reported on the modalities of diagnosis and management of acute appendicitis globally, but few have addressed if there is a need for ongoing histopathological analysis. Many appendicitis specimens demonstrate acute inflammation, perforation, or necrosis on histology with less than 10% of the appendix showing the probable aetiological agent. There is a worrying increasing trend of appendiceal neoplasms showing an increase in incidence from 5.6% to 12.7% in the adult population but this incidence remains low in the paediatric group at 0.3% (Ranaweera et al, 2019). One appendix specimen analysis costs R1200 (67 US dollars)

Method

Retrospective cross-sectional study involving all paediatric cases of acute appendicitis managed at the three tertiary centres in the region over a 5 year period.

Results

1520 patients were identified post appendectomy. 1(0.06%) had neoplasm of the appendix, 25 (1.6%) had parasitic infestation, 8 (0.5%) normal appendix and the remaining 1486 (97.8%) suppurative appendicitis.

Conclusion

With 98% of the appendix specimens showing suppurative appendicitis and only 0.06% revealing malignancy, a recommendation to not submit further specimens in the paediatric population holds with an estimated saving of 101 840 USD.

Keywords: Histopathology, appendicitis

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LATE DIAGNOSIS OF HIRSCHSPRUNG DISEASE: CAUSES AND OUTCOMES

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Aim: Hirschsprung's disease (HD) is a congenital disorder with typical presentation of delayed passage of meconium in newborns. Around 90% of cases are diagnosed within the first year. We aimed to evaluate the causes of late diagnosis and outcomes in patients diagnosed with HD ≥1 year of age.

Method: Patients diagnosed with HD ≥1 year of age between 2015 and 2024 were retrospectively evaluated for demographics, initial symptoms, causes of delayed diagnosis, surgical interventions, outcomes.

Results: Among the 92 patients operated for HD, 18 (19.56%) were diagnosed ≥1 year of age with a median age of 4.2 years (range: 1.42–14.17). M/F ratio was 13/5. In 72% of cases, this was the first referral to pediatric surgery. Presenting symptoms were chronic constipation (n=18), infantile colic (n=3) and cow's milk protein allergy (n=3). One patient had osteogenesis imperfecta and one had Down syndrome. Only two patients had a history of delayed meconium passage. Three patients presented with enterocolitis, one with sigmoid volvulus. Abdominal distension was the most common physical finding. All patients underwent barium enema; three underwent anal manometry. Diagnosis was confirmed by full-thickness rectal biopsy. Short-segment HD was concluded in 12 patients, and ultrashort-segment in 6. Eight patients received colostomy. Three underwent transanal endorectal pull-through (TEPT), 3 laparoscopy-assisted TEPT, and rectal myectomy in 4 (2 needed TEPT later). Patients with colostomies underwent Soave-Boley pull-through after a median 4 months duration (range:2–10 months). During follow-up, 2 had enterocolitis, 3 required regular laxatives, 3 had fecal incontinence.

Conclusion: Delayed HD diagnosis is often due to overlooked mild symptoms and lack of clinical awareness. Late diagnosis is associated with higher colostomy procedure and morbidity. HD should be considered in patients with treatment-resistant constipation, and timely referral to pediatric surgery is essential.

Keywords: Hirschsprung disease, late diagnosis, transanal pullthrough, colostomy

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IDENTIFYING CHILDREN AT RISK OF FAILED HYDROSTATIC REDUCTION: A NEW PREDICTIVE SCORING SYSTEM

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Purpose: Intussusception is a common cause of intestinal obstruction in pediatrics. Identifying risk factors for hydrostatic reduction failure as a non-operative management, enables early identification of cases that require early surgical intervention and prevents prolonged strangulation. We proposed a scoring system to predict hydrostatic reduction failure in pediatric intussusception.

Methods: We retrospectively analyzed 61 childrens with intussusception who underwent hydrostatic reduction. The study develop a scoring system based on: age, weight, vomiting, duration of symptoms, presence of currant jelly stool, abdominal distension, location of the mass, and pseudoportio sign.

Results: From total 61 patients, 23 (37.7%) successfully underwent hydrostatic reduction, 38 (62.3%) experienced failure. A significant association was found between failed hydrostatic reduction and the following factors: age ≤12 months (p=0.002), body weight ≤10 kg (p=0.001), vomiting (p=0.0006), duration of symptoms>48 hours (p=0.003), abdominal distension (p=0.001), mass location (p=0.00004), presence of currant jelly stool (p=0.00005), and the pseudoportio sign (p=0.001). Multivariate analysis indicated that symptoms lasting more than 48 hours (p=0.014;OR=17.34 [95% CI=1.76-170.45]), the presence of a left-sided mass (p=0.003;OR=17.74 [95% CI=2.66-118.17]), and the presence of currant jelly stool (p=0.029;OR=9.05 [95% CI=1.26-65.03]) were strongly associated with hydrostatic reduction failure. Prediction scores ranged from 0 to 3; Score of ≥2 indicated a higher possibility of reduction failure (p<0.000).

Conclusion: The duration of symptoms >48 hours, the presence of currant jelly stool, and a left-sided abdominal mass, are associated with the failure of hydrostatic reduction. This scoring system may help predict hydrostatic reduction failure in children with intussusception and guide the need for early surgical intervention.

Keywords: intussusception, hydrostatic reduction, scoring system, prognostic factor, pediatric

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THE EFFECT OF PREOPERATIVE DEXAMETHASONE ON INCREASING THE SUCCESS RATE OF PNEUMATIC REDUCTION FOR INTUSSUSCEPTION IN PEDIATRICS: A CLINICAL TRIAL

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Background: Intussusception is a common cause of intestinal obstruction in children. Treatment in early cases is non-surgical including hydrostatic or pneumatic reduction, adjuvant corticosteroids can be added to increase the success rate of reduction. Dexamethasone is a long rapidly acting corticosteroid. In this study we aim to evaluate its efficacy in its high and low doses to minimize the need for surgical treatment.

Methods: A controlled clinical trial conducted on patients divided into three groups, group (A) low dose dexamethasone, group (B) high dose dexamethasone and group (C) normal saline. Patients presenting with early symptoms were selected and underwent up to 3 trials of pneumatic reduction if the first and second trials were unsuccessfull. Dexamethasone was given once before the first trial only.

Results: The study involved 101 patients from January 2023 to December 2023, 34 patients in group (A), 34 in group (B) and 33 in group (C). Across all trials, a total of 70 patients (69.3%) achieved success; 82.4% of group A, 88.2% of group B, achieved success and 36.4% of group C. 64 out of 70 patients (91.4%) were successfull from the first trial. We found a statistically significant increase in success rate among groups taking dexamethasone either in low or high doses and the group taking saline with no significant difference comparing low with high dose dexamethasone.

Conclusion: The use of dexamethasone before pneumatic reduction of intussusception is effective in avoiding surgical management. More studies should be conducted to be used before every trial.

Keywords: intussusception, infant intestinal obstruction, pneumatic reduction, dexamethasone

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A COMPARATIVE STUDY OF SURGICAL TECHNIQUES FOR DOLICHOCOLON IN CHILDREN: LAPAROSCOPY-ASSISTED AND OPEN RESECTION

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Introduction:

Dolichocolon is a significant anatomical contributor to chronic constipation in children that is unresponsive to medical therapy. Surgical resection of the redundant sigmoid colon is an established treatment, but the optimal surgical approach remains a subject of debate. This study compares the clinical and functional outcomes of laparoscopic-assisted versus open sigmoid resection in pediatric patients with dolichocolon and intractable constipation.

Methods:

This retrospective study included 20 pediatric patients who underwent sigmoid resection for dolichocolon between 2019 and 2025. All patients had experienced chronic constipation resistant to dietary modifications, laxatives, enemas, and behavioral therapy for at least one year and were diagnosed via colon imaging. Fourteen patients underwent laparoscopic-assisted sigmoid resection, while 6 underwent open surgery. Data on demographic characteristics, surgical technique, hospital stay duration, postoperative complications, bowel function outcomes, and continence status were analyzed. Functional outcomes were assessed by comparing preoperative and postoperative bowel movement frequency and stool consistency.

Results:

A total of 20 pediatric patients, consisting of 8 males and 12 females with a mean age of 11.7 ± 4.7 years, underwent sigmoid resection for dolichocolon. Fourteen of these patients underwent laparoscopic-assisted surgery, while six patients were treated with an open surgical approach.

The average hospital stay was significantly shorter in the laparoscopic group, with a mean of 10.3 days, compared to 17.5 days in the open surgery group. Postoperative complications were also less frequent in the laparoscopic group, where only one patient developed a minor wound infection that resolved with conservative management. In contrast, three patients in the open surgery group experienced postoperative complications, including wound infection, ileus, and prolonged postoperative pain.

At a mean follow-up duration of 13 months, all patients exhibited improvement in bowel movement frequency and stool consistency compared to preoperative status. However, the laparoscopic group showed faster functional recovery and earlier return to daily activities. Additionally, postoperative patient comfort and cosmetic outcomes were notably better in the laparoscopic group.

Conclusion:

Laparoscopic-assisted sigmoid resection is a safe and effective surgical option for pediatric patients with dolichocolon and refractory constipation. Compared to open surgery, the laparoscopic approach offers advantages in shorter hospital stay, fewer postoperative complications, and enhanced functional recovery. Thus, it should be considered the preferred surgical strategy in suitable patients.

Keywords: Dolichocolon, Intractable constipation, Laparoscopic surgery, Open surgery, Pediatric functional outcomes

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CAN HYPONATREMIA PREDICT COMPLICATED APPENDICITIS IN CHILDREN?

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Purpose: Complicated appendicitis is linked with higher morbidity, including infections, intra-abdominal collections, and prolonged hospitalization. Age, symptom duration, leucocytosis, neutrophilia, and CRP have been used as predictors of complicated appendicitis, with variable success. Hyponatremia has recently been proposed as a potential marker for complicated appendicitis. The study aims to assess our experience with hyponatremia at presentation and complicated appendicitis.

Methods: A prospective observational study was conducted over a 6-month duration. All children < 18 years of age diagnosed with acute appendicitis were recruited using non-probability consecutive sampling after ethical approval. Patients were divided into two groups: Simple Appendicitis (Group A) and complicated appendicitis (Group B). Hyponatremia was defined as serum sodium <136 mmol/L. Patients with prior intravenous fluid administration or underlying metabolic/endocrine disorders were excluded.

Results: 70 patients were included, 36 (51.4%) had simple appendicitis, and 34 (48.6%) had complicated appendicitis. Patients with complicated appendicitis had a significantly longer mean duration of symptoms (2.9 ± 2.2 vs. 1.6 ± 1.2 days; p = 0.008) and hospital stay (2.7 ± 1.9 vs. 1.2 ± 0.6 days; p < 0.01) compared to simple appendicitis. Hyponatremia was present in 32 out of 34 patients (94.1%) with complicated appendicitis. The mean serum sodium level was significantly lower in the complicated appendicitis group (126.6 ± 4.34 mmol/L) than in the simple appendicitis group (136.6 ± 2.72 mmol/L; $p < 0.01$). A plasma sodium threshold of ≤136 mmol/L demonstrated a sensitivity of 93.5% and specificity of 51.9% for identifying complicated appendicitis, with an AUC of 0.898 and CI 95%.

Conclusion: We noted that hyponatremia was a specific predictor of complicated appendicitis, and it can serve as a useful biochemical marker for early risk stratification.

Keywords: Appendicitis, Hyponatremia, Pediatrics,

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INFLUENCE OF BODY MASS INDEX ON THE OUTCOME OF COMPLICATED ACUTE APPENDICITIS IN CHILDREN.

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Introduction

Child and adolescent obesity is a growing public health problem. Our objective is to analyze the incidence of complicated acute appendicitis and the outcomes in obese children

Material and Methods

Retrospective study in patients operated on for acute appendicitis in 2024. Two groups: normal weight (NP) vs obesity (O). The variables body mass index (BMI), sex and age, evolution time, type of appendicitis (complicated vs uncomplicated), surgical time, surgical technique, length of stay and postoperative complications were evaluated.

Results

117 patients were operated on, 65.8% male and 34.2% female, mean age 8.87±2.96 years. 78.6% normal weight and 21.4% obesity group. Mean evolution time to diagnosis 31.68±19.78 hours in PN vs 26.52±17.81 hours (p=0.240). 38% of complicated appendicitis in NP vs 52% in O (p=0.208). Surgical technique used in PN 47.8% open appendectomies, 22.8% laparoscopic, 29.3% video-assisted; compared to 40%, 40%, 20% in O, respectively (p=0.215). Mean surgical time 67.13±20.73 minutes in NP vs 76.44±24.5 in the obesity group (p=0.058). Mean stay 2.99±2.88 days for NP vs 2.64±1.44 for O (p=0.561). Readmission rate 5.4% in NP vs 8% (p=0.632). Complication rate 9.8% vs 12% (p=0.746): surgical wound infection 4.3% vs 8% (p=0.463), wound dehiscence 0% vs 4% (p=0.054) and intra-abdominal abscess 8.7% vs 8% (p=0.912).

Conclusions

BMI were not a risk factor in the evolution of acute appendicitis and post-surgical complications in obese children in our center. No significant diferences were found.

Keywords: BMI, complicated acute appendicitis

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THE ROLE OF SURGERY AND ADHESION MANAGEMENT IN PIPO CASES

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Introduction

Pediatric pseudo-intestinal obstruction (PIPO) is a rare disorder marked by impaired intestinal motility due to dysfunction of gastrointestinal muscles and nerves. Patients typically present with abdominal pain, distension, and constipation lasting longer than six months without mechanical obstruction. Due to the absence of definitive diagnostic criteria and variable clinical manifestations, many undergo multiple surgeries before diagnosis. The role of surgery in pediatric PIPO remains controversial due to associated morbidity and mortality.

Methods

We retrospectively reviewed records of patients diagnosed with PIPO and followed between January 2024 and June 2025. Demographic data, clinical history, physical exam findings, and surgical details were collected for patients who underwent surgical intervention.

Results

Data from four PIPO patients who underwent multiple surgeries were analyzed. Mean patient age was 14.2 years (range: 11–18), and mean symptom onset age was 9.2 years (range: 1–14). Before referral, patients had a mean of 5 surgeries (range: 4–6), totaling 20 operations. All had a confirmed genetic diagnosis. Initial indications were suspected appendicitis in three patients and volvulus in one. Common indications for reoperation were adhesiolysis ± bowel resection and ileostomy. Two patients were referred for intestinal transplantation, and two to our intestinal rehabilitation unit. During follow-up, patients underwent an average of 1.7 (range: 1–2) surgeries. A resorbable sodium hyaluronate-based adhesion barrier gel was used in all procedures. Indications included ileostomy revision (n=2) and incisional hernia repair (n=1). No significant adhesions or related complications were noted during subsequent operations.

Conclusion

Given the high risk of postoperative adhesions in children with PIPO, surgical intervention should be avoided whenever possible. When surgery is necessary, the use of adhesion barrier gels may play a critical role in reducing postoperative morbidity.

Keywords: pediatric pseudo-obstruction, PIPO, intestinal failure, adhesiolysis, adhesion barrier,

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DIAGNOSIS OF ANORECTAL MALFORMATIONS IN SUB-SAHARAN AFRICA: A SCOPING REVIEW AND ANALYSIS OF THE IMPACT OF THE GLOBAL DOMESTIC PRODUCT

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Purpose: To summarize diagnostic aspects of anorectal malformations (ARM) in sub-Saharan Africa (SSA) and analyze the impact of the global domestic product (GDP).

Methods: Using PubMed, we conducted a scoping review by screening reports published from 2006 to 2023. Statistical tests were used to compare variables according to the three GDP groups: Low-, lower-middle-, and upper-middle income countries (LICs, LMICs, UMICs), with significance set at $p<0.05$.

Results: Twenty-three studies reporting 3344 patients were included. The sex ratio was 1.3:1. The mean age at diagnosis ranged from 1 day to 13.9 years. The Krickenbeck classification was used in 14 studies (60.8%). Rectovestibular fistula was reported with higher frequency in LICs vs UMICs (95% CI [4.872, 29.818], p=0.013). The existence of a screening protocol for AA increased with GDP (p=0.005). Reported frequency of AA was lower in LICs vs UMICs ([-64.016, -23.470], p<0.001) and in LIMCs vs UMIC ([-61.878, -30.872], p<0.001). Urogenital malformations were reported at a lower frequency in LICs vs UMICs ([-33.459, -3.802], p=0.026) and in LMICs vs UMICs ([-28.697, -4.678], p=0.041). Cardiovascular anomalies had lower frequency in LICs vs UMICs ([-31.954, -5.504], p=0.011) and in LMICs vs UMICs ([-29.410, -2.965], p=0.021).

Conclusion: Diagnosis of ARM in SSA is often delayed, with non-systematic use of the Krickenbeck classification. Lower GDP groups have fewer screening protocols for AA and report lower rates in LICs and LMICs compared to UMICs.

Keywords: Anorectal malformations, Sub-Saharan Africa, Diagnosis, Associated anomalies, Review

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SACRAL RATIO CORRELATES WITH SPINAL AND SACRAL ANOMALIES IN CHILDREN WITH ANORECTAL MALFORMATION

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Purpose: In children born with anorectal malformation (ARM), sacral ratio (SR) is used for spinal and sacral assessment and as prognostic factor. We investigated correlation of SR with spinal and sacral malformations in children with ARM.

Method: Retrospective study of children with ARM managed in our center from 2000 to 2025. Patients investigated by x-ray and MRI were included. SR was measured by two observers on the best pelvis x-ray available. Spinal and sacral anatomy was assessed on MRI. Spinal anomaly included tethered cord, meningocele, lipoma, thickened filum; sacral anomaly was defined as dysplasia or agenesia of sacral vertebrae.

Results: 102 ARM patients out of 214 were included. ARM subtypes were 52 perineal fistula, 9 vestibular fistula, 9 rectobulbar fistula, 8 rectoprostatic fistula, 1 rectobladder neck fistula, 15 anal atresia, 2 anal stenosis, 5 cloaca, 1 pouch colon. 22/102 (21.6%) had spinal anomaly and 28/102 (27.5%) had sacral anomaly. Interobserver SR variability was not significant (0.66 ± 0.18 vs 0.65 ± 0.18, p=0.70). 69 ARM patients had neither spinal nor sacral anomaly; their SR was 0.70 ± 0.16. SR in children with ARM and spinal anomaly was significantly lower compared to children without spinal anomaly (0.53 ± 0.18 vs 0.69 ± 0.16, p=0.0007). SR in children with ARM and sacral anomaly was significantly lower compared to children without sacral anomaly (0.56 ± 0.19 vs 0.7 ± 0.16, p= 0.0009). SR were significantly different in subgroups based on ARM subtypes and presence or absence of spinal and sacral anomaly (p=0.0189).

Conclusion: SR measured on x-ray may suggest associated spinal or sacral anomaly. SR may be used to identify patients who would benefit from an MRI. Larger studies are required to establish a cut-off value of SR for normal anatomy of spinal cord and sacrum.

Keywords: anorectal malformation, spinal malformation, sacral malformation, imaging, sacral ratio

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PEDIATRIC ABDOMINAL TUBERCULOSIS IN AN ENDEMIC REGION: CLINICAL PRESENTATION, MANAGEMENT STRATEGIES AND OUTCOMES

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Purpose

Tuberculosis (TB) remains a major global health burden, particularly in LMICs. Abdominal tuberculosis (AbTB), an extrapulmonary form of TB, presents diagnostic challenges due to nonspecific symptoms that overlap with other gastrointestinal conditions. This study aimed to describe the clinical presentation, diagnostic evaluation, and treatment outcomes of pediatric AbTB in a tertiary care setting.

Methods

We conducted a retrospective review of children under 18 years diagnosed with AbTB at tertiary care hospital in Pakistan from January 2012 to December 2022. Data collected included demographics, clinical features, diagnostic modalities, treatment regimens and outcomes. Patients were categorized into medical and surgical groups based on their management. Descriptive statistics were used for baseline characteristics and associations were assessed using statistical tests where appropriate. A p value of less than 0.05 was considered statistically significant.

Results

A total of 67 children were included, out of which 21(31.3%) were males. The median age and weight were 14 years (IQR: 11–16 years), and 28 kg (IQR: 18.5–35 kg) respectively. Abdominal pain, fever, altered bowel habits, and weight loss were the most frequent presenting symptoms. Abdominal CT was the most common imaging modality used (75%), followed by ultrasound (57%) and x-ray (25%). All patients received standard anti-TB therapy (ATT), and 14.2% of them required second-line treatment. Surgical intervention was required in 22% of cases. Mortality was higher in surgical group but not statistically significant (13% vs 3.9%, p=0.2). Readmission was significantly more frequent among surgical patients than among medical patients (19% vs 2%, $p<0.05$).

Conclusion

Pediatric AbTB often presents with nonspecific symptoms, causing delays in diagnosis and treatment. While most patients respond to medical therapy, not surprisingly those requiring surgery experience higher morbidity. Strengthening early diagnostic and referral pathways may reduce the need for surgery and improve outcomes.

Keywords: Abdominal tuberculosis, Endemic, Anti-tuberculous therapy, Surgical outcomes, Low- and middle-income countries (LMICs)

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CURATIVE EFFECT OF SINGLE-PORT LAPAROSCOPY COMBINED WITH ERAS IN THE TREATMENT OF COMPLEX APPENDICITIS IN CHILDREN

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Objective

To explore the efficacy and safety of single-port laparoscopy combined with the concept of enhanced recovery after surgery (ERAS) in the treatment of complex appendicitis in children.

Methods

A retrospective analysis was conducted on the clinical data of 76 pediatric patients with complicated appendicitis who underwent inpatient surgical treatment from January 2023 to September 2024. Based on the patients' clinical symptom and experience of the surgeon, patients were divided into two groups: the single-port laparoscopic group (n=30) and the conventional laparoscopic group (n=46). Both groups followed the ERAS during the perioperative period. The efficacy can be evaluated when compared the series of perioperative indicators in the both two groups of patients.

Results

All 76 children with complicated appendicitis were discharged with full recovery. Compared with the control group, the study group had significantly longer surgical time [(73.19±2.31)vs.(65.46±2.74)min], but less intraoperative blood loss [(3.57±1.68) vs.(5.36±2.34)ml], earlier postoperative feeding [(4.21±1.13)vs.(5.62±3.28)h], shorter time to anal exhaust [(15.05±2.43)vs.(19.31±8.30)h], earlier extubation [(2.52±1.04)vs.(3.32±2.23)d], lower CRP [(20.48±2.11)vs.(21.48±1.83)mg/L], shorter hospital stay [(8.12±1.08)vs.(10.15±1.49)d], and reduced costs [(10,948.12±132.29)vs.(12,131.65±105.36)CNY] (all $P<0.05$). No postoperative complications such as residual appendicitis or adhesive obstruction were noted in either group during the 3-month follow-up. Two cases of wound infection occurred in the control group and resolved with symptomatic treatment.

Conclusion

Compared with conventional laparoscopic group, single-port laparoscopic appendectomy is safer and more effective for the complex appendicitis in children.

Keywords: Single-port Laparoscopy, Enhanced Recovery After Surgery, Children Complex Appendicitis

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DIAGNOSIS AND TREATMENT OF CURRARINO SYNDROME: A SINGLE-CENTER CASE SERIES

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Purpose

Currarino syndrome is a rare genetic disorder characterized by the triad of anorectal malformations, presacral masses, and sacral malformations. We reviewed the diagnosis and management of this syndrome.

Method

The medical records of 10 children with Currarino syndrome treated at our hospital between 1993 and 2024 were retrospectively reviewed.

Results

Seven patients were boys. There were 4 sets of family histories.

Diagnosis: The initial symptom was constipation in all patients. Findings of anorectal malformations included anal stenosis (n=7), imperforate anus (n=2), and anal duplication (n=1). Cases of anal stenosis require differentiation from Hirschsprung's disease or imperforate anus. Presacral masses and sacral malformations were confirmed by imaging.

Treatment: All patients with anal stenosis were managed with bougies, laxatives, and enemas. One underwent anoplasty after colostomy. Patients with an imperforate anus and anal duplication underwent radical surgery. Presacral masses were removed in 7 of the 10 cases. In 5 cases, the mass also occupied the spinal canal and was removed with neurosurgery. One patient underwent simultaneous presacral mass excision and anoplasty for an imperforate anus. Histopathological examination of the masses revealed mature teratoma (n=5) and lipomeningocele (n=2). In 6 patients, the spinal cord was untethered by neurosurgery. Perioperative complications included rectal injury (n=2), urethral injury (n=1), transient neurogenic bladder (n=2), and wound dehiscence of anoplasty (n=2).

Conclusion

The diagnosis of constipation requires exclusion of Currarino syndrome. The treatment plan for this syndrome is determined by the abdominal and neurological symptoms and the location of the presacral mass. Some presacral masses are adherent to the rectum. In a recent case of mass excision (simultaneous with anoplasty), intraoperative placement of a biologically transparent illumination device in the rectum was useful in preventing rectal injury.

Keywords: Currarino syndrome, diagnosis, treatment, perioperative complication

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MECKEL'S DIVERTICULUM IN CHILDREN: LAPAROSCOPIC TECHNOLOGIES.

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Relevance: Meckel's diverticulum is the most common congenital malformation of the gastrointestinal tract. In 95% it is asymptomatic, what explains the difficulties in diagnosis. Preoperative diagnosis is made only in 10% of cases.

Aim: To show the opportunities of laparoscopy in diagnosis and management of Meckel's diverticulum in children.

Methods: During 2011-2024 Meckel's diverticulum was diagnosed in 69 children. Boy to girl ratio was 2:1, mean age – 8.6±5.3 years. Most children (67) were emergently hospitalized with acute abdomen and only 2 children were hospitalized as planned with established diagnosis of Meckel's diverticulum. Final diagnosis was performed using laparoscopy in all cases. 63 children (91.3%) were operated for diverticulum during the first operation, in 6 children Meckel diverticulectomy was not performed. Surgical tactic differed depending on the type of diverticulum.

Results: In 59.4% (41) of children complicated Meckel's diverticulum was seen. Complications included: ileus in 18.8%, perforation in 17.4%, gastrointestinal bleeding in 11.4%, intestinal intussusception in 10.1%, necrosis in 7.2% and inflammation in 4.3%. Diagnostic laparoscopy was performed in all children. Laparoscopy was performed under endotracheal anesthesia in supine position using three trocars: 11 mm (optic) in the umbilicus region, 5 mm (instruments) in left iliac region and in hypogastrium. 44 children (68.3%) were treated totally laparosopically, in the rest 19 children laparotomy was performed. During laparoscopic diverticulectomy an ultrasound dissector was used in 30 (68.2%) children, surgical stapling device was used in 12 (27.3%) children and in two girls diverticulectomy, resection of the part of the bowel and end-to-end anastomosis was performed. No intraoperative complications were observed. The postop period was normal in all children. Histological examination confirmed the diagnosis.

Conclusion: Laparoscopy in Meckel's diverticulum allows not only to confirm the diagnosis but also to manage the pathology in minimally invasive way.

Keywords: Diverticulum, Meckel's, laparoscopy, children, congenital, diverticulectomy, complication, ileus

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EVALUATING THE DIAGNOSTIC VALUE OF CONTRAST ENEMAS IN HIRSCHSPRUNG'S DISEASE

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Purpose: To assess the diagnostic sensitivity of the rectosigmoid index (RSI) and radiologic transition zone (TZ) on contrast enema in Hirschsprung's disease (HD).

Method: This retrospective study included 63 HD patients with available radiographs from 106 cases diagnosed between 2006 and 2025. Radiographs were reviewed by a single radiologist. The rectosigmoid index (RSI) is defined as the ratio of the widest rectal diameter to the widest sigmoid diameter. RSI ≤1 was considered diagnostic for HD. Radiologic TZ levels were compared to histopathological TZ.

Results: There were 50 (79.3%) males and 13 (20.7%) females. The median age was 11 months (1 month to 10 years). Thirty-four (54%) patients were <1 year of age, 23 (36.5%) between 1-3 years, and six (9.5%) >3 years. RSI was ≤1.0 in 47 patients (74.6%) and >1.0 in 16 patients (25.4%). According to histopathology, 78% (n=49) of patients had rectosigmoid HD, 13% (n=8) long-segment HD, and 9% (n=6) total colonic HD. Among the 47 patients, the specificity rate for RSI of ≤1.0 was 79.5% (n=39) in rectosigmoid HD, 37.5% (n=3) in long-segment HD and 83.4% (n=5) in total colonic HD. The comparison between radiological and histopathological TZ levels is summarized in Table 1.

Table 1. Sensitivity of contrast enema in predicting the transition zone

	No TZ Identified on CE (n)	TZ Identified on CE (n)		Sensitivity (%)	Positive Predictive Value (%)
		Correct	Incorrect		
Rectosigmoid HD (n=49)	9	39	1	79.6	97.5
Long-segment HD (n=8)	1	7	0	87.5	100
Total Colonic HD (n=6)	3	0	3	0	0
Total (n=63)	13	46	4	73	92

CE: contrast enema, HD: Hirschsprung's disease, TZ: Transition zone

Conclusion: An RSI of ≤1 on contrast enema showed only partial concordance with histopathological findings. The sensitivity for detecting the TZ was also suboptimal, suggesting limited diagnostic accuracy. However, when the TZ was clearly visible on contrast radiographies, the predictive value was high. This was most notable in rectosigmoid and long-segment HD. These findings support the potential role of contrast enema in surgical planning when radiologic features are well defined.

Keywords: Hirschsprung disease, rectosigmoid index, transition zone

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ANTERIOR SAGITTAL ANORECTOPLASTY IN GIRLS WITH RECTOVESTIBULAR FISTULA: SAFE, EFFICIENT, AND AESTHETICALLY SUPERIOR

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Introduction:

Rectovestibular fistula represent the most frequent low anorectal malformations in girls. The standard surgical approach popularized by Peña posterior sagittal anorectoplasty (PSARP)has long been considered the gold standard. However, the anterior sagittal approach has emerged as a less invasive alternative, allowing direct access to the rectovaginal space while minimizing sphincter disruption.

Purpose:

This study aims to report a single-center, 16-year experience with ASARP in female patients with rectovestibular fistula, and to evaluate long-term functional and cosmetic outcomes.

Methods:

We conducted a retrospective review of female patients with rectovestibular fistula treated with ASARP. The choice of approach was based on its limited perineal incision, minimal external sphincter division, and improved exposure of the rectum and vagina.

Results:
Fifty-two patients were included. Median age at diagnosis was 36 days; 71 % were recognised neonatally. AARP technique as a one-stage operation without preliminary colostomy was performed at a mean age of 6 months; mean operative time was 105 min, compared with the 120–150 min usually reported for PSARP. Dissection proved difficult in 7 patients (13 %); vaginal and rectal injuries occurred in 5 (9.6 %) and 2 (3.8 %). Post-operative infection developed in 13 patients (25 %), anastomotic leakage in 10 (19 %) and re-operation was required in 4 (7.7 %). Continence assessed in 37 children aged ≥ 3 years was normal in 22 (59 %), with chronic constipation in 7 (18.9 %) and occasional soiling in 8 (21.6 %). Mean hospital stay was 5.4 days and 93 % of parents rated perineal appearance good or excellent.

Conclusion:

ASARP offers a safe and effective alternative to PSARP for the correction of rectovestibular fistula. It is associated with reduced operative time, favorable functional outcomes, and excellent cosmetic results. These findings support the use of ASARP as a preferred approach in selected cases of low anorectal malformations in girls.

Keywords: Rectovestibular fistula, anterior sagittal approach, outcome

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NEONATAL GASTROINTESTINAL PERFORATION; CAUSES, SURGICAL TECHNIQUES AND FACTORS AFFECTING SURVIVAL

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University of Health Sciences Turkey, Hamidiye Faculty of Medicine, Department of Pediatric Surgery, Istanbul Zeynep Kamil Women and Children's Diseases Health Training and Research Center

Purpose: Gastrointestinal perforation (GIP) is a life-threatening condition and a surgical emergency in neonates. The most common cause is necrotizing enterocolitis (NEC). Approximately one in two extremely low birth weight (ELBW) infants who underwent surgery for NEC or SIP died. Herein, we aimed to evaluate the aetiology, surgical procedures and factors affecting survival in newborns diagnosed with GIP.

Method: Neonates affected by a primary GIP in the last 10 years period were reviewed retrospectively. Demographic data, details of surgical procedures, outcomes and survival rates were evaluated.

Results: A total of 108 neonates (63 males and 45 females) were evaluated. The median gestational age was 29 weeks and 38% were extremely preterm. The median birth weight was 1245 gr and 42.6% had ELBW. Initial bedside drainage was performed in the NICU in 79.6% of patients, while laparotomy was performed in 83.3%. The mortality rate of newborns who underwent PD was higher than those who did not receive PD ($p<.001$). NEC was the most common cause of perforation that effects 61.1% of the patients. Other common causes were intestinal atresia (13.0%), spontaneous intestinal perforation (10.2%) and gastric perforation (6.5%). Regarding the details of surgical techniques, enterostomy, bowel resection and suturing/closure were performed in 34 (39.2%), 39 (43.8%) and 13 (14.6%) newborns, respectively. Our mortality rate was 40.7%. The most important factors affecting mortality with statistical significance were low birth weight and gestational age.

Conclusion: Despite all the developments in NICU, low birth weight and prematurity are still the most important causes of mortality. Since our hospital is a perinatology and newborn reference centre and the majority of our patients are ELBW and extremely preterm newborns, our GIP mortality rate was found to be high. Therefore, the most important treatment is to protect patients from intestinal perforation.

Keywords: Newborn, Prematurity, Gastrointestinal perforation, Necrotizing enterocolitis, Spontaneous intestinal perforation

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SUBTHRESHOLD HAEC EPISODES IN HIRSCHSPRUNG'S DISEASE: RETHINKING THE DIAGNOSTIC SCORING SYSTEM

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National Institute of Child Health

Purpose:

To evaluate the clinical presentation and symptom patterns of Hirschsprung associated enterocolitis (HAEC) in pediatric patients, and to assess the reliability of the traditional HAEC scoring system in identifying clinical episodes, particularly those presenting with high- frequency symptoms but lower cumulative scores.

Method:

A cross-sectional study was conducted from 2018 to 2023 at a tertiary care pediatric surgical setup. Pediatric patients with biopsy-proven Hirschsprung's disease presenting with symptoms of enterocolitis were included. Patients with syndromic conditions, incomplete records, or lack of parental consent were excluded. Each episode of enterocolitis was evaluated using the standardized HAEC (Hirschsprung associated enterocolitis) scoring system, and the frequency of presenting symptoms was analyzed.

Results:

A total of 45 HAEC episodes were identified in 20 children (14 males, 6 females) with a median age of 5 years (IQR: 2–9). The rectosigmoid region was involved in 70% of cases. Over 20 episodes scored below the traditional HAEC cutoff (<10–12). Foulsmelling stools, explosive loose stools, and fever were present in 100% of cases; lethargy (60%), abdominal distension (55%), prior HAEC history (68%), and neutrophilia (40%) were also common. Despite lower scores, high-frequency symptoms strongly correlated with clinical HAEC, highlighting the importance of individual symptom assessment.

Conclusion:

A significant proportion of HAEC episodes occurred below the currently accepted scoring threshold. These findings support reconsideration of the existing cutoff, highlighting the importance of individual symptom patterns. Lowering the threshold may improve early diagnosis and outcomes. Multicenter validation is recommended to refine and standardize HAEC diagnostic criteria.

Keywords: Hirshprung's disease, Hirshprung associated enterocolitis, HAEC score

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COMPLICATIONS ASSOCIATED WITH COLOSTOMIES IN PATIENTS WITH ANORECTAL MALFORMATIONS: EXPERIENCE FROM A REFERRAL CENTER IN COLOMBIA

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Universidad Nacional de Colombia, Fundación Hospital pediátrico La Misericordia

Objective:

To evaluate complications associated with colostomies in pediatric patients diagnosed with anorectal malformations (ARMs) between January 2008 and December 2024.

Methods:

A retrospective case series was conducted including patients with ARM who underwent colostomy during the neonatal period. A univariate and bivariate analysis of procedure-related complications was performed. Ethics committee approval was obtained.

Results:

A total of 150 patients were included, 52% were female. The most common ARM in males was perineal fistula (16%), while in females it was rectovestibular fistula (22.6%). All patients with perineal fistula underwent colostomy as initial management due to delayed diagnosis presenting as chronic constipation. Colostomy performed at an outside institution in 77% of patients. The age at colostomy creation ranged from 1 day to 8 years. The most frequently performed technique was Peña-type colostomy (60%), with the most common site being the descending-sigmoid colon junction (74%). The median age at colostomy closure was 18.5 months (IQR: 24).

Thirty-nine percent of patients experienced complications related to the colostomy, the most frequent was stoma prolapse (12%), peristomal skin lesions and stoma inversion (9%). A total of 22.6% required surgical reintervention. Bivariate analysis revealed that loop colostomies were significantly associated with a higher complication rate ($p < 0.05$). When stratifying complications by level and type of colostomy, double-barrel colostomies without a skin bridge were more frequently associated with urinary tract infections and stomal stenosis.

Conclusions:

Peña-type colostomy was the most frequently used technique in our setting, even in patients with delayed diagnosis. It was associated with fewer complications compared to loop or double-barrel colostomies without a skin bridge. Standardization of surgical technique across institutions and multicenter prospective studies are recommended to reduce complication rates and optimize outcomes.

Keywords: Colostomy, anorectal malformation, complications

PD - 1

COSTAL HYDATID CYST IN A CHILD WITH DOWN SYNDROME: A RARE AND CHALLENGING DIAGNOSIS

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Introduction:

Hydatid disease, caused by *Echinococcus granulosus*, rarely affects bones, and costal involvement is exceptional, especially in pediatric patients. We report the case of a 12-year-old girl with Down syndrome and hypothyroidism, admitted for a left anterior thoracic subcutaneous mass.

Case presentation:

The history revealed a previous episode of spontaneous fistulization of a similar dorsal mass that had resolved without treatment. Clinical examination found a firm, non-tender, inflamed mass discharging pus. Laboratory tests showed normal inflammatory markers, and initial microbiological investigations including tuberculosis screening and pus culture were negative.

Ultrasound revealed a heterogeneous subpectoral collection with multiple anechoic cystic areas and a tract extending to the sternocostal joint. Thoracic CT scan demonstrated osteolytic lesions of the second left rib with surrounding soft tissue collection and bone sequestrum, suggesting an infectious or neoplastic process. Surgical drainage yielded purulent material containing translucent vesicles, raising the suspicion of a hydatid cyst. Histopathological examination confirmed the diagnosis, showing lamellar, acellular eosinophilic membranes consistent with hydatid cyst walls.

The patient underwent complete surgical excision of the cyst with curettage of the affected rib and pleural cavity cleaning. Medical treatment with albendazole was administered postoperatively. The clinical course was favorable. At three-year follow-up, the patient remained asymptomatic, with a normal control CT scan and negative hydatid serology, confirming complete recovery without recurrence.

Conclusion:

This case illustrates a rare location of hydatid disease that can mimic osteomyelitis or chest wall tumors. In endemic areas, hydatid disease should be considered in the differential diagnosis of chronic thoracic wall masses, even with atypical presentations and negative serology. Early diagnosis and radical surgical management are key to preventing recurrence and complications.

Keywords: Hydatid disease, Pediatric, Rib cyst, Down syndrome, Bone echinococcosis, Chest wall mass, Surgery

PD - 2

INTRATHORACIC ECTOPIC KIDNEY WITH PULMONARY SEQUESTRATION: CLINICAL AND SURGICAL INSIGHTS: A CASE REPORT

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National Ribat University Hospital

Introduction:

Intrathoracic ectopic kidney (ITEK) is a rare congenital anomaly occurring in <5% of renal ectopias, often asymptomatic and detected incidentally. Pulmonary sequestration, another rare malformation, involves non-functioning lung tissue with systemic blood supply. We report the first documented case in Sudan of concurrent ITEK and pulmonary sequestration without diaphragmatic hernia.

Case Presentation:

A 7-month-old male with recurrent respiratory distress since birth presented with failure to thrive and breastfeeding difficulties. Imaging revealed a right thoracic kidney and adjacent lung mass. Thoracotomy confirmed an ectopic kidney adherent to a sequestrated lung lobe. The sequestration vessels were ligated, and the lung was successfully decorticated while preserving the thoracic kidney. Postoperative recovery was uneventful with resolution of symptoms.

Conclusion:

This unprecedented combination highlights diagnostic challenges in pediatric respiratory cases. CT imaging was critical for preoperative planning. Conservative management of the asymptomatic ITEK with surgical correction of sequestration yielded excellent outcomes. The case underscores the need for high clinical suspicion of rare congenital anomalies in refractory pediatric respiratory presentations.

Conflict of Interest:

The authors declare no conflict of interest.

Keywords: Intrathoracic kidney, pulmonary sequestration, congenital anomalies, pediatric thoracic surgery, ectopic.

PD - 3

TANGLED WITHIN : A RARE PRESENTATION OF SPLENIC AND GASTRIC VOLVULUS IN CDH

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Sabah Woman and Children Hospital (SWACH)

Introduction:

Congenital diaphgramatic hernia (CDH), typically presents in the neonatal period, with an incidence of 1 in 2,000 - 5000 live births. We present an unusual case of CDH which presented later and was complicated by splenic and gastric volvulus.

Case Presentation:

We present the case of a 12-year-old girl with a 1-day history of acute epigastric pain on a background of intermittent abdominal pain over the past year. Examination revealed abdominal tenderness with bilious drainage from a nasogastric tube. Chest radiograph showed the tube coiled in the left hemithorax with bowel shadows, while CT imaging revealed a left-sided diaphragmatic defect with herniation of the stomach, small bowel, and colon, along with a pelvic wandering spleen with features of infarction and vascular torsion.

She underwent an emergency laparotomy, which revealed a posterolateral CDH without sac, containing the stomach, entire small bowel, and colon up to the transverse segment. The stomach was dilated with mesenteroaxial volvulus, and the spleen was torsed 1080°, infarcted, and located in the pelvis. Surgical procedures included CDH repair, splenectomy, gastropexy, and ascending colopexy. She was extubated on postoperative day 2 and recovered uneventfully.

Conclusion:

This case highlights the importance of maintaining a high index of suspicion for wandering spleen and gastric volvulus in children presenting with abdominal pain, particularly in the presence of CDH. Early imaging and timely surgical intervention are key to favorable outcomes.

Keywords: Gastric volvulus, CDH, Spleen torsion

PD - 4

TOTAL OESOPHAGO-GASTRIC DISSOCIATION; IS THERE A ROLE FOR SUCH A PROCEDURE?

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Walter Sisulu University

Introduction

Total oesophago-gastric dissociation is a rescue procedure used in severely neurologically impaired children where a previously performed antireflux procedure had failed. The procedure entails completed dissociation of the oesophagus to the stomach with a Roux-en-Y oesophago-jejunostomy and Stamm gastrostomy performed. This case report describes the outcome in such patients.

Method

Retrospective review of patients who underwent a total oesophago-gastric dissociation (TODG) procedure at Life Beacon Bay Hospital.

Case 1:

5year old girl with encephalopathy syndrome who presented at 2years of age with severe gasto-oesophageal reflux, confirmed on 24hr pH study. Underwent laparoscopic Nissen Funduplication with a feeding gastrostomy soon thereafter. Unremarkable recovery. Presented 2years later with vomiting and retching; on gastroscope, had no oesophagitis with snug ‘valve’ and gastritis. H Pylori was detected on biopsy specimen. Subsequently presented to the paediatricians with repeated episodes of hyperactive airway with wheezing and respiratory distress, attributed to reflux. A good weight was maintaining throughout this period. She underwent an open TOGD with no reported reflux episodes thereafter.

Case 2:

13year old boy with spastic cerebral palsy who presented with feeding difficulty, malnutrition and gastro-oesophageal reflux. Underwent laparoscopic Thal Funduplication with a feeding gastrostomy with an unremarkable recovery. Was managed by paediatricians over a 2year period with satisfactory weight gain but recurrent lower respiratory tract infections. Contrast swallow showed persistent reflux. He underwent an open TOGD with no further reported reflux.

Conclusion

Despite the limited number in this cohort, children who underwent TOGD were able to maintain weight and avoid recurrent reflux episodes and had decreased hospital visits. TOGD is a procedure worth considering in severely neurologically impaired children who remain symptomatic despite previous antireflux procedure.

Keywords: Oesophago-gastric dissociation

PD - 5

TRUTH OR DARE: A PARTY GAME AS AN ATYPICAL CAUSE FOR ACUTE PANCREATITIS

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[2] Istanbul Medeniyet University Faculty of Medicine, Goztepe, Prof. Dr. Suleyman Yalcın City Hospital, Department of Radiology

Introduction: This report presents a rare case of acute pancreatitis caused by an atypical gastroduodenal bezoar.

Case Presentation: A 14-year-old male was admitted to the emergency department with complaints of abdominal pain and vomiting persisting for two days. He had a previous diagnosis of attention deficit hyperactivity disorder and ingested pieces of a T-shirt while playing “truth or dare” with his friends two days before presentation. Physical examination showed generalized abdominal tenderness, most prominent in the epigastric region. Laboratory tests revealed a leukocyte count of 7.800 U/L (4-10^3), C-reactive protein 117,2 mg/L (0-5), amylase 2.165 U/L (28-100), and lipase 2.184 U/L (13-60); bilirubin levels were within normal limits. Plain abdominal radiography revealed multiple radiopaque foreign bodies in the epigastric region. Ultrasonography showed diffuse free abdominal fluid. Computed tomography demonstrated the foreign body extending from the stomach to the second part of the duodenum, along with findings consistent with acute interstitial pancreatitis. A large foreign body filling the stomach was detected by upper GI endoscopy, which could not be removed using grasping instruments. A laparotomy was undertaken and by gastrotomy, multiple fragmented shoe components were removed from the stomach and duodenum. Perioperative fluoroscopy confirmed free passage of contrast through distal bowel. Amylase and lipase levels returned to normal on postoperative day four. Oral feeding was initiated on the third day and he was discharged on day five. The patient was referred to pediatric psychiatry outpatient clinics

Conclusion: In childhood, the most common etiologies of acute pancreatitis include drugs, infections, trauma, and anatomical abnormalities. Acute pancreatitis secondary to a bezoar, however, is an extremely rare condition. This case highlights that foreign bodies located in the gastroduodenal region can lead to pancreatitis by obstructing pancreatic outflow and timely removal is therapeutic in terms of pancreatitis.

Keywords: Bezoar, acute pancreatitis, foreign body ingestion, child

PD - 6

WHAT ARE THE FACTORS INFLUENCING THE SURGICAL APPROACH IN HIATAL HERNIA?

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Introduction

Hiatal hernia repair in pediatric patients presents a clinical challenge with considerations for both laparoscopic and open surgical approaches. Factors influencing the choice between these techniques remain underexplored. We aim to evaluate the key factors that influence the decision between laparoscopic or open surgical repair of hiatal hernias in children.

Materials and methods

A retrospective analysis was conducted on patients undergoing hiatal hernia repair over a 10-year period. Patients were categorized into two groups based on the surgical approach: Group 1 (n=17), which underwent laparoscopic repair, and Group 2 (n=6), which underwent open repair. Data collected included patient demographics, hernia size and type, preoperative symptoms, surgical approach, intraoperative findings, postoperative outcomes, and follow-up assessments.

Results

In this study, a total of 23 pediatric patients were enrolled, with 17 patients (74%) undergoing laparoscopic surgery and 6 patients (26%) undergoing open surgery for hiatal hernia repair. There were no significant differences in gender, body mass index, or age between groups. However, all patients with associated comorbidities, particularly those with neurological impairments, were exclusively managed via the open surgical approach ($p<0.001$). During intraoperative assessment, patients undergoing laparoscopic surgery had significantly smaller hernia sizes compared to those undergoing open surgery (2.9±1.2 cm vs 4.6±0.8 cm; $p=0.042$). Furthermore, the type of hernia component differed significantly between groups, with Type IV hernias being more prevalent in the open surgery group (5 out of 6 patients) compared to the laparoscopic surgery group (1 patient) ($p=0.012$).

Conclusion

These findings underscore the clinical decision-making process in choosing between laparoscopic and open surgical approaches for pediatric hiatal hernia repair, highlighting the influence of hernia size and type on the choice of surgical technique.

Keywords: Hiatal hernia,laparoscopy,pediatric surgery, children

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EPIDEMIOLOGY AND RISK FACTORS OF CONGENITAL ANOMALIES MANAGED BY THE PAEDIATRIC SURGERY UNIT AT GREATER ACCRA REGIONAL HOSPITAL: A THREE-YEAR REVIEW

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Purpose: Congenital anomalies pose a significant challenge to neonatal health in low- and middle-income countries, straining paediatric surgical resources. In Ghana, limited epidemiological data hinders effective surgical interventions. This study investigates the prevalence, spectrum, and maternal risk factors of congenital anomalies among neonates admitted to the paediatric surgery unit via the neonatal intensive care unit (NICU) at Greater Accra Regional Hospital.

Methods: A retrospective review of NICU admissions from June 2022 to June 2025 was conducted. Data on anomaly type, sex, birth weight, gestational age, associated anomalies, mortality, maternal age, antenatal care, folic acid supplementation, and delivery location were extracted from medical records. Descriptive statistics summarized prevalence and patterns, while logistic regression identified maternal risk factors.

Results: Among 104 neonates, 56.7% were male, 40.4% female, and 2.9% had ambiguous genitalia. Birth weight was predominantly 2.6–4 kg (54.8%), with 35.6% at 1.5–2.5 kg. Gestational age ranged from 34–40 weeks (69.2%). Prevalent anomalies included Hirschsprung's disease/meconium plug (21.2%), anterior abdominal wall defects (19.2%), and anorectal malformations (11.5%). Congenital heart disease was associated in 12.5% of cases, with a mortality rate of 19.2%. Significant risk factors were maternal age >35 years (OR 2.3, 95% CI 1.14–4.63, p=0.02), lack of periconceptional folic acid (OR 2.9, 95% CI 1.27–6.62, p=0.01), and non-facility delivery (OR 3.5, 95% CI 1.47–8.33, p<0.01).

Conclusion: Gastrointestinal and abdominal wall defects predominate, with high mortality highlighting the urgent need for enhanced surgical capacity. Promoting folic acid supplementation, early antenatal screening, and facility-based deliveries is essential. Establishing a national congenital anomaly registry could optimize surgical planning and improve neonatal outcomes in Ghana.

Keywords: Congenital anomalies, neonatal intensive care unit (NICU), paediatric surgery, Greater Accra Regional Hospital

PD - 8

DIAGNOSTIC AND THERAPEUTIC MANAGEMENT OF BILIARY ATRESIA: A SERIES OF 24 CASES

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Purpose: Biliary atresia (BA) is a congenital malformation characterized by an inflammatory, destructive, and sclerosing process affecting the intrahepatic and extrahepatic bile ducts. This leads to progressive fibrosis and obliteration of the biliary tract, resulting in cholestasis and ultimately hepatic cirrhosis. In the absence of surgical intervention, the outcome is invariably fatal, with death typically occurring within the first 19 months of life due to liver failure and complications of portal hypertension.This study aimed to evaluate the clinical, biological, ultrasonographic, and therapeutic characteristics of infants diagnosed with biliary atresia.

Methods: We conducted a retrospective study from 2019 to 2025, including cases of biliary atresia managed at our department.

Results: A total of 24 infants were included: 15 girls and 9 boys. The mean age at initial presentation was 20 days. The primary reason for consultation was jaundice, which was present in all cases. Hepatic cytolysis was observed in 23 patients, while all had biochemical evidence of cholestasis. A hallmark biological feature was markedly elevated serum gamma-glutamyl transpeptidase (GGT) levels, with a mean value of 650 IU/L (range: 110–1890 IU/L). Abdominal ultrasound was performed in all patients: it was normal in 2 cases, while 22 showed findings suggestive of BA. All patients underwent Kasai portoenterostomy as the initial surgical management. The mean age at surgery was 2 months, with a range from 19 days to 3 months and 22 days. Postoperatively, all infants received ursodeoxycholic acid and supplementation with fat-soluble vitamins.

Conclusion: Serum GGT levels play a pivotal role in the diagnosis of BA when combined with conventional ultrasound findings. However, a normal abdominal ultrasound does not rule out the diagnosis. Early recognition and timely surgical intervention remain key to improving outcomes.

Keywords: Biliary atresia, Cholestasis, Ultrasound, Kasai portoenterostomy, , Early diagnosis

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THE IMPACT OF HOSPITAL ACTIVITY ROOM ON THE PSYCHOSOCIAL WELL-BEING OF PEDIATRIC SURGERY PATIENTS AND THEIR PARENTS' ANXIETY

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Purpose:

Hospitalization and surgery are emotionally challenging for both children and their families. Medical environments often fail to address children's psychosocial needs alongside their physical health. Hospital-based play activities can ease the hospital experience by helping children express emotions, reduce fear, and feel secure. This study investigates the effects of a multidisciplinary activity room on stress, anxiety, and fear among pediatric patients and their parents.

Method:

Conducted at University Hospital, the study involved children aged 2–12 years admitted to the pediatric surgery ward who were physically fit to attend the activity room. Before participation, parents completed the "Psychosocial Symptom Scale for Children" and the STAI FORM-TX anxiety scale. These assessments were repeated upon discharge. Children visited the activity room twice daily under the supervision of a ward nurse, guided by faculty and Child Development students. Each session lasted at least one hour, with parents observing through a glass partition.

Results:
Of the 23 participants (16 boys, seven girls; average age 5.9), parents initially reported high anxiety levels. Post-intervention results showed a significant reduction in parental anxiety. Children's average psychosocial scores dropped from 22.08 to 13.30, indicating a statistically significant improvement (p=0.006).

Conclusion:

Hospital activity rooms serve as effective, supportive environments for reducing psychosocial symptoms in children and anxiety in parents during hospitalization. Integrating such spaces into pediatric surgical care can enhance the hospital experience and promote broader implementation across healthcare institutions.

Keywords: play, activity room, pediatric surgery, anxiety, hospitalization

PD - 10

FIRST NATIONAL SERIES OF PEDIATRIC LAPAROSCOPIC INGUINAL HERNIAS REPAIRS IN PANAMA: PRELIMINARY OUTCOMES AND FEASIBILITY OF IMPLEMENTATION

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Purpose

Inguinal hernia repair is one of the most common pediatric surgical procedures. Laparoscopic techniques have demonstrated clear benefits in multiple international series. However, in Latin America, adoption remains limited due to resource constraints and lack of local experience. In this context, we report the first national experience with laparoscopic pediatric inguinal hernia repair in Panama, performed at a second-level general public hospital.

Methods

A retrospective study was conducted on pediatric patients who underwent PIRS (percutaneous internal ring suture) repair between January and February 2025. Demographic and surgical variables were collected, with a follow-up of 3 months.

Results

Twelve patients (7 girls, 5 boys) were included, with a mean age of 4.08 years (95% Confidence Interval: 3.0–5.2). Intraoperatively, 3 contralateral hernias were identified, and 7 patients (58.3%) had associated umbilical hernias. Ethibond or Prolene were the sutures used for the procedures. The mean operative time was 36 minutes (95% CI: 27.3–44.6).

No conversions, intraoperative, or postoperative complications were reported, and all patients were discharged the same day. Two recurrences (16.7%) were noted at 3-month follow-up; one of these patients was later diagnosed with cutis laxa syndrome, a condition unknown at the time of surgery.

Conclusion

Laparoscopic inguinal hernia repair using the PIRS technique is feasible and safe, even in settings without prior experience. As the first series of its kind in Panama, this report highlights the potential for broader regional adoption.

Keywords: pediatric inguinal hernia, PIRS technique, laparoscopic repair

PD - 11

NEONATAL OVARIAN CYSTS: IS SURGICAL MANAGEMENT THE WAY TO GO? A 10 YEAR SINGLE CENTER REVIEW

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Purpose:

Ovarian cysts are the most common abdominal mass diagnosed in the female fetus. A complex appearance is suggestive of hemorrage/ovarian torsion. The management of neonatal ovarian cysts remains controversial. This study aims to review the clinical course of patients diagnosed with antenatal ovarian lesions at a single institution between 2015-2025.

Method:

Clinical files of patients diagnosed prenatally at our Institution or transferred with an ovarian cyst were reviewed. Demographic data, prenatal and postnatal imaging characteristics, operative and histopathological findings were collected.

Results:

13 patients were identified; The mean gestational age at diagnosis (12/13) was 34 weeks, with mean cyst size of 45 mm. At time of pre-natal diagnosis, 10 cysts were classified as simple and 2 as complex. Data from cyst characteristics on subsequent ultrasounds was available for 8/12 patients: 5 showed no changes, 2 had changes in size, and 1 evolved from simple to complex.

Postnatal imaging revealed an abdominal cyst with an undefined origin in 5 cases; size alteration in comparison with the prenatal ultrasound in 4 cases; alteration from simple to complex in 1 case. One presented bilateral cysts.

One patient was managed conservatively with spontaneous postnatal resolution. Twelve patients underwent surgical intervention, median age of 7 days (range 3–180 days), without perioperative complications: all were submitted to an oophorectomy, 5 with an initial exploratory laparoscopy due to diagnostic uncertainty. Histopathology showed 1 serous cystadenoma, 1 ovarian remnant, and hemorrhagic necrosis due to torsion in 9 patients.

Conclusion:

Large ovarian cyst may evolve from simple to complex, being the latter strongly suggestive of ovarian torsion. While the literature often supports a conservative approach based on the low incidence of neonatal neoplasms and complications, our series demonstrated that no complications were associated to surgery and we describe one case of serous cystadenoma, currently under surveillance.

Keywords: neonatal ovarian cysts, post-natal management, complex ovarian cysts

PD - 12

INTRAOPERATIVE AND POSTOPERATIVE MANAGEMENT OF DUODENAL PERFORATIONS IN CHILDREN: A DESCRIPTIVE CASE SERIES.

Sara Mohammad Amin, Naima Zamir

National Institute of Child Health

Title:
“Intraoperative and postoperative management of duodenal perforations in children: a descriptive case series.”
Author: Sara Muhammad Amin, Paediatric Surgery Resident
Co Author: Naima Zamir, Professor Paediatric Surgery
Purpose:
To investigate the intraoperative determinants guiding the surgical management of paediatric duodenal perforations—considering factors such as timing of presentation, defect characteristics, and peritoneal contamination—and to evaluate postoperative morbidity and the effectiveness of conservative management in selected cases
Method:
The study was conducted in the Department of PaediatricSurgery from January 2022 to October 2024, following approval by the Institutional Ethical Review Board (IERB). A total of ten cases of duodenal perforation, confirmed intraoperatively during laparotomy, were included. Surgical management was guided by intraoperative assessment, with procedures including primary closure, repair over a T-tube, or repair with placement of a trans-anastomotic tube. Postoperative care focused on nutritional rehabilitation, fluid and electrolyte balance, and the management of sepsis.
Results:
Ten paediatric patients with duodenal perforation (Five traumatic, five non-traumatic) were managed case-by-case, guided by intraoperative findings such as level of perforation and extent of abdominal contamination. Surgical techniques included primary repair, T-tube, or trans anastomotic tube placement. Complications occurred in 4 patients (40%), primarily enterocutaneous fistulas and anastomotic leaks. Most were managed conservatively with early enteral feeding, electrolyte correction, and infection control, avoiding re-exploration. Non-traumatic cases had higher morbidity and longer hospital stays (up to fifty-eight days), while early presentation was associated with better outcomes
Conclusion:
The surgical approach to paediatric duodenal perforations should be guided primarily by intraoperative findings rather than the underlying aetiology. While surgical intervention is essential, favorable outcomes are largely dependent on meticulous postoperative care. Early initiation of enteral nutrition, along with effective sepsis management, enables conservative resolution of most complications, thereby minimizing the need for re-exploration or additional surgical procedures

Keywords: Paediatric duodenal perforation, Intraoperative assessment, surgical management, trans-anastomotic tube, early enteral nutrition

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PD - 13

ASSESSING THE UTILITY OF ROUTINE PREOPERATIVE COMPLETE BLOOD COUNT TESTING IN CHILDREN SCHEDULED FOR SURGICAL PROCEDURES IN PAKISTAN: A QUALITY IMPROVEMENT STUDY

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Purpose

Laboratory screening protocols may help identify and treat underlying health concerns before surgery to prevent complications, particularly in the low and middle income countries (LMICs). However, ineffective protocols may increase patient costs without benefit. Continuous audits are essential to identify and discontinue such protocols. We describe an audit of a preoperative screening protocol at an LMIC hospital.

Methods

This study was conducted at a tertiary care hospital in Karachi, Pakistan. Due to the assumed high prevalence of undernutrition and anemia, routine preoperative complete blood counts (CBCs) were performed in all pediatric surgical patients at our institution. We reviewed all surgical encounters in patients under 18 years in 2022. Clinical and demographic data were collected. Anemia and its severity were defined using WHO guidelines, and patients were stratified by age. Wilcoxon rank-sum and Chi-Square/Fisher's exact tests were used as appropriate. A p-value < 0.05 was considered significant.

Results

A total of 798 patients were included out of which 540 (67.67%) were male. 479 (60.03%) underwent outpatient procedures while 319 (39.97%) were inpatient. Mean ages were 6.57±4.90 and 6.74±5.58 years in outpatient and inpatient groups respectively. Mean hemoglobin (Hb) was significantly lower in the inpatient group (11.67±5.78 vs. 11.75±1.48, p=0.0001). More inpatients received postoperative transfusions (53.3% vs. 0.2%, p<0.0001). Older patients (> 11 years) had the highest prevalence of anemia, a majority of which were moderate as per the WHO criteria. Anemia was significantly more prevalent in inpatients >5 years. No surgeries were delayed or preoperative transfusions were given based on screening CBC results.

Conclusion

Routine preoperative CBC did not alter management in our center. Older, sicker children undergoing inpatient surgery may be selectively screened. Eliminating CBCs in other cases can reduce patient burden. While standardized protocols are valuable, continuous auditing is crucial to ensure clinical benefit, especially in LMIC settings.

Keywords: Pre-operative screening, quality improvement, pediatric surgery, low-and-middle income country, complete blood count

PD - 14

THE DIFFICULT DECISION IN TESTICULAR TORSION: ATROPHY AND FOLLOW-UP INSUFFICIENCY AFTER ORCHIECTOMY OR ORCHIOPEXY

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Aim: The absence of objective criteria for viability assessment during testicular torsion surgery makes surgical decisions subjective. In this study, we aimed to analyze the long-term follow-up of cases that underwent orchiopexy despite clear signs of severe intraoperative ischemia, evaluating both the natural course of these cases and the challenges in their management.

Materials and Methods: We retrospectively reviewed cases underwent scrotal exploration with a preliminary diagnosis of testicular torsion between January 2017-December 2022 at our center. The study group consisted of patients whose testicular viability was highly suspicious during surgery but who ultimately underwent orchiopexy. These patients were evaluated based on postoperative physical examination and scrotal ultrasonography (USG) findings.

Results: Testicular torsion was diagnosed in 49 of 64 explored cases; orchiopexy was performed in 18(28%) of these, despite severe ischemia. Only 9 (50%) of these 18patients could be regularly followed long-term. Of the remaining 9 patients, 9 never attended follow-up or had a USG, and 4 completely abandoned follow-up after the initial control USG. All 9 regularly followed cases showed significant volume loss and decreased vascularity (atrophy) in the testis. Of these 9 patients who received an indication for orchiectomy clinically, only 1 (11%) accepted the recommended surgery.

Conclusion: Atrophy is frequently observed in testes that undergo orchiopexy despite severe intraoperative ischemia. Although guidelines don't support orchiectomy solely for the presence of atrophy, symptomatic conditions such as pain, mass effect, infection, or cosmetic concerns are accepted indications for orchiectomy. Therefore, the surgical decision shouldn't be based solely on intraoperative impression but should be individualized considering the patient's potential for long-term follow-up and the availability of objective evaluation. Patients experienced delays in the torsion process leading to ischemic necrosis and also demonstrated non-compliance in the follow-up period. Our study provides real-world data to the literature, addressing the gaps concerning follow-up difficulties, patient non-compliance, and uncertainties in decision-making processes.

Keywords: testis, torsion, orchidopexy, orchiectomy, ischemia, testicular prosthesis, atrophy

PD - 15

SPONTANEOUS PELVIS RUPTURE CAUSED BY URETERAL CALCULUS IN CHILDREN: A CASE REPORT AND REVIEW OF THE LITERATURE

Objective: To investigate the clinical features, diagnosis and treatment of spontaneous renal pelvis rupture in children.

Methods: The clinical data of one patient with spontaneous renal pelvic rupture caused by ureteral calculus were reviewed, and the common etiology, mechanism and diagnosis and treatment options were analyzed based on literature.

Result: A spontaneous rupture of the renal collecting system is a rare complication that may occur in the presence of an elevated intrapelvic pressure. This study shows one case of a patient with spontaneous pelvic rupture by the calculus in childhood. Spontaneous rupture of the renal pelvis and urinary extravasation were detected by contrast-enhanced computed tomography scan. Conservative treatment with the drainage of the posterior peritoneum using a drainage catheter and the placement of a JJ stent are generally satisfactory.

Conclusion: Performing a contrast CT scan with urography phase can save time in establishing a diagnosis and enable immediate urological intervention. The primary treatment of renal pelvic rupture consists of conservative treatment and Open surgery .The placement of a double-J ureteral stent is currently the method of choice.

Keywords: Spontaneous rupture of renal pelvis, children, Ureteral calculus, Urinary extravasation

PD - 16

BLADDER EXSTROPHY: THE ROLE OF MUSCULO-APONEUROTIC FLAPS IN PREVENTING ABDOMINAL AND BLADDER WALL DEHISCENCE

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Purpose: Surgical dehiscence remains a major complication in the management of bladder exstrophy. The standard approach—reclosure with pubic osteotomy—often results in limited continence, even after multiple procedures. This study reports our experience with the use of musculo-aponeurotic flaps to prevent dehiscence and improve the success of primary bladder exstrophy repair**,** without requiring pelvic osteotomy.

Materials and Methods: With approval from the institutional ethics committee, we conducted a retrospective study of patients treated for bladder exstrophy between 2019 and 2023. All children underwent single-stage closure of the bladder and abdominal wall using musculo-aponeurotic flaps, without pelvic osteotomy.

Results: A total of 9 children underwent single-stage bladder exstrophy repair with musculo-aponeurotic flap coverage. The surgical protocol included: Epispadias repair in all patients, at a mean age of 12 months; Ureteral reimplantation performed during the initial procedure; Bladder neck reconstruction via Young-Dees cervicoplasty with neck lengthening.All patients had uneventful postoperative courses. No surgical revisions were required. Follow-up imaging showed no upper urinary tract dilation**.** Voiding cystourethrograms (VCUGs) were not routinely performed, as no patients presented with urinary tract infections or signs of impaired renal function**.**

Conclusion: Successful closure of the bladder plate is critical in the management of bladder exstrophy, though continence remains a long-term challenge. Our findings suggest that musculo-aponeurotic flap reconstruction offers a reliable, technically straightforward method for preventing dehiscence. This approach allows for single-stage repair without osteotomy**;** early postoperative feeding**;**simultaneous epispadias repair**,** regardless of age;avoidance of prolonged immobilization.We propose this technique as a viable alternative to traditional, multi-staged or osteotomy-reliant strategies in bladder exstrophy management.

Keywords: Bladder extrophu, flaps, dehiscence.

PD - 17

COMPARISON OF EARLY VERSUS LATE URINARY BLADDER CATHETER REMOVAL ON THE OUTCOMES OF HYPOSPADIAS SURGERY IN A TERTIARY CARE HOSPITAL: A RANDOMIZED CONTROLLED TRIAL

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Purpose:

Despite widespread use of postoperative urinary catheterization in hypospadias repair, no specific guidelines exist for the timing of catheter removal. The purpose of this study is to evaluate the impact of early versus late urinary bladder catheter removal on postoperative outcomes measured as early and late complications. The study also evaluates hospital stay duration and patient satisfaction to support safer, evidence-based practices in pediatric hypospadias care.

Method:

A randomized controlled trial was conducted from December 2024 to May 2025. Patients aged 6 months till 12 years with hypospadias who underwent tubularized incised plate urethroplasty, the technique previously described by Snodgrass et al. were randomly allocated into 2 groups by computer generated numbers. Group A: Early catheter removal (≤5 days post-op) And Group B: Late catheter removal (>5 days post-op). Primary outcomes included early complications (incidence of surgical site infection, urinary tract infection, bladder spasm, urinary retention, urinary extravasation, bleeding and pain) and late complications (urethrocutaneous fistula, wound dehiscence, meatal stenosis and urethral stricture). Secondary outcomes were duration of hospital stay and patient satisfaction. Statistical analysis was performed using SPSS version 23.0. Comparison of complications in both groups was done by using chi square test. p-value < 0.05 was considered significant.

Results:

Of the total 68 patients, 82.4% had subcoronal hypospadias. In Group A, 11.8% experienced complications, compared to 7.1% in Group B. However, this difference was not statistically significant (Fisher's exact test, p = 0.681). The odds ratio for complications was 1.73, and 95% confidence intervals overlapped zero, further supporting non-significance. Chi-square analysis of late complications also showed no significant association with timing of stent removal (p = 0.259). The mean hospital stay was significantly shorter in Group A (5.19 ± 0.40 days) than in Group B (8.47 ± 1.31 days), with a highly significant p-value (t = -13.62, p < 0.001). Satisfaction scores were also comparable, indicating no significant difference in patient satisfaction between the two groups

Conclusion:

Early and late stent removal after hypospadias repair had comparable complication rates but early removal was significantly associated with shorter hospital stays. Hence, early stent removal may be a safe and cost-effective strategy in the postoperative management of hypospadias patients resulting in similar outcomes and overall patient satisfaction.

Keywords: hypospadias, postoperative complications, randomized controlled trial, hospital stay, patient satisfaction, tubularized incised plate urethroplasty (TIP), statistical analysis, chi-square test

PD - 18

A RUPTURED UMBILICAL HERNIA IN AN INFANT: A RARE CASE REPORT

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Introduction:

Umbilical hernia is common in children, with most resolving spontaneously. Complications like rupture and evisceration are very rare but life-threatening. We present this case of spontaneous rupture in a 5-month-old infant to highlight risk factors and management challenges.

Case Presentation:

A 4-month-old female with congenital nephrotic syndrome came with a ruptured umbilical hernia and small bowel evisceration. She had a history of delayed umbilical ring closure and recurrent abdominal distension. On admission, she was tachycardic, febrile, and dehydrated, with exposed bowel. Laboratory findings revealed leukocytosis (WBC 23.1 $\times 10^9$/L), anemia (Hgb 6.8 g/dL), and hypokalemia (K^+ 2.5 mmol/L). Because of her critical condition, as well as the lack of some general anesthetic medications due to war surgical reduction was performed under local anesthesia. The bowel was viable and manually reduced, followed by single-layer skin closure. Postoperative recovery was uneventful.

Conclusion:

This case emphasizes the importance of early intervention in high-risk umbilical hernias (big defects, thin/ulcerated skin, comorbidities). Physicians should counsel caregivers on warning signs like (skin discoloration, sudden enlargement) to prevent rupture. Urgent surgical repair remains the cornerstone of management.

Conflict of Interest:

The authors declare no conflict of interest.

Keywords: Umbilical Hernia Rupture, Infantile Hernia Complications, Eviserations in Children

PD - 19

INTRA-TESTICULAR INDOCYANINE GREEN INJECTION FOR LYMPHATIC MAPPING DURING LAPAROSCOPIC VARICOCELECTOMY IN CHILDREN: PRELIMINARY EXPERIENCE FROM A SINGLE CENTER

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Introduction

Preservation of lymphatic vessels during laparoscopic varicocelectomy reduces the risk of postoperative hydrocele. Esposito et al. first described intra-testicular indocyanine green (ICG) injection to identify lymphatics intraoperatively. This study reports our preliminary experience using ICG to identify lymphatics during pediatric laparoscopic varicocelectomy, performed without near-infrared fluorescence (NIRF) filters.

Methodology

Four patients aged 12, 15 and 16 years (n=2) with grade III varicocele (Dubin and Amelar classification) underwent laparoscopic varicocelectomy with intraoperative injection of 1 ml of ICG directly into the testicle, following trocar placement. Two patients were asymptomatic, while two reported pain. One had testicular asymmetry (~20%). A standard white light laparoscopic camera was used (without NIRF). Three patients underwent artery-sparing varicocelectomy, while one had the classical Palomo technique (artery and vein ligation), according to surgeon preference. Timing of lymphatic visualization, safety, and technical feasibility were assessed.

Results

Lymphatic vessels were easily visualized in all cases within 30–60 seconds after injection, despite the absence of an NIRF filter. No allergic or systemic reactions were observed. Follow-up ranged from 4 to 16 months, with no postoperative complications or hydrocele cases. Ultrasound follow-up revealed no morphologic testicular abnormalities or hypoechoic areas at the injection site. Varicocele resolved in all cases, and testicular asymmetry improved in the patient with pre-existing asymmetry

Conclusion

Intra-testicular injection of 1 ml ICG allows clear lymphatic visualization during laparoscopic varicocelectomy, even without NIRF filter. This technique may enhance lymphatic sparing and reduce postoperative risk of hydrocele. While Esposito et al. reported millimetric hypoechoic, avascular areas at the injection site with 2 ml ICG (possibly due to high intratesticular pressure), no such changes were observed in our small series using 1 ml. Although promising, the safety of intra-testicular ICG requires further validation.

Keywords: Varicocelectomy, Indocyanine green, Hidrocele

PD - 20

IS AGE AT SURGERY AN IMPORTANT DETERMINANT IN POST PYELOPLASTY ANATOMICAL AND FUNCTIONAL RECOVERY?

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Introduction: Despite advancements in the understanding of congenital pelviureteric junction obstruction (PUJO) pathophysiology, there remains a dilemma about the optimal timing of surgery. This study aims to evaluate the post pyeloplasty functional recovery relative to the age of patient at surgery.

Methods: This prospective observational study included 60 children of PUJO who underwent dismembered pyeloplasty. All children were operated as per standard guidelines. Pre- and post-operative evaluations involved ultrasonography and F0 diuretic renograms to study differential changes in parenchymal thickness (PT), ante riposte riot diameter (APD) and differential renal function (DRF). Significant functional recovery was defined as >5% increase in function. Children were categorized into two groups based on age at surgery: Group I (<1 year, n=30) and Group II (>1 year, n=30).

Results: The mean age of surgery is Group I -7.2 $\pm$ 3.6months and Group II -82 $\pm$ 44.4 months. Most Group I patients (n=23; 76%) were antenatally diagnosed, while Group II (n=29; 96.6%) presented with symptoms, primarily a lump (40%). Both groups showed normal renal function tests and blood pressure preoperatively, with comparable SFU grade of hydronephrosis (p-0.16), APD (p-0.61), PT (p-0.27), DRF (p-0.01). There was no significant difference between groups in achieving >50% gain in PT (p-0.44) and decrease in APD (p-0.91) and >5% gain in DRF (p-0.86) post surgery. The DRF in each group showed significant increase - more in older children (Group I-p-0.04 and Group II - p< 0.005).

Discussion: The success of pyeloplasty was up to 96% in this study but no significant difference in anatomical and functional recovery was found as regards to age of surgery. We would recommend surgery in asymptomatic children only on deterioration of renal parameters and as per standard guidelines.

Keywords: Age at surgery, pyeloplasty, functional recovery

PD - 21

SURGICAL SITE INFECTIONS IN PEDIATRIC APPENDECTOMIES UTILIZING A PIONEERING INSTITUTIONAL SURVEILLANCE PROGRAM

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Backgrounds and Objectives

SSIs are often underestimated when surgeons self report the morbidity. We undertook an institutional surveillance program to determine the true incidence of surgical site infections (SSI) in pediatric appendectomies in our institution. We aim to describe the demographic and clinical characteristics of patients who developed SSI, and identify factors that are associated with an increased risk of SSI.

Methods

Data from the department electronic medical records from an SSI institutional surveillance program of 409 cases of pediatric appendectomies were reviewed retrospectively from a two year period.

Results

The overall incidence of SSI in post-appendectomy patients is 17.11%. The age of the patients who underwent appendectomy ranged from 1 to 18years, with a mean age of 12.48 years. Among those who developed SSI, the mean age is 12.47 years. The risk factors evaluated in the study included age, gender, operative time, operative approach, use of prophylactic antibiotics, and intraoperative findings of suppurative or ruptured appendicitis. None of these factors showed significant association with SSI rates of post-appendectomy patients. The pre-surveillance incidence was only 5%.

Conclusions

Compared to international data, the current high incidence of SSI in pediatric appendectomies in our institution confirms the need to improve compliance with SSI prevention guidelines. This also emphasizes the importance of continued surveillance of SSI in our institution. Reinforcement of guidelines in SSI prevention, and development of institutional protocols are necessary to furthe lower the incidence of SSI in pediatric appendectomies.

Keywords: surgical site infection, appendectomy

PD - 22

TOO LATE TO CATCH IT? RETHINKING ROUTINE FOLLOW-UP AFTER PEDIATRIC CIRCUMCISION

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Purpose: Postoperative follow-up visits are essential in any surgical patient recovery process, as permits detection of potential early complications. However, their time frames are very wide and surgeon dependent. Optimizing the standard follow-up timing may improve resource allocation and patient care. We aimed to define this ideal timing after one of the most common procedures in pediatric surgery: circumcision.

Method: A retrospective study was conducted in all patients who underwent circumcision in our department from January/2022 to December/2023. Age, time to first visit, total follow-up duration, number of visits, complications' presence and timing were collected. Descriptive statistics summarized data and analyzed complication patterns using SPSS V30.

Results: A total of 516 patients were included, with a median age of 8.5 years (0-18 years). Median time to the first visit was 3.5 weeks, and 73.6% were discharged after that first consultation. Overall, complication's rate was 18.4%, with median time to diagnosis of 1.5 weeks (0-56 weeks). Notably, 48.8% of complications occurred before scheduled follow-up visit. Regarding diagnostic settings, 50.5% were diagnosed in the emergency department and 43.2% during surgical outpatient visits. Preputial lymphedema (29.5%), dehiscence (17.9%), hematoma (13.7%), and surgical site infection (12.6%) were the most common complications. All recurrences (5.3%) and one dehiscence were reintervented. Cumulative complication timing analysis revealed: 37.9% of complications were diagnosed by postoperative week-1, 61.1% by week-2, and 71.3% by week-3. By week-4, 84.2% of all complications had been diagnosed, increasing to 90.5% by week-6.

Conclusion: Nearly half of all complications occurred before the scheduled visit, and over 70% were diagnosed within the first three postoperative weeks. These findings suggest that adjusting the standard follow-up to occur between the 2nd and 3rd postoperative week could increase clinical utility, reduce emergency department reliance, and improve resource allocation.

Keywords: Circuncision, Postoperative complications, Follow-up timing, Postoperative care, Outpatient follow-up

PD - 23

FACTORS RESPONSIBLE FOR LATE PRESENTATION OF BOYS WITH UNDESCENDED TESTIS

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Introduction: Undescended testis is failure of descend of one or both testes. Delayed surgery *reduces the fertility index of the testis.* Also causes *increase rate of malignancy, testicular torsion* and trauma. Current Guidelines Recommend Orchidopexy done *within 6-12months of age.* Objective: To understand the current reasons behind the late presentation of boys with undescended testes.

Methods: An Observational, Cross-sectional study was conducted in Kanti Children's Hospital from November 2023 to November 2024. Ethical Approval was taken from Institutional Review Committee of the Hospital. Any boy presenting with undescended testis after the 12months of age was considered as delayed presentation.

Results: Out of the 385 boys, mean age of presentation to our hospital was *3.9 years (12months-14years).* Mean age of first presentation to a doctor regarding this problem was *1.7 years (5months to 7years). 80% of the parents* had visited the health professionals previously and were advised for surgery at later age.

48% were advised for surgery at 2-5 years, 35% were advised at 1-2 years and 17% were advised after 5 years of age by doctors/health professionals. 91% of the boys were born in hospitals whereas, 9% were born at home. 92% of the parents had no prior knowledge about the ideal timing of descend of testis and 97% had no prior knowledge about the complications of UDT.

Conclusions: The lack of awareness about the undescended testis among the parents were high. However, the lack of knowledge regarding the timing of descend of testis and timing of surgery among the doctors were very high. Severe lack of screening programs for congenital anomalies were identified.

Keywords: anomalies, congenital, referral, screening, undescended testis

PD - 24

ETIOLOGIES AND CLINICAL OUTCOMES IN PEDIATRIC ACUTE PANCREATITIS

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Purpose

Pediatric pancreatitis remains an area with significant gaps in understanding. Its etiologies and outcomes differ from those in adults. Once considered rare, its incidence is rising and can lead to considerable morbidity and mortality, particularly in severe cases.

We aim to investigate the clinical characteristics and etiological factors of AP in children

Methods

We conducted a retrospective review of 27 pediatric patients diagnosed with acute pancreatitis over the past 15 years. This study analyzed patient demographics, clinical symptoms, diagnostic results, and outcomes using data extracted from medical records for a thorough evaluation

Results

The median age of the patients was 9 years [8.43-14.7]. Predominant symptoms were abdominal pain in 95% of cases and vomiting in 33%. Serum amylase levels were high in all patients. Abdominal ultrasound, performed at a median of 1 day, identified peripancreatic edema in 63% of cases, while the pancreatic duct was visible in 35% and dilated in 12%. Contrast-enhanced CT scans, conducted at a median of 52 hours, showed abnormalities in 54% of cases. The identified etiologies included biliary causes in 9 patients, idiopathic origins in 3, hypertriglyceridemia in 2, medication-induced pancreatitis in 1, trauma in 5 and anatomical anomalies in 6. Mild pancreatitis was noted in 88.9% of patients and managed with analgesics, bowel rest, and intravenous fluids. Severe cases, affecting 11.1% of patients, included 2 fatalities and 2 instances of pancreatic pseudocysts, one of which required surgical drainage. Eight patients (29.6%) experienced recurrent AP.

Conclusion

Acute pancreatitis should be considered in pediatric patients presenting with abdominal pain. The condition has a broad spectrum of etiological factors, and a significant proportion of cases are idiopathic. The prognosis varies, reflecting the heterogeneous nature of the disease in children.

Keywords: Children, pancreatitis, emergency

PD - 25

DIAGNOSTIC SENSITIVITY OF ARTIFICIAL INTELLIGENCE IN DETECTING ACUTE SURGICAL ABDOMEN ON PAEDIATRIC ABDOMINAL X-RAYS COMPARED WITH OPERATIVE FINDINGS

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Objective:

To evaluate the diagnostic performance of ChatGPT-4 (June 2024 version) in interpreting pediatric abdominal radiographs by comparing its outputs against intraoperative findings (gold standard) and radiologist reports, and to quantify agreement using Cohen's kappa.

Methods:

A total of 28 pediatric abdominal X-rays were interpreted using ChatGPT-4 (June 2024 version). Interpretations were generated using only clinical summaries and radiographic images. These were compared against intraoperative findings as the gold standard for diagnostic correctness. Additionally, in 13 cases where radiologist reports were available, ChatGPT's interpretations were compared for agreement using Cohen's kappa statistic.

Results:

ChatGPT accurately interpreted 16 out of 28 cases (57.1%) based on intraoperative findings. It agreed with radiologist assessments in 9 out of 13 cases (69.2%), yielding a Cohen's kappa (κ) of 0.38, indicating fair agreement. Notably, ChatGPT missed pneumoperitoneum in both instances where it was present — a critical oversight. The tool performed reasonably well in identifying obstructive pathologies such as small bowel obstruction and Hirschsprung's disease, but showed limitations in detecting subtle or life-threatening findings.

Conclusion:

ChatGPT-4 (June 2024 version) demonstrated moderate diagnostic accuracy in pediatric abdominal X-ray interpretation, with fair inter-rater agreement compared to radiologists. While it shows potential as an educational or triage support tool, its current limitations — particularly in missing emergent findings like pneumoperitoneum — underscore the need for cautious and supervised clinical integration.

Keywords: Artificial Intelligence, Medical Imaging, Machine Learning, Computer Assisted Diagnosis

PD - 26

OUR APPROACH TO PATIENTS PRESENTING WITH BUTTON BATTERY AND SHARP OBJECT INGESTION

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Objective

This study aimed to assess the demographics, treatment approaches, and endoscopy needs of patients admitted to the pediatric surgery department due to ingestion of button batteries and sharp or penetrating objects.

Methods

Patient records from June 2024 to June 2025 were reviewed retrospectively. A total of 34 patients (38 foreign bodies [FBs]) were included, with a mean age of 4 years and a gender distribution of 16 males and 18 females. The most common FBs were button batteries (n=5), glass fragments (n=4), open safety pins (n=3), sewing pins (n=3), and kitchen scalpels (1 patient with 4 scalpels).

Results

No intervention was required in 22 patients, as radiographs confirmed esophageal passage without signs of perforation or obstruction. All FBs in these cases passed naturally. Endoscopy was performed in 12 patients: 7 underwent esophagoscopy (4 FBs removed), 4 underwent gastroscopy (1 FB removed), and 1 underwent duodenoscopy (2 scalpels removed). In half of these cases, the FBs had already migrated distally during anesthesia or the procedure.

In one notable case, a patient who swallowed kitchen scalpels had one removed from the stomach and one from the duodenum; another was found in the jejunum and monitored. Later imaging revealed a total of four scalpels, two of which passed naturally without issue. Eleven patients did not recall when the FB was ingested. No mortality or morbidity occurred, and the average length of stay was 2.5 days.

Conclusion

Endoscopy retrieved only 5 out of 38 FBs. As 80% passed spontaneously without complications, a conservative approach is recommended for asymptomatic patients with mobile FBs. Further studies are needed to confirm the safety of this strategy.

Keywords: Foreign body ingestion, battery

PD - 27

SURGICAL TREATMENT OF STENOSIS OF THE PIELO-URETERAL JUNCTION: EXPERIENCE IN A REFERRAL TERTIARY-CARE HOSPITAL IN ECUADOR.

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Objective
To evaluate the outcomes of surgical treatment for ureteropelvic junction (UPJ) obstruction in pediatric patients at a tertiary referral hospital in Ecuador.

Methods
We conducted a retrospective review of medical records for pediatric patients diagnosed with UPJ obstruction who underwent surgical treatment between 2014 and 2025 in our institution.

Results
A total of 47 patients underwent surgery during the study period. Of these, 20 patients (42.5%) were treated with the traditional Anderson-Hynes pyeloplasty, 4 patients (8.5%) with a laparoscopic approach, and 23 patients (48.9%) with a robotic-assisted pyeloplasty. The mean operative time was: **107 minutes** for the traditional technique (range: 70–185 min), **156 minutes** for the laparoscopic approach (range: 150–167 min), **108 minutes** for the robotic-assisted procedure (range: 55–183 min).
The hospital stay was shortest for the robotic-assisted group (2.6 days), compared to 4.3 days for the traditional group and 4.7 days for the laparoscopic group. Each surgical group reported only one postoperative complication.
Follow-up renal scintigraphy revealed a non-obstructive pattern in: **75%** of traditional cases, **50%** of laparoscopic cases, **90%** of robotic-assisted cases

Conclusions
The Anderson-Hynes pyeloplasty remains a reliable treatment for UPJ obstruction. Although the sample size was limited, our findings suggest that minimally invasive approaches, particularly robotic-assisted pyeloplasty, are safe and offer outcomes comparable to or better than traditional surgery in terms of hospitalization time and postoperative renal drainage.

Keywords: Pieloplasty, ureteropelvic junction obstruction, UPJ, Anderson-Hynes pyeloplasty, robotic-assisted

PD - 28

A COMPARATIVE STUDY BETWEEN TWO TECHNIQUES OF LAPAROSCOPIC ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS

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King Saud Medical City

Aims:

This study aims to compare the outcomes of two-stage Fowler–Stephens laparoscopic orchiopexy (FLSO) and the Shehata technique, while also evaluating how the age at the time of surgery influences the risk of postoperative testicular atrophy and the likelihood of failing to achieve satisfactory testicular position and size.

Methods:

A retrospective study was carried out at King Saud Medical City between August 2016 and September 2020, focusing on postoperative outcomes related to testicular size, position, and atrophy. Data were analyzed using SPSS Version 29.0, employing statistical methods such as the Kolmogorov–Smirnov test, chi-square test, and Student's t-test to evaluate the results.

Results:

A total of 22 testes were evaluated, with 11 assigned to the Shehata group and 9 to the FSLO group. Postoperatively, all testes in the Shehata group remained viable ($p = 0.011$), whereas testicular atrophy occurred in 30% (3/10) of cases in the FSLO group. Scrotal positioning was achieved in 75% (9/12) of testes in the Shehata group, compared to 60% in the FSLO group ($p = 0.001$). Additionally, 75% of testes in the Shehata group maintained normal size, while only 30% did so in the FSLO group ($p = 0.001$)

Conclusions:

In children under 4 years of age, the Shehata technique demonstrates superior outcomes in preserving testicular vascularity and achieving scrotal positioning. Conversely, in children older than 4 years, the Fowler–Stephens laparoscopic orchiopexy (FSLO) yields more favorable results.

Keywords: Fowler Stephen technique, Shehata technique

PD - 29

CONTROVERSIES AND RECENT ADVANCES IN MANAGEMENT OF BILIARY ATRESIA: AN EVIDENCE-BASED APPROACH

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Akhtar Saeed Medical & Dental College, Lahore

Biliary atresia (BA) remains the most challenging neonatal cholangiopathy with significant global morbidity and mortality. This plenary presentation critically evaluates current controversies and innovations in the diagnosis and surgical management of BA, integrating evidence from high-volume centers and evolving surgical practices. Emphasis is placed on anatomical classifications, advanced diagnostic modalities—including high-resolution imaging and laparoscopic identification of subcapsular spider-like telangiectasias (HSST sign)—and intraoperative decision-making regarding extent of portal plate dissection.

The evolution of Kasai portoenterostomy (KPE) techniques is reviewed, contrasting original, modified, and extended dissections and their prognostic implications. The merits and limitations of laparoscopic versus open approaches are debated, alongside emerging data on robotic-assisted Kasai and revision strategies for failed KPE. Timing of surgery, especially within the first 60 days, and the need for individualized treatment in syndromic variants such as BASM, are emphasized as critical to improving native liver survival.

Postoperative care, the role of adjuvant steroids and antibiotics, and criteria for early liver transplantation are discussed with reference to recent global registries. Future directions including pharmacological innovations, stem cell therapy, and bile duct tissue engineering are briefly explored.

This presentation aims to provide a comprehensive, evidence-informed framework for managing biliary atresia in both high-resource and resource-constrained settings, while advocating for early screening strategies to optimize outcomes.

(NOTE: this abstract is for Expert Talk)

Keywords: Biliary Atresia, Kasai Procedure, Laparoscopic Portoenterostomy, Liver Transplant, Neonatal Jaundice, Pediatric Surgery, HSST Sign, Screening, BASM

PD - 30

COMPARISON OF THE EFFECTIVENESS OF CRYSTALLIZED PHENOL AND LIQUID PHENOL IN THE TREATMENT OF PILONIDAL SINÜS DISEASE IN CHILDREN

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Introduction: Pilonidal sinus disease(PSD) is a chronic, progressive inflammatory disease,occurring in the sacrococcygeal region, manifested by an abscess or a draining sinus, disrupting the quality of life.Despite the fact that many treatments have been defined, the search for the most appropriate and ideal treatment is still ongoing since the rates of disease are still high.

Objective: We prefer minimal invasive treatment protocols increasingly because of the high rates of complications and onset in the surgical treatment of this disease.Phenol injection is a minimal invasive method and is applied in two different forms, crystal and liquid.In this study we compared the complications, difficulty of applying, effectiveness of crystal and liquid phenol.

Material and Methods: Our study includes a total of 112 children who were applied phenol in our clinic for PSD between 1 August 2022 and 1 August 2023.Patients were randomly divided into two groups.Patients' demographic data,complications,post-operative abscess formation,chemical burns in their follow-up were recorded prospectively.The results were compared statistically.

Results: The average age of the crystal phenol group(Group 1)was 16.14±1.58,while the average age in the liquid phenolic group(Group 2)was 15.66±1.52.The group 1 had a history of pre-operative abscess drainage at 49.5% and the group 2 at 50.5%.The average number of holes in the group 1 was 1.14≤0,52 while group 2 had an average of 1.11±0,56.Groups 1 and 2 were assessed as clinically significant due to the severity of the concomitant complication however statistically no difference in soft tissue necrosis($p<0.05$).

Conclusion: Successful results in the treatment of PSD are obtained with the application of phenol in both crystallized and liquid forms.We don't recommend liquid phenol for reasons such as the difficulty in use, the difficulties of providing the safety of patients and doctors.

Keywords: Child, Complications, Crystallized phenol, Pilonidal sinus, Liquid phenol

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RETROSPECTIVE ANALYSIS OF SINGLE-STAGE FOWLER-STEPHENS ORCHIOPEXY: OUTCOMES AND COMPLICATIONS

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Introduction

Cryptorchidism is the most extensive congenital anomalies among infants of males having a reported incidence of 1–3% [1]. Focused on its various presentations and intra-abdominal testes depict a complex issue that is clinical because of their distance from the scrotum and increased threat of testicular atrophy, if not properly managed. If it is left unprocessed, cryptorchidism can lead to infertility, increased risk of psychological issues and testicular malignancy afterward in life. Timely interventions that are surgical is important to ensure optimal reproductive and endocrine results [2].

For high standard process of orchiopexy and intra-abdominal testes may not provide sufficient mobilization due to the shorter length of the spermatic vessels [3]. The method of Fowler-Stephens Orchiopexy (FSO), originally formed to examine this issue comprises segregating the testicular vessels to acknowledge the testis to achieve the scrotum by focusing on collateral movement from the deferential and cremasteric arteries. Traditionally, carried out in two phases, a single step Fowler-Stephens orchiopexy (SSFSO) has considered as a major alternative, minimising the need for various surgeries and reducing the burden on both patients and systems of healthcare systems [4].

This research will examine the results, efficacy, and complications associated with SSFSO in managing elevated intra-abdominal cryptorchidism. Through robust analysis of standards of selection of patient, postoperative results, and intraoperative approaches, it helps to assess the success of SSFSO [5]. Examining the benefits and disadvantages of SSFSO is essential for enhancing long-term testicular feasibility and purpose and cleansing surgical decision-making among exaggerated patients. The results of this study adds to the raising body of literature maintaining self-effacingly unrelenting and well-organized approaches to cryptorchidism management.

Objectives

- To examine the surgical success rate of SSFSO in patients having intra-abdominal undescended testes focused on postoperative testicular position and viability.
- To find postoperative complications assessing testicular atrophy, re-ascent, and wound-related problems, associated with the single-stage procedure.

Operational Definitions

Intra Abdominal Testes: Intra abdominal testes is defined as undescended testicles positioned deeper with abdominal cavity, often prior to the inner inguinal ring, making surgical stumble into the scrotum harder and complex [6].

Single-Stage Fowler-Stephens Orchiopexy (SSFSO): SSFSO is a surgical approach for er intra-abdominal testes while testicular vessels are legated and the testis is replaced to the scrotum in a particular process [4].

Success Rate: Postoperative positioning of the testis within the scrotum shows victorious surgical position without proof of atrophy, compromised supply of blood, or important complexities, making sure conserved testicular purpose and optimal anatomical result [7].

Testicular Atrophy: Testicular atrophy is based on the loss or shrinkage of testicular tissue, often leading from declined blood supply, infection, trauma, or surgical complexities, resulting to impaired reproductive and hormonal function [8].

Hypotheses

H1: There is a significant impact of surgical success rate of SSFSO among patients with intra-abdominal undescended testes.

H2: There is a significant impact of postoperative complications, comprising re-ascent, testicular atrophy, and wound-associated issues among patients with intra-abdominal undescended testes.

Methodology

This retrospective cohort study will be carried out by assessing records of medical of patients who undergo SSFSO for huge testes of abdominal at the institution over a specified period. The research will help to assess the complications and outcomes linked with SSFSO. Data collection will comprise of preoperative imaging findings, patient demographics, details of the surgical method, postoperative follow-up data, and intraoperative observations. All patients will undergo SSFSO including either open ligation or laparoscopic of the testicular vessels, followed by urgent relocation and mobilization of the testis into the scrotum [9].

Patients will be examined at postoperative intermission of 1 month, 6 months, and 12 months to assess testicular position, viability, and the occurrence of complexities. The key result was described as victorious testicular preservation in the scrotum without atrophy, assessed with the help ofclinical examination representing sufficient collateral flow of blood. Complications will be examined and classified, involving testicular atrophy robust postoperative decrease in size, retraction including testis not outstanding in scrotum, surgical site infections, and spermatic cord torsion [10].

Inclusion criteria will comprise of patients diagnosed with abdominal testes through intraoperative or imaging assessment, without syndromic situations influencing testicular feasibility, and where typical orchiopexy will be unfeasible because of small vascular pedicles. Patients with preoperative testicular atrophy, noteworthy comorbidities contraindicating surgery, or cases necessitating two-stage Fowler-Stephens measures will be excluded. Comparative analysis will be conducted to assess the rates of success across various subgroups of patients focused on clinical variables and surgical approach, giving insight into predictors of positive results following SSFSO.

Conclusion

This study will offer a robust analysis of SSFSO in the handling of abdominal testes, showing rates of success and possible complications. The results will suggest that while SSFSO will be a feasible option, cautious selection of patients and scrupulous surgical technique will be important for increasing results. Further prospective studies will be confirmed to process surgical strategies and increase testicular function and preservation.

Keywords: Cryptorchidism , Undescended Testes UDT , Intra-abdominal Testes, Single-Stage Fowler-Stephens Orchiopexy,, Fowler stephen orchidopexy ,

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ROBOTIC-ASSISTED SURGERY FOR DUPLEX KIDNEY IN CHILDREN

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Purpose. Robot-assisted surgery in pediatric urology is developing most intensively among other surgical disciplines in the direction from simple to complex reconstructive interventions. The aim of this study is to demonstrate a series of cases of robotic procedures performed in pediatric patients with duplex kidney.

Method. The scientific study was carried out at the Irkutsk State Regional Children's Clinical Hospital. 3 robotic surgeries were performed: 2 end-to-side anastomoses and 1 heminephrectomy - in the absence of function of the upper segment of the doubled kidney. Robotic surgeries were performed using the new Versius robotic platform from CMR (Cambridge Medical Robotics, UK). During the study, perioperative patient parameters related to demographic data, surgical details, and early and late consequences were recorded.

Results. The total number of patients included in this study was 3, of which 2 (66.7%) were boys and 1 (33.3%) were girls. The average age at the time of surgery was 12.6±2.0 years (median – 12.0 [12.0; 14.0] years), and the average weight at the time of surgery was 40.3±5.1 kg (median – 39.0 [38.0; 43.0] kg). The average duration of the surgery was 195.0±47.7 minutes (median – 220.0 [180.0; 223.0] minutes), of which the main console time was 176.6±49.0 minutes (median – 205.0 [163.0; 205.0] minutes). All procedures were performed fully robotically without conversion to laparoscopy or open surgery. Surgical interventions were performed successfully without intraoperative difficulties and complications. The postoperative period was uneventful. The average length of stay in the intensive care unit was 21.0±2.6 hours (median – 20.0 [20.0; 22.0] hours). The average length of hospital stay was 10.3±3.5 days (median – 10.0 [9.0; 12.0] days). At 6 months after surgery, patients had no problems with urination, infection, and pain.

Conclusion. Initial experience with robotic-assisted surgery confirmed that robotics can be safely and effectively used in children with upper urinary tract duplication.

Keywords: robotic-assisted surgery, duplex kidney, heminephrectomy, ureteroureterostomy, children

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ROBOTIC-ASSISTED SURGERY IN THE TREATMENT OF RENAL PATHOLOGIES IN CHILDREN

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Purpose. Robotic-assisted surgery is a revolution in minimally invasive surgery in children's urology. The robotic platform saves the advantages of laparoscopic surgery, while having an improved three-dimensional view, dexterity, range of motion, and control of high-resolution cameras. The aim of the study is to analyze the results of robotic-assisted operations for renal pathologies in children.

Method. The study is a retrospective analysis of cases of treatment of patients operated on in the Irkutsk State Regional Children's Hospital (Irkutsk, Russia) using the Versius robotic system (CMR, UK). The total number of patients included in this study was 24. The types of operations included: renal cyst fenestration – 13 patients (54.1%); nephrectomy – 9 patients (37.5%); heminephrectomy – 1 patient (4.2%); suturing of calyceal diverticulum – 1 patient (4.2%). In total there were 10 (41.7%) boys and 14 (58.3%) girls.

Results. The average age at the time of surgery was 11.8±4.3 years (median – 12.0 [8.0; 15.0] years). The average weight at the time of surgery was 43.4±16.5 kg (median – 41.0 [32.0; 55.0] kg). The average duration of the surgery was 104.3±59.0 minutes (median – 95.0 [56.0; 139.0] minutes), of which the main console time was 86.9±60.5 minutes (median – 80.0 [45.0; 128.0] minutes). All procedures were performed without conversion to laparoscopy or laparotomy and without intraoperative difficulties and complications. The postoperative period was uneventful. The average length of hospital stay was 5.7±3.2 days (median – 4.0 [4.0; 8.0] days). At 6 months after surgery, patients had no problems with urination, infection or relapses.

Conclusion. Initial experience with robotic-assisted surgery has confirmed that robotics can be used safely and effectively in children with renal disease.

Keywords: robotic-assisted surgery, renal cyst, nephrectomy, hemynephrecotmy, calyceal diverticulum, children

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ROBOT-ASSISTED VESICOURETERAL REIMPLANTATION IN CHILDREN: INITIAL EXPERIENCE IN A PUBLIC TERTIARY CENTER IN ECUADOR

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Purpose

Vesicoureteral reflux (VUR) is a prevalent pediatric condition associated with recurrent urinary tract infections and potential renal damage. While open ureteral reimplantation remains the gold standard, robotic-assisted extravesical ureteral reimplantation (RAEVUR) has emerged as a minimally invasive alternative with promising outcomes. This study aimed to describe the surgical outcomes, complications, and efficacy of RAEVUR in pediatric patients at a public tertiary hospital in Latin America.

Methods

A retrospective descriptive study was conducted including pediatric patients (0–17 years) who underwent robot-assisted extravesical Lich-Gregoir ureteral reimplantation between January 2021 and May 2025 at the Hospital de Especialidades Carlos Andrade Marín. Variables analyzed included demographics, diagnosis and VUR grade, operative and console times, hospital stay, surgical success (defined as radiological resolution of reflux), postoperative urinary tract infections (UTIs), and perioperative complications.

Results

Nine patients were included (mean age 6.8 years; 55% female). Unilateral VUR was present in 77%, bilateral in 33%, and ureterovesical junction obstruction in 11%. The average operative time was 144.6 minutes, console time 122.8 minutes, and hospital stay 4.3 days. The surgical success rate was 93.3%, with only two postoperative UTIs and no significant intra- or postoperative complications. No conversions to open surgery, ureteral obstruction, or urinary leaks were reported. Among bilateral VUR cases, unilateral reimplantation was performed when contralateral reflux was low-grade and non-surgical.

Conclusion

Robotic-assisted extravesical ureteral reimplantation is a safe and effective technique in the pediatric population, with low complication rates and high success in reflux resolution. Its implementation in Latin American public hospitals demonstrates promising outcomes and supports its broader adoption in similar settings.

Keywords: Vesicoureteral reflux, Pediatric urology, Robotic-assisted surgery, Ureteral reimplantation, robotic-assisted extravesical ureteral reimplantation (RAEVUR)

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MINIMALLY INVASIVE MANAGEMENT OF CONGENITAL BLADDER DIVERTICULA: INITIAL PEDIATRIC EXPERIENCE WITH LAPAROSCOPY

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Introduction

A urinary bladder diverticulum is an outpouching of the bladder mucosa through the detrusor muscle. Surgical management is indicated in symptomatic children with congenital bladder diverticula. While the traditional approach is open surgery, laparoscopic diverticulectomy has emerged as a minimally invasive alternative.

Objective

We report our initial experience using the laparoscopic approach for vesical diverticulectomy in pediatric patients.

Methods

Between November 2012 and December 2020, three male patients aged 5 months, 5 years, and 7 years underwent laparoscopic diverticulectomy. Two cases involved a single left-sided diverticulum, and one had bilateral diverticula. A 5-mm umbilical trocar was inserted for open access, followed by intraperitoneal CO_2 insufflation (10 mm Hg). Two additional 3-mm trocars were placed in the right and left iliac regions. The bladder was insufflated via a transurethral catheter to better identify the diverticulum, and laparoscopic diverticulectomy was subsequently performed.

Results

The mean operative time was 165 minutes (range: 150–180 min). Oral intake was resumed at a mean of 5.3 hours postoperatively (range: 4–6 h), following return of bowel function. Blood loss was minimal in all cases. Analgesia was limited to non-opioid medications during the first postoperative day, with no need for morphine. All patients were discharged on postoperative day five after urethral catheter removal. The mean follow-up period was 2.5 years (range: 8 months to 5 years). No postoperative urinary tract infections were reported. Follow-up ultrasounds showed a bladder with a thin, regular wall and no evidence of recurrence.

Conclusion

Laparoscopic bladder diverticulectomy is a safe, technically feasible, and minimally invasive alternative to open surgery in children. Our preliminary experience suggests favorable outcomes with low morbidity and excellent postoperative recovery.

Keywords: Bladder diverticulum, Laparoscopic diverticulectomy, Minimally invasive surgery, Postoperative outcomes

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ORAL LEAD EXPOSURE DISRUPT THE CYTO-ARCHITECTURE AND MUCUS DISTRIBUTION OF THE STOMACH

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Purpose: Abdominal pain, vomiting, colic, bloating, and delay in gastric emptying have been reported to be the gastrointestinal manifestation of lead (Pb) toxicity.1 In this study, we examined the histological and histomorphometric changes seen in the stomach, following oral administration of Pb acetate to male Wistar rats.

Method: 16 male albino Wistar rats were obtained acclimatized for a week in ventilated cages and allowed free access to food and water ad libitum. They were randomly divided into two groups to receive either additional distilled water or lead acetate in their drinking water at 5,000 part per million for eight weeks. At the expiration of Pb treatment, the animals were euthanized and the stomach harvested, processed, and stained using Hematoxylin and Eosin, and periodic acid Schiff stains. The stained sections were examined with a light microscope. Students' T-tests was used to compare oral Pb exposure and non-exposure versus the means of the number of surface mucous cells in the two groups.

Results: Histological findings in Pb treated rats showed focal area of degeneration of the mucosa layer, denudation of surface epithelium, vacoulation of the gastric glands, infiltration of inflammatory cells, and severe reduction in the thickness of the surface mucin layer. The mucous cells count was significantly reduced from 12.61 ± 1.242 in the control rats to 5.00 ± 0.535 in Pb treated rats ($p<0.001$).

Conclusion: This study in Wistar rats shows that long term exposure to Pb induces gastric damages by interfering with the oxidative metabolism in the stomach.

Keywords: Lead, Stomach, Wistar rats, Histology

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LASER COAGULATION IN THE TREATMENT OF VENOUS MALFORMATION OF THE PENIS IN CHILDREN

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Introduction. Venous malformation of the penis is extremely rare. There are isolated cases of treatment of venous dysplasia of the penis in children described in the world literature.

The clinical picture depends on the diameter of the affected vessels, their number, prevalence, and the presence of possible complications (inflammation of the vascular wall, thrombus formation and thromboembolism, trophic disorders).

The disease is characterized by a slow progressive course, with an increase in the size and prevalence of the pathological focus. In some cases, the pathological focus does not change over time.

Material and methods. To carry out this type of treatment, an Nd Yag laser device (1064 nm) with a pulse duration of 650 μs was used.

Method of action: a series of pulses following one another, zone by zone, without overlapping, are applied to a dry cooled surface in the projection of the pathological venous focus. Energy density - 71 J / cm2 (mode 5), pulse repetition frequency 1.5 Hz. First, the central part of the pathological area was treated, then the periphery.

Results. One month after laser transdermal coagulation of pathological venous vessels, an examination and instrumental examination were performed to assess the treatment result. The pathological area is practically undetectable, the boundaries are blurred with a barely detectable single pathological venous vessel up to 1 mm in diameter. Positive dynamics were confirmed by a repeated ultrasound examination. A similar method was used to perform 13 operations in children with venous malformation of the penis. Remote results were assessed after 1.5 and 3 years. In all cases, a good functional and cosmetic result was obtained.

Conclusion. The use of laser coagulation of pathological venous vessels of external localization is an effective and safe method for treating venous dysplasia of the glans penis in children of any age.

Keywords: Venous malformation; children; penis, Nd YAG lasers.

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SURGICAL EVALUATION OF USING THE INNER SURFACE OF THE PREPUCE IN FEMINIZING GENITOPLASTY IN CASES OF VIRILIZED FEMALES WITH CONGENITAL ADRENAL HYPERPLASIA

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Introduction:

Surgeries to correct ambiguous genitalia are directed mainly towards creating a dilatable vagina allowing proper sexual function, removal of redundant erectile tissues and labioplasty. (6) The depth of the confluence from the perineum is important indicator of the need of urogenital mobilization and can be well measured using genitography. The Present study aimed at evaluation of using a tubular flap from the inner face prepuce for vaginoplasty. Flap pliability and vascularity were the desired features of the constructed flap.

Methods:

Non-controlled prospective clinical trial with all patients included in single group, this technique used alone in low and intermediate depth of confluence or in combination with laparoscopic vaginal mobilization in cases of high confluence, the inner surface of the prepuce was fashioned as a tube and anastomosed to the vagina inside forming all walls of the vagina after partial urogenital mobilization.

Results:

We operated upon 12 cases, ages ranges from 24 months to 73 months, all cases had 46 XX, seven cases were salt losing type and five cases were simple virilizing type. Half of our cases (50 %) were classified Prader IV and approximately 83% (significant portion) comprise cases with Prader III and Prader IV. Follow up revealed satisfactory results with easily dilatable new vagina, only one case of vaginal stenosis well responded to dilatation.

Conclusion:

Using inner surface of the prepuce as a pedicled flap in creating a vaginal tube is an applicable promising technique with good results, giving a solution to the problem of vaginal stenosis.

Keywords: congenital adrenal hyperplasia, vaginoplasty, vaginal stenosis, feminizing genitoplasty, confluence level.

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SURGICAL EVALUATION OF AUTOLOGOUS PLATELETS-RICH FIBRIN MEMBRANE AS A COVERAGE LAYER IN REPAIR OF URETHRO-CUTANEOUS FISTULA AFTER HYPOSPADIAS SURGERIES: A RANDOMIZED CONTROL TRIAL.

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Abstract

Background: It has recently been reported that the use of platelet-rich fibrin (PRF) as an extra layer over the urethroplasty has been related to a considerable reduction in fistula rates after hypospadias surgeries, PRF coverage is a new covering technique after urethroplasty believed to enhance healing and resist infection. Due to the lack of evidence supporting the usage of PRF in urethrocutaneous fistula (UCF) repair, we conducted this study to evaluate the efficacy of PRF in patients with UCF in minimizing incidence rate of recurrent fistula.

Methods: We conducted a randomized controlled study on patients with distal fistula after hypospadias repair. Patients were randomly divided into two groups to undergo local dartos (control group) or PRF (study group) as a first coverage layer over repair.

Results: In the present study, we included 37 patients; 20 patients underwent local dartos coverage, and 17 patients underwent PRF. The mean age was 22.45 ± 15.35 (range 11–56) months for the study group and 20.6 ± 14.5 (range 6–45) months for the control group. The incidence of recurrent UCF was 11.7% in the study group (two patients) while the incidence was 30% (six patients) in the control group (p =0.246).

Conclusion: UCF surgery may benefit from the use of PRF as a supportive tissue that promotes wound healing, angiogenesis, and tissue restoration. We believe that the use of PRF as a new approach for UCF repair should be investigated further via clinical studies.

Keywords: hypospadias fistula, platelets rich fibrin membrane, fibrin glue, recurrent fistula

PD - 40

THE IMPACT OF A SURGICAL GEOLOCATION SYSTEM ON HUMANIZATION AND HEALTHCARE MANAGEMENT

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Aim of the study: To describe a geolocation system in the operating room, analyzing its impact on humanization and health management.

Methods: The geolocation system consists of a bracelet that is placed on the patient upon arrival at admission. This bracelet is connected via Bluetooth to a series of beacons with a highly accurate location technology (Angle of Arrival) distributed in different places along the surgical path. These update the patient's location when they capture the signal from the bracelet and reflect it in real time on control screens for healthcare personnel (orderlies, nurses, doctors) and for family members in the waiting room and through a mobile application with a personalized QR code to track the surgical process of their family member at each stage: entrance to the operating room, start of surgery, end of surgery and exit to the recovery unit.

Results: The system provides weekly feedback on the number of interventions performed, average operating room occupancy time, mean operating room turnover, medium time between interventions, among others, with the possibility of identifying the weak points of the surgical process. Real-time information to family members seems to reduce anxiety around the intervention.

Conclusions: The surgical geolocation system is a tool that could reduce parental anxiety, guaranteeing updated and real-time information on the status of the intervention, in addition to improving the performance and utilization of the operating room, identifying possible points of improvement during data analysis.

Keywords: Quality of health care, Surgery, geolocalization, outpatient surgery

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LONG-TERM OUTCOMES OF LEFT VENTRICULAR ASSIST DEVICE (LVAD) IN CHILDREN WITH ADVANCED HEART FAILURE: A SINGLE-CENTER CLINICAL EXPERIENCE

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Background and Objectives: The left ventricular assist device (LVAD) is an emerging treatment option that can serve as a bridge to heart transplantation or an alternative solution for advanced heart failure. Since the application of LVAD in China has recently arised in the pediatric field, there is still a lack of sufficient summary of its clinical efficacy and outcomes in children. This study focuses on the application of LVAD in children with advanced heart failure due to cardiomyopathy and explores its long-term clinical outcomes.

Methods: Children who underwent LVAD implantation at Children's Hospital School of Medicine Zhejiang University were included and followed up. The cardiac function of the children was classified according to the New York Heart Association (NYHA) classification criteria and the Interagency Registry for Mechanically Assisted Circulatory Support (INTERMACS) criteria, and staged according to the American College of Cardiology (ACC) staging criteria. After discharge, the quality of life was scored using the Kansas City Cardiomyopathy Questionnaire (KCCQ).

Results: A total of 11 children with advanced heart failure due to dilated cardiomyopathy underwent LVAD implantation surgery from February 2023 to December 2024. After excluding 1 case of short-term postoperative death, a total of 10 children were followed up. Among them, there were 6 boys and 4 girls, with an age range of 6 to 14 years, and a weight range of 11 to 53 kg. Their cardiac function was NYHA class III-IV, INTERMACS class I-III, and ACC stage D. After a follow-up period of 3 months to 2 years, the physical fitness of the children increased significantly. All NYHA classes improved to class I, and the KCCQ scores increased significantly. In terms of complications, there were 2 cases of cable infection, 2 cases of heart failure, and 1 case of thrombosis. In terms of outcomes, 6 children returned to school, and 4 children stayed at home. Among them, 2 children underwent heart transplantation, and no cases died during the follow-up period.

Conclusion: The long-term clinical outcomes of implantable left ventricular assist devices in children with advanced heart failure due to cardiomyopathy suggest that the cardiac function of the children is significantly improved, and the quality of life can be significantly enhanced.

Keywords: LVAD; advanced heart failure;children

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USEFULNESS OF HIGH-RESOLUTION ULTRASONOGRAPHY IN THE EVALUATION OF PERIANAL ABSCESS AND PREDICTION OF RECURRENCE

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Aim

Perianal abscess (PA) is a common disease with a high risk of recurrence. This study aimed to longitudinally evaluate perianal abscesses using high-resolution ultrasonography to predict recurrence.

Methods

The records of 38 patients with PA admitted between 2022 and 2024 were reviewed by comparing their age, treatment, ultrasound findings, and prognosis.

Results

The patent's mean age was 4.94 months. The initial treatment was puncture in 7 cases, administration of the Kampo medicine "Hainou-sankyu-tou" (TJ122) in 26 cases, "Jyuzen-daiho-tou" (TJ48) in 3 cases, and observation in 2 cases. Ultrasonography using a 33MHz Probe was performed in 17 initial cases for longitudinal follow-up. Ultrasound findings of abscess were classified into 6 groups: low uniform echoic area (LU), iso uniform echoic area (IU), low/iso mixed echoic area (LIM), low/high mixed echoic area (LHM), iso/high echoic area (IHM), and low/high/iso mixed echoic area (LHIM). 3 of 4 in LU, 2 of 2 in IU, 1 of 4 in LIM, and 1 of 4 in LHIM cause recurrences. In patients aged <5 month, the main initial findings were LU (3), IU (2), LIM (3), LHIM (1), IHM (1), and LHIM (3), and the recurrence cases were LU (3), IHM (1). In 6-10 month group, LU, LIM, LHM, and LHIM had one in initial, whereas LIM had 3 in the recurrence. In cases where external findings included scar formation, abscess interiors were classified as LU (1), IU (10), LIM (18), and IHM (3) cases.7 of the 18 LIM cases experienced at least one recurrence.

Conclusion

Patients aged <5 months formed LU at initial and recurrence, with a risk of recurrences. Although the perianal abscess appearance had been scar formation, ultrasound findings revealed the possibility of recurrences especially including low echoic area.

Keywords: perianal abscess, infant, ultrasonography

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TRIM29 FACILITATES INFANTILE HEMANGIOMA PROGRESSION AND COMPROMISES PROPRANOLOL EFFICACY VIA STAT3 SIGNALING

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TRIM29, an oncogenic regulator in multiple malignancies, remains uncharacterized in infantile hemangioma (IH). This study investigated TRIM29's functional role and mechanistic basis in IH pathogenesis and treatment resistance. We observed significant TRIM29 upregulation in clinical IH specimens (*n* = 3) and cultured IH cell lines *vs.* controls. Using lentiviral-mediated TRIM29 knockdown and overexpression models, we demonstrated that TRIM29: Promotes IH cell proliferation and migration (*p* < 0.05), Suppresses apoptosis (*p* < 0.05), Activates STAT3/HIF-1α/VEGF signaling. *In vivo*, TRIM29 knockdown markedly inhibited subcutaneous tumor growth in nude mice (tumor volume reduction: 67.1%; *p* < 0.05). Mechanistically, TRIM29 interacts with STAT3 to induce non-proteolytic ubiquitination, sustaining STAT3 phosphorylation and downstream signaling. Crucially, propranolol (PR) exerted concentration-dependent anti-proliferative effects on IH cells. However, TRIM29 overexpression abolished PR-mediated growth inhibition (*p* < 0.05 *vs.* vector controls), indicating TRIM29-driven therapeutic resistance.

Keywords: TRIM29, Infantile hemangioma, STAT3 signaling pathway, Propranolol resistance, Ubiquitination

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ROLE OF ORAL GASTROGRAFFIN IN MANAGEMENT OF ADHESIVE SMALL BOWEL OBSTRUCTION IN PEDIATRIC POPULATION

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Background

Adhesive small bowel obstruction (ASBO) is a common and serious complication in children after abdominal surgery, often requiring complex surgical intervention. Recently, interest has grown in using Gastrografin to help manage ASBO without surgery. This study was conducted to investigate its potential role as a treatment option in children not responding to initial conservative care.

Methods

This quasi-experimental study was conducted between July 2023 and December 2024. Children with adhesive small bowel obstruction who didn't improve with initial conservative care were given a trial of Gastrograffin in 1:1 dilution with normal saline via nasogastric tube in an amount of 5-7ml/Kg and monitored over 48 hours with serial abdominal radiographs. Outcomes included clinical resolution, time to improvement, and need for surgery.

Results

Out of 32 children with adhesive small bowel obstruction, 26 (81.2%) responded successfully to the Gastrografin trial. Most showed improvement within 24 hours, avoiding the need for surgery. The average hospital stay after Gastrografin trial was 3 days, and no major complications related to contrast were reported.

Conclusion

Gastrografin was effective in resolving adhesive small bowel obstruction in most children, reducing the need for surgery and hospital stay. The findings suggest it can ease both medical and financial burdens. Larger trials and standardized protocols are needed to confirm and guide its future use.

Keywords: Pediatric, Adhesive Small Bowel Obstruction, Gastrografin

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"BARRIERS AND BREAKTHROUGHS IN THE JOURNEY OF FEMALE DOCTORS PURSUING PEDIATRIC SURGERY IN BANGLADESH"

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Purpose:

In Bangladesh, female medical students have traditionally pursued careers in obstetrics and gynaecology or paediatric medicine—fields perceived as "safe" and socially acceptable choices for women. These specialties are often associated with quicker financial return and perceived as more compatible with family life. In contrast, surgical specialties—particularly paediatric surgery—are considered physically demanding, time-consuming, and less financially rewarding in the short term, which discourages many female doctors from choosing the field. However, a gradual shift is occurring, with more female doctors now venturing into paediatric surgery. This study aims to explore the social, structural and institutional barriers that limit female participation in paediatric surgery in Bangladesh, and to highlight emerging enablers that are fostering change.

Methods:

A narrative review was conducted based on data collected through structured interviews, observation, and analysis of trends in career choices among female doctors over the past decade. Reflections from academic and clinical institutions were also reviewed to contextualize the findings.

Results:

Paediatric surgery is seen as emotionally and physically taxing, with long training and limited private practice opportunities. However, encouraging developments include mentorship from senior surgeons, supportive institutional environments, the visibility of successful female paediatric surgeons, and growing awareness around gender equity. A new generation of female doctors is increasingly motivated to challenge stereotypes and follow their true professional interests.

Conclusion:

Although still underrepresented, female doctors in Bangladesh are gradually entering paediatric surgery. Addressing social barriers while strengthening support systems such as mentorship and institutional encouragement is vital to sustaining this positive trend and ensuring a more inclusive future in surgical specialties.

Keywords: Pediatric Surgery, Gender equity, Bangladesh, Female in surgery

PD - 46

CAN A BLACK-BLUISH OVARY RECOVER IN CASE OF PEDIATRIC OVARIAN TORSION?

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Purpose

Ovarian torsion presents low incidence in children and unspecific clinical presentation, therefore the diagnostic delay is rather common. Traditionally, necrotic appearance has been synonymous of oophorectomy, however the current trend defends ovary preservation. The aim of our study is to present our experience in conservative management of ovarian torsion.

Methods

We performed a retrospective study of girls operated for ovarian torsion, from January 2015 to December 2024. We studied the cases of patients with enlarged, friable and black-bluish ovary, having detorsion and adnexal sparing. Post-operative evolution and Ultrasound were assessed and analyzed.

Results

Thirty-Seven were included, among home, 9 girls had a black ovary after detorsion. Mean age was 9 years (6-13 years). The time interval between the onset of symptoms to surgery was 50 hours (2-3 days). In all cases the damaged ovary was right, and the average size was 5.2 cm. Tumor markers were normal. Laparoscopic approach was performed in all cases. On follow-up, almost all patients studied had functioning ovarian tissue. With an average follow-up of two years, ultrasound showed normal-looking ovaries in 6 cases and a diminished micro-follicular ovary in 3 cases.

Conclusion

Conservative management with untwisting the ovary allows that macroscopically nonviable ovaries could be recovered. However, an exhaustive and long-term follow-up is required to confirm the outcome.

Keywords: ovary, torsion, surgery, children

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RETROSPECTIVE REVIEW OF PAEDIATRIC SURGERY CANCELLATIONS OVER A PERIOD OF 6 MONTHS AND IMPACT ON PATIENT AT PRINCESS MARINA HOSPITAL

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Purpose: To investigate rate of theater cancelation and impact on pediatric surgical cases at Princes Marina Hospital

Method: The research conducted was a retrospective review of elective cases booked in Princess Marina Hospital, from 1st June 2024 to 30th November 2024. It was a quantitative review of data in theatre logbooks, theatre booking book and patient files and qualitative analysis using questionnaires to the caregivers.

Results: A total of one hundred and thirty-three (133) patients were booked for surgery, ninety-six (96) operations were done with thirty-seven 37 (38.5%) cancellations. The main reasons for theatre cancellation were the theatre temperature being too low (29.7%), followed by a shortage of anaesthesiologists (10.8%) and patient factors (did not show, or patient was fed) (10.8%). Other reasons for cancelation were lack of theatre time, power outage and incomplete investigations. According to the administered questionnaires, the main impact highlighted was economic impairment, affecting 72.7%. This was followed by an alteration in the child's mood, with 65.0% reporting observing a negative mood in their child following the cancellation, bullying and peer rejection. 54.5% complained about bodily ailments, 50.0% reported school attendance disruptions; and 45.5% reported a decrease in their child's physical activity.

Conclusion: Theatre cancellations were far above the expected rate of 5% resulting in significant impact on the child and family. A Comprehensive plan addressing issues of human resource and infrastructural limitations may reduce cancellation rates and improve patient outcomes.

Keywords: Cancelation, Pediatric Surgery, Outcomes, Pediatric operations, children's surgery

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NAVIGATING THE EXTREMES: OUTCOMES OF TOTAL INTESTINAL HIRSCHSPRUNG DISEASE AND SHORT BOWEL SYNDROME IN A SPECIALIZED INTESTINAL REHABILITATION PROGRAM

Purpose

Total intestinal Hirschsprung disease (TIHD), also termed total intestinal a ganglionosis (TIA), is the rarest and most severe form of Hirschsprung disease. TIHD is defined by the absence of enteric ganglion cells extending from the duodenum or proximal jejunum to the rectum. Management is challenging due to profound dysmotility, prolonged parenteral nutrition (PN) dependence, and severe complications.

Method

This retrospective case series describes the presentation, surgical management, nutritional course, complications, and outcomes of four patients diagnosed with TIHD over a 13-year period. Data were extracted from patient records, including demographic details, extent of a ganglionosis, surgical procedures, PN dependence, Hirschsprung-associated enterocolitis (HAEC), central line-associated bloodstream infections (CLABSI), hepatic dysfunction, and survival.

Results

All patients were male, born at term, with birth weights 3,340–3,790 g. Diagnosis occurred within the first 19 days of life. A ganglionosis extended to the proximal jejunum (25 cms) in three patients and more distally in one (55cms). Final bowel length ranged from 85–145 cm. All presented neonatally with delayed meconium passage, distension, and bilious vomiting. Each underwent 3–5 laparotomies. Initial diversion included ileostomy (n=1), tube jejunostomy (n=2), or jejunostomy (n=1). Definitive pull-through was performed in all cases. Three patients received autologous intestinal reconstructive procedures. TPN duration ranged from 2 to 10 years; one remained fully TPN-dependent, two partially dependent, and one has achieved intestinal autonomy. Enteral tolerance was limited, with only one patient achieving full enteral autonomy. CLABSI occurred 0–19 times per patient. HAEC developed in three patients, and one developed chronic liver dysfunction. All survived through 5–11 years of follow-up, but bowel dysfunction persisted.

Conclusion

TIHD is associated with intensive surgical intervention, prolonged PN dependence, and high morbidity. Despite multidisciplinary care, outcomes remain limited by persistent bowel dysfunction and nutritional challenges. Further research and standardized management strategies are needed to improve care.

Keywords: Total intestinal Hirschsprung disease (TIHD), Hirschsprung-associated enterocolitis (HAEC)

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PERMANENT STOMA IN PEDIATRIC HIRSCHSPRUNG'S DISEASE: CLINICAL PREDICTORS AND REVIEW OF INSTITUTIONAL EXPERIENCE

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Introduction. Permanent stoma (PS) represents one of the most unfavorable outcomes in the treatment of Hirschsprung's disease (HD), irreversibly depriving patients of the ability to achieve physiological defecation. This article analyzes both original and literature data regarding the causes of PS.

Materials and Methods. A retrospective analysis was conducted on 367 patients with HD treated between 2016 and 2024. Most children had previously undergone radical surgery in various clinics, predominantly using the Soave-Georgeson technique. Among them, PS was ultimately required in 8 cases. The main indications for permanent stoma formation included long-standing, recurrent complications such as perianal abscesses (7 cases), perineal fistulas (5), fecal incontinence (6), and rectal stenosis (2). Three patients had syndromic forms of HD, and total colonic aganglionosis (TCA) was diagnosed in 5 cases.

Results. TCA was associated with a significantly higher risk of developing PS ($p = 0.002$). Delayed access to specialized surgical care substantially increased the likelihood of PS ($p = 0.023$). All patients with PS (100%) were diagnosed with anastomotic insufficiency at the colorectal junction.

Keywords: Hirschsprung's disease, Permanent stoma, total colonic aganglionosis, stoma

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LONG-TERM OUTCOMES IN CHILDREN OPERATED FOR ANORECTAL MALFORMATIONS: WHICH FACTORS INFLUENCE THE QUALITY OF LIFE?

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Background
Anorectal malformations (ARMs) are rare congenital anomalies requiring early surgical correction. In recent years, long-term outcomes, particularly bowel function and quality of life, have become critical components of patient care. This study aimed to assess functional outcomes following ARM repair and identify factors influencing the quality of life.

Methods

We conducted a retrospective single-center study including children operated on for ARMs between January 2011 and December 2021. All patients were aged over 3 years at last follow-up. Fecal continence was evaluated using the Krickenbeck classification. Data on ARM subtype, associated anomalies, and school performance (via parent interviews) were collected.

Results

Thirty patients were included (21 males, 9 females; mean age: 8.5 years [range 3–13]).

- Voluntary bowel movements were observed in 76.7% of cases.
- Soiling was present in 73.3%, ranging from occasional to severe with social impairment.
- Constipation affected 56.7%, requiring dietary, pharmacologic, or mechanical interventions. The mean Krickenbeck continence score was 4.4/7

Children with complex ARMs (high fistulas) had significantly worse continence ($p = 0.02$). All children with high anorectal malformations required laxatives; nine of them underwent pelvic floor physiotherapy with improvement. Two patients with the poorest continence underwent Malone appendicostomy.

Associated anomalies were present in 56.7% of patients. Sacral anomalies were significantly associated with poorer continence outcomes ($p = 0.037$).
School difficulties were reported in 40% of school-aged children, including absenteeism, social withdrawal, and reduced academic performance. Poor continence was significantly associated with impaired school integration ($p = 0.023$).

Conclusion

Despite surgical correction, many children with ARMs continue to experience significant bowel dysfunction. The presence of associated anomalies, particularly sacral defects, and poor continence adversely affect psychosocial development and academic integration. Comprehensive long-term follow-up, individualized bowel management programs, and psychosocial support are essential to optimize functional and quality-of-life outcomes in this population.

Keywords: Anorectal malformation, constipation, soiling, Krickenbeck

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PRE-OPERATIVE MECHANICAL BOWEL PREPARATION VERSES NO-PREP FOR PEDIATRIC PATIENTS UNDERGOING ELECTIVE COLORECTAL SURGERY: A PROTOCOL TO CHANGE?

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Purpose: The goal of this review is to evaluate whether no mechanical bowel preparation (MBP) before colorectal surgery increases the risk of developing infectious complications in children.

Methods: We collect data for all patients for the last 3 years (January 2021-january 2024) who underwent surgery for Anorectal malformation (ARM), Hirschsprung disease (HD) and Re-do procedures for ARM/HD. Patients were divided into two groups, primary definitive procedure or definitive procedure with a stoma already in place. We identified all parameters which have effects on functional outcome.

Results: Total 367 patients, ARM 181, HD 143 and redo 43. Complications in both groups where low: local wound infection leading to minor wound dehiscence which was manage conservatively in 4 ARM patients and two diversion in primary HD case due to leak. There was no difference in stricture rate between those operated on with or without a stoma. At follow-up, the prevalence of soiling and constipation were similar after one-stage and multi-stage repair.

We do routine on table rectal washout for all primary HD and redo HD cases, also routine rectal washout were performed at home by mother. No mechanical bowel preparation in the hospital for any HD patients.

We do not perform any mechanical bowel preparation for ARM cases especially the primary repair of vestibular fistula cases either on operation table or preoperatively.

Feeding and local wound care was started on post op day 1. Patients are discharged on day 3 or 4 after education. Outpatient review was performed on post op day 7/14.

Conclusions: Mechanical bowel preparation for elective colorectal surgery has a less significant role in children and does not affect the incidence of infectious complications. A larger multi-institutional study is necessary to validate the results that the amount of stooling has less impact on wound infection rates.

Keywords: Mechanical Bowel preparation; colorectal surgery; pediatric

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THE ROLE OF URINALYSIS IN THE DIAGNOSIS OF APPENDICITIS IN CHILDREN: EVALUATION OF LEUKOCYTURIA AND OTHER PARAMETERS

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Objective: The aim of this study is to retrospectively evaluate preoperative urinalysis (UA) parameters in pediatric patients who underwent surgical treatment for appendicitis, and to determine the diagnostic value of these parameters in distinguishing between acute and complicated appendicitis. Additionally, the study aims to highlight the importance of UA findings in the differential diagnosis, particularly in distinguishing appendicitis from urinary tract infections (UTIs).

Materials and Methods: The medical records of 776 pediatric patients who underwent appendectomy in our clinic between August 2019 and January 2025 were retrospectively reviewed. A total of 374 patients who had documented preoperative urinalysis results and histopathologically confirmed appendicitis were included in the study. Patients were classified into two groups—“acute appendicitis” and “complicated appendicitis” (defined as perforation, gangrene, or abscess)—based on intraoperative findings and postoperative pathology reports. The groups were compared in terms of demographic characteristics and urinalysis parameters. Statistical analysis included the Shapiro-Wilk test for normality, and comparisons between groups were made using the independent-samples t-test and chi-square test.

Results: Among the 374 patients included, 231 (62%) were male and 143 (38%) were female, with a mean age of 11.52 ± 3.62 years. Acute appendicitis was detected in 70% of the patients, and complicated appendicitis in 30%. Statistically significant differences were observed in urine pH ($p=0.026$), protein ($p<0.001$), ketone ($p=0.031$), and urobilinogen ($p=0.002$) levels in the complicated appendicitis group. Overall, leukocytes were present in the urine of 70% of patients, while marked leukocyturia (>5 cells/HPF) was observed in 18%. No statistically significant difference in leukocyturia was found between the acute and complicated appendicitis groups ($p>0.05$). Similarly, erythrocytes were detected in the urine of 72% of patients, with marked hematuria (>5 cells/HPF) present in 21%, again without significant intergroup differences. No other urinalysis parameters showed significant differences between the groups.

Conclusion: Although urinalysis alone is not sufficient for the diagnosis of pediatric appendicitis, certain specific parameters—particularly in complicated cases—may contribute to clinical decision-making. However, the presence of leukocytes in urinalysis is often interpreted as suggestive of UTI, which may lead to misdiagnosis or delay in recognizing appendicitis. Therefore, urinalysis findings in the preoperative period should not be considered solely indicative of UTI, but rather assessed as part of a comprehensive clinical evaluation that includes the possibility of appendicitis

Keywords: Appendicitis, urinalysis, leukocyturia

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CLINICAL CHARACTERISTICS AND OUTCOMES OF PEDIATRIC PATIENTS WITH OVARIAN TUMORS IN A PEDIATRIC SURGICAL REFERRAL CENTER

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Background and Objectives

Ovarian pathology in children and adolescents is rare and can present with non-specific symptoms. This study aimed to describe the clinical characteristics and outcomes of female patients aged 18 years and below with ovarian tumors who were admitted in the Division of Pediatric Surgery of a a hospital in an LMIC during a five year period.

Methods

The clinical records of forty-one pediatric patients admitted during the study period were retrieved from the Surgery department's patient registry. Patients who were admitted at the Gynecology department were excluded for this study.

Results

Results showed that the most common ovarian masses in the pediatric population are benign (73%) and the most common histologic subtype is germ cell tumor (58%). Twenty five percent were malignant. Almost half present as abdominal pain (44%) and are diagnosed between 10 to 18 years old (51%). The most common surgical procedure done was unilateral oophorectomy via the open approach. Only four cases were managed laparoscopically during the latter period of the study. No perioperative morbidities or mortalities were noted. Malignancies were managed according to COG protocols, in contrast to those managed by the Gynecology service, where FIGO protocols are favored.

Conclusions

Pediatric ovarian tumors are currently still managed primarily with open oophorectomy. Efforts should be made to preserve ovarian tissue, preferably via laparoscopic approach. Preservation of future fertility in malignant ovarian cases should be offered, despite poor awareness low acceptance due to economic constraints. . Focused long term surveillance for future recurrences, fertility outcomes, and overall survival for malignancies should be endeavored to ensure better care for these patients.

Keywords: pediatric ovarian tumors, LMIC, laparoscopic approach

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PROCALCITONIN AND CRP AS PREDICTIVE BIOMARKERS OF COMPLICATED APPENDICITIS IN CHILDREN

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Background: Appendicitis is a common cause of acute abdomen in children. Approximately 30% of pediatric patients present with atypical signs and symptoms, challenging diagnosis, and surgical decision-making. Procalcitonin (PCT) as a biomarker has gained popularity, especially in developed countries.

Methods: This was a cross-sectional diagnostic study using chi-square and Spearman correlation analysis to evaluate levels of PCT and C-reactive protein (CRP) compared with the gold standard of histopathology. The study included pediatric patients undergoing appendectomy (laparoscopic or open) at Dr. Sardjito Hospital, Yogyakarta, Indonesia, from April 2015 to March 2016.

Results: A total of 66 patients met the inclusion criteria. Diagnostic testing and statistical analysis revealed that in cases of complicated appendicitis, PCT had superior sensitivity and specificity (68.2% and 78.9%, respectively) compared to CRP (64.2% and 75%). PCT was a more effective biomarker for diagnosing complicated appendicitis. Identified cutoff values for acute appendicitis were CRP ≥5 mg/dL and PCT ≥0.6 ng/mL; for complicated appendicitis, CRP ≥20 mg/dL and PCT ≥3 ng/mL. A statistically significant association was found between elevated levels of PCT ($p = 0.008$) and CRP ($p = 0.006$) and the occurrence of complicated appendicitis.

Conclusions: Elevated levels of PCT and CRP are associated with complicated appendicitis, with PCT being more sensitive and specific. Incorporating PCT and CRP measurements into clinical practice may improve diagnostic accuracy for complicated appendicitis in the pediatric population.

Keywords: Acute appendicitis, Procalcitonin, C-Reactive Protein, Pediatric

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EVALUATION OF HYPERTROPHIC SCARS AFTER ROBOTIC-ASSISTED LAPAROSCOPIC SURGERY

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Purpose: Patients undergoing robotic-assisted laparoscopic surgery showed hypertrophic scarring at the incision sites. In this study, we aimed to retrospectively evaluate the wound site scars after robotic-assisted laparoscopic surgery performed in our clinic between 2017-2023.

Methods: Between July 1, 2017, and September 1, 2023, 56patients who underwent robotic-assisted laparoscopic surgery were retrospectively reviewed. Patients were evaluated in terms of age, gender, BMI, and operative time. In addition, wound site scars at the 1st month of post-operative follow-up and incision scars at the first-year follow-up were evaluated by three surgeons using standardised hypertrophic scar scores, Manchester scar scoring(MSS),and Modified scar evaluation scoring(MMSS), separately for each patient.

Results: Wounds of twenty pediatric patients (8M, 12F) who underwent robotic-assisted laparoscopic surgery were evaluated for vascularisation, pigmentation, thickness, skin height, and elasticity. Incision scar images were scored using Manchester scar scoring and Modified scar assessment scoring.There was no significant difference between these independent variables regarding postoperative hypertrophic scar scores.

Conclusion: Our study is the first in the literature to demonstrate hypertrophic scar at the incision site after robotic-assisted laparoscopic surgery. To generalise the findings to a larger population, it should be supported by a larger case series and immunohistochemical methods to understand the development of hypertrophic scars after robotic surgery.

Keywords: pediatric surgery, hypertrophic scar, incision, robotic surgery, scar scoring

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LAPAROSCOPY IN MANAGEMENT OF ABDOMINAL CYSTIC LYMPHANGIOMAS IN CHILDREN.

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Aim: To show the opportunities of laparoscopic technologies in diagnosis and treatment of abdominal cystic lymphangiomas in children.

Methods: Over the last 5 years 27 children were operated for abdominal cystic lymphangiomas. Boys:girls=1:1.5, mean age–8.5±5.3 years. In 66.7% children were hospitalized with acute appendicitis. Final diagnosis and surgical treatment were performed using laparoscopy.

Results: In 64.3% mesenteric lymphangiomas were diagnosed, in two children – lymphangioma of the omentum and in 4 – lymphangioma of the spleen. Complications were seen in 18.5%: bowel obstruction (2), ileum volvulus with bowel necrosis (1), partial twist with hemorrhage in to the cyst (2). Laparoscopy was performed in traditional technique (three trocars: 11 mm (optic) in umbilicus region, 5 mm (instruments) in left iliac region and in hypogastrium). To reduce the size of cystic cavities we puncture the large cysts under laparoscopy. If the cystic size is extremely big then percutaneous puncture under ultrasound is possible. In lymphangioma of the omentum a subtotal resection of the omentum was performed using ultrasonic dissector. In lymphangiomas of the mesentery the resection of the part of the bowel with adjacent cavities of lymphangiomas was performed. In 60% the resection of the intestine with formation of end-to-end anastomosis was performed laparoscopically, in 40% -- using minilaparotomy. No intraoperative complications were observed. The postop period was normal in all children. Histological examination confirmed the diagnosis. All children were on follow-up in 6 month – no recurrence observed.

Conclusion: In abdominal cystic lymphangiomas laparoscopy allows not only to confirm the diagnosis but also to manage the pathology in minimally invasive way.

Keywords: Lymphangiomas, children, laparoscopy, mesenteric, omentum

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ROLE OF NEW SERUMS BIOMARKERS COMBINATION OF DIAGNOSIS FOR ACUTE APPENDICITIS IN CHILDHOOD

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Background: Since acute appendicitis in children can be treated differently, we investigated the combined diagnostic modelof interleukin-6, Procalcitonin and Ferritin for acute uncomplicated appendicitis, acute complicated appendicitis and a control group.

Materials and Methods: A retrospective study included patients who underwent appendectomy for acute appendicitis over a period of five years. In this prospective single-centered cohort study for IL-6, Procalcitonin and Ferritin in serum were assayed preoperatively. Children aged to 18 years old were divided into three groups: AcA, AuA, and Ctr.The predictive values of biomarkers were evaluated by receiver operating characteristics.

Results: A total of 152 participants were enrolled, including AcA (n = 54), AuA (n = 40) and Ctr (n = 58). The combined diagnostic model was established and showed that combined diagnostic model AA vs Ctr reached a sensitivity of 90.3 %, a specificity of 90.8 % and an area under the curve of 0.86 ($p<0.001$). The combined diagnostic model AcA vs AuA reached a sensitivity of 60 %, a specificity of 70 %. A receiver operating characteristic curve was constructed to define the best score performance

Conclusion: The combined diagnostic model of serums predictors at the emergency department may provide a new approach for differentiating between AcA, AuA, and other causes of abdominal pain.

Keywords: Appendicitis, children, biomarkers

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CONGENITAL VOLVULUS AND LADD'S SYNDROME IN NEONATES AND INFANTS - TEN-YEAR EXPERIENCE OF OUR DEPARTMENT

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Introduction

Congenital volvulus and Ladd's syndrome are types of intestinal malrotation presenting in neonates and infants with vomiting and abdominal distension. Without prompt diagnosis and surgery, they may lead to ischemia, short bowel syndrome or death. This study evaluates diagnostics, surgical treatment and complications in patients treated over the past ten years.

Methods

This retrospective single-center study analyzes patients who underwent surgery for congenital volvulus or Ladd's syndrome between January 2015 and December 2024. The assessed parameters included demographic data, clinical presentation, diagnostic methods, type of surgical intervention, and postoperative complications classified according to the Clavien-Dindo classification (CD).

Results

A total of 38 patients were included (42.1% female). The median gestational age was 38+4 (IQR 36+4-39+4),weeks, birth weight 3062g (IQR 2657,5-3642,5), and age at first surgery 6 days (IQR 3-15,5). Ultrasound was performed in 94.7%, with a positive whirlpool sign in 58.3%. Bowel resection due to necrosis was necessary in 9 patients (23.7%); 5 had primary anastomosis and 4 received a stoma. Ladd's procedure was performed in 29 patients (76.3%), with 4 second-look surgeries. Clavien-Dindo grade III complications occurred in 13.2%, mostly after resection. One patient (2.6%) developed short bowel syndrome and one (2.6%) died from extensive necrosis and multiorgan failure. Median follow-up was 30 months (IQR 11-75).

Conclusion

Prompt diagnosis and surgery are key to a favorable outcome in congenital volvulus and Ladd's syndrome. In our series, the diagnostically significant whirlpool sign was identified in only 58% of cases. When volvulus cannot be reliably excluded, surgery should be performed without delay.

Keywords: Congenital volvulus, Ladd's syndrome, whirlpool sign, bowel resection, short bowel syndrome

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USE OF THE MODIFIED RANSLEY-CANTWELL TECHNIQUE IN EPISPADIAS SURGERY IN CHILDREN

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Purpose: In classic bladder exstrophy or epispadias, the penis is typically flattened and curved (recurvatum), with a flattened glans and a ventral preputial hood. Although the corpora cavernosa are of normal caliber, pubic diastasis results in a shortened penile shaft. Peno-pubic adhesions and tethering of the urethral plate further contribute to ventral curvature.

Materials and Methods: Between 2015 and 2022, 30 boys underwent primary reconstruction using the modified Cantwell-Ransley technique: 20 with bladder exstrophy and 10 with isolated epispadias. The procedure involved extensive mobilization of the urethral plate from the corpora cavernosa, preserving its mesentery attached to the ventral penoscrotal skin. The corpora were lengthened by dividing the suspensory ligaments at the pubic insertion. Urethral and glanular tubularization, ventral curvature correction, and penile skin coverage completed the reconstruction.

Results: The mean follow-up duration was 24 months (range: 10–38 months). Urethrocutaneous fistulas developed in 5 patients following epispadias repair. One resolved spontaneously within six weeks; the remaining four required surgical revision. Two fistulas were located at the penile base. No cases of skin dehiscence were reported. Penile angulation in the standing position was either horizontal or downward in all patients. Cosmetic outcomes were deemed satisfactory by both parents and patients. All children urinated through the orthotopically reconstructed urethra.

Conclusion: The modified Cantwell-Ransley technique is effective for the reconstruction of penile and penopubic epispadias, as well as for residual epispadias in bladder exstrophy patients. It facilitates correction of dorsal curvature, yields a fistula-free ventral urethra, and results in a well-aligned, aesthetically acceptable penis.

Keywords: Epispadias Ransley, bladder extrophy

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PREDICTIVE FAILURE FACTORS IN PEDIATRIC VESICOURETERAL REFLUX TREATMENT: AN ANALYSIS OF ENDOSCOPIC INJECTION AND URETERONEOCYSTOSTOMY

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Objective: The aim of this study is to evaluate the clinical outcomes and determine factors influencing success rates in pediatric patients undergoing either endoscopic injection or open surgical interventions for vesicoureteral reflux. Materials and methods: This retrospective study included 286 pediatric patients (443 ureters) treated for VUR. Patients underwent either endoscopic subureteric injection (STING) or ureteroneocystostomy (UNC). Clinical, radiologic, and surgical parameters were evaluated. Comparative analysis was done based on the final surgery and its outcomes. A binary logistic regression analysis was conducted to develop a treatment failure model.

Results: A total of 286 pediatric patients (443 ureters) treated for VUR were included in this retrospective analysis. Endoscopic STING was performed in 278 patients (431 ureters), achieving a success rate of 83%. Eight patients (12 ureters) underwent primary UNC, all of which were successful (100%). Patients who required secondary UNC following failed STING had a 92% success rate (67/73 ureters). Renal scarring was detected in 54% of right and 69.1% of left kidneys. Logistic regression identified age (OR=1.2; p=0.048), male sex (OR=2.5; p=0.037), and high-grade VUR (Grade 3 vs. 5: OR=5.3, p=0.003) as significant predictors of failure following STING. Overall, the total treatment success rate across all interventions was 98.9%.

Conclusions: Younger age, male gender, and higher VUR grade were independent predictors of STING failure.

Keywords: Vesicoureteral reflux, children, endoscopic injection, ureteroneocystostomy

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NON-NEUROGENIC OVERACTIVE BLADDER IN CHILDREN: WHAT CAN WE DO IF ANTICHOLINERGIC FAILS?

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Prupose: To evaluate the efficacy and tolerance of botulinum toxin type A injection to control overactive bladder in cases of failure of anticholinergics.

Materials and Methods: Between 2020 and 2023, a sample of 30 patients aged 6 to 15 years were treated for bladder overactivity suggested by involuntary contractions of the detrusor during filling, confirmed by urodynamics, resistant to anticholinergic. Patients were injected with botulinum toxin type A, the result was évaluted on clinical symptoms 04 months post injection.

Results: 22 girls, 8 boys, reviewed for urinary symptoms including daytime incontinence (08 cases), urgency with nocturnal enuresis (10 cases),frequency of micturition exceeding 08 per day (09 cases), 09 recurrent urinary tract infections,06 constipation controlled before injection.The injected dose of (14 to 20 IU), at follow-up (46%) was clean, improvement in urinary frequency (38%), disappearance of enuresis (28%), improvement in urgency (27%). side's effects are represented by 02 urinary retention benefiting from a permanent catheterization, 09 urinary infections, 04 pelvic pains, after 04 years, decrease in the duration of continence of 02 hours instead of 04 hours (02 cases).

Conclusions: By its effectiveness, low morbidity and stable results, Dysport has become an alternative safe for manage refractory overactive bladder in children in cases where anticholinergics have failed, thus avoiding any heavy and hard therapy.

Keywords: children, anticholinergic, botulinum toxin, bladder overactivity, refractory

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LAPAROSCOPIC MANAGEMENT OF HUGELY DILATED MALROTATED RENAL PELVIS IN CASES OF PELVI-URETERIC JUNCTION OBSTRUCTION: CASE SERIES FROM A TERTIARY CARE HOSPITAL OF INDIA

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Aim: Pelvi-Ureteric Junction Obstruction (PUJO) has an estimated incidence of 1 in 1000 to 1500. It is more commonly seen in the paediatric age group than in adults, and this anatomical pathology is observed more frequently in boys than in girls, with up to twice the number of cases in males compared to females. The left side is also affected twice as often as the right side. It is the most common cause of antenatally detected hydronephrosis, accounting for around 80% of all cases. This activity reviews the evaluation and management of PUJO in cases of severely dilated pelvis with malrotation via a laparoscopic route.

Materials and methods: There were 5 patients: 1 male and 4 females. The mean age of presentation was 2.5 years, and most of the patients were asymptomatic and detected antenatally. Two patients presented with abdominal swelling. All patients underwent thorough workups, including blood investigations, ultrasonography, and nuclear scans. All patients were managed laparoscopically, and no patient required conversion to open surgery. One patient developed recurrent PUJO and required reoperation. All patients are now on follow-up.

Results: Our case series observed that such patients fared well after adequate pelvi- ureteric anastomosis, with rapid improvement in renal function. Complications requiring surgical intervention occurred in 1 (20%) patient, necessitating redo pyeloplasty. One patient required admission for a UTI, which subsided after IV antibiotics and stent removal.

Conclusion: In our cases, the malrotated and severely dilated pelvis posed difficulties in operating via the laparoscopic route. However, all cases demonstrated improvements in scintigraphic kidney function, enhancements in ultrasound examinations, and remission of symptoms following pyeloplasty. Prophylactic antibiotics and rigorous surveillance during the postoperative period play a crucial role in such cases. Most complications occur within 2 years after surgery, and long- term follow-up is essential

Keywords: PUJO, Malrotation, Dilated

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ROBOTIC-ASSISTED TREATMENT OF SIMPLE RENAL CYSTS

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Purpose. The study presents the first experience of the use of robot-assisted surgery for fenestration (decortication) of the outer portion of the cyst and argon-plasma coagulation of its inner lining.

Method. The study presents retrospective data on all patients with simple renal cysts operated on using robot-assisted technology at the Irkutsk State Regional Children's Clinical Hospital. The diagnosis was established by ultrasound examination of the kidneys, as well as data from computed tomography with intravenous administration of a contrast agent. The surgical procedure was performed using a new model of the Versius robotic system manufactured by CMR (Cambridge Medical Robotics, UK).

Results. During this period, 15 robotic surgeries were performed. The mean age of patients at the time of surgery was 5.0±3.5 years (median – 4.0 [3.0; 5.0] years). The mean weight of patients at the time of surgery was 47.0±21.4 kg (median – 48.0 [27.0; 61.0] kg). The size of the cysts was 3.4±0.9 cm (median – 4.0 [3.0; 4.0] cm). The duration of the operation was 69.3±45.4 min (median – 55.0 [50.0; 68.0] min). During the surgical intervention, there were no complications in the form of bleeding from the kidney parenchyma or damage to neighboring organs. The duration of stay of patients in the intensive care unit was 14.8±7.3 hours (median – 17 [7.0; 21.0] hours). Duration of hospitalization was 5.3±3.1 days (median – 4.0 [3.0; 8.0] days). According to the ultrasound examination performed 1, 3 and 6 months after the operation, there were no signs of recurrence of the disease in the form of residual accumulation of fluid associated with the kidney parenchyma.

Conclusion. The experience presented in the scientific study is encouraging and confirms the feasibility and safety of robot-assisted procedures in pediatric urology.

Keywords: simple renal cyst, robot-assisted surgery, children

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THE USE OF THE INLAY TECHNIQUE IN HYPOSPADIAS SURGERY: FOR WHICH PATIENTS?

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Purpose: Hypospadias is classified according to the location of the division of the corpus spongiosum: distal hypospadias, where the division occurs near the glans, and proximal hypospadias**,** often associated with penile curvature due to tissue hypoplasia. The primary objectives of hypospadias surgery are penile straightening (orthoplasty), urethroplasty, and adequate skin coverage. The Duplay technique is commonly used in cases with minimal curvature and a well-developed urethral plate. However, its success is often compromised when the urethral plate is narrow or rigid. This study evaluates the role of the inlay graft technique in improving surgical outcomes of Duplay/Snodgrass-type urethroplasty, particularly in patients with suboptimal urethral plate width.

Materials and Methods: Between 2017 and 2023, 24 patients with hypospadias underwent surgical repair using the inlay graft technique. Following penile degloving and chordee correction, a midline incision of the urethral plate (Snodgrass technique) was performed. A defatted inner preputial graft was then inlaid into the incised urethral plate. Tubularization was completed using the Duplay method. A well-vascularized dartos flap was used as a second layer to reduce the risk of fistula formation.

Results: 17 patients had anterior hypospadias; 7 had midshaft or posterior forms.Mean duration of 3 yearsfollow up.Outcomes**:** the neomeatus was apically located in all 24 cases.No cases of meatal stenosis or urethral diverticulum were observed.Urethrocutaneous fistulas occurred in 2 patients (8.3%), both requiring surgical revision.**Conclusion:**Hypospadias is a congenital condition associated with incomplete masculinization in 46,XY individuals. While many surgical techniques exist, complications such as urethrocutaneous fistula and meatal stenosis remain prevalent particularly in cases with narrow urethral plates. The inlay graft technique effectively addresses these challenges by augmenting the urethral plate, resulting in improved cosmetic and functional outcomes. It is especially beneficial when the urethral plate is less than 8 mm in width, making it a valuable option in carefully selected patients.

Keywords: hypospadias, inlay, urethroplasty

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CLINICAL EVALUATION OF URETEROCUTANEOSTOMY AS A TEMPORARY URINARY DIVERSION IN INFANTS WITH COMPLEX OBSTRUCTIVE UROPATHIES

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Purpose:

Ureterocutaneostomy is a safe and effective temporary urinary diversion method for pediatric patients with complex obstructive uropathies, particularly in infancy when adequate drainage cannot be achieved. This study aims to evaluate the clinical features and short-term outcomes of patients who underwent this procedure in our center.

Methods:

Medical records of eight pediatric patients who underwent ureterocutaneostomy were retrospectively reviewed. Data including sex, age at surgery, diagnosis, surgical indications, imaging findings, and early postoperative course were analyzed. Postoperative follow-up was conducted with ultrasonography (USG), DMSA, and MAG3 renal scintigraphy.

Results:

Seven of the patients were male and one was female. All except one patient were younger than one year at the time of surgery. The exception was a 5-year-old boy who presented late with high-grade vesicoureteral reflux and demonstrated early improvement in infection control and renal function after ureterocutaneostomy. Diagnoses included posterior urethral valve (n=3), high-grade vesicoureteral reflux (n=3), prune belly syndrome (n=1), Hutch diverticulum (n=1), and bladder exstrophy with ureterovesical junction obstruction (n=1). Surgical indications were recurrent urinary tract infections, high-grade reflux, upper tract dilatation, bladder dysfunction, and renal impairment. Imaging findings commonly included hydronephrosis, ureteral dilatation, and cortical thinning. Most patients achieved infection control and renal stabilization in the early postoperative period. Additional interventions such as nephrostomy or peritoneal dialysis catheter placement were planned in selected cases. No major perioperative complications were observed.

Conclusion:

Ureterocutaneostomy is an effective and reliable temporary urinary diversion in infants with severe obstructive uropathy. When performed in the appropriate setting, it plays a valuable role in achieving clinical stabilization before definitive reconstructive surgery.

Keywords: Ureterocutaneostomy, Obstructive uropathy, Pediatric urology, Temporary urinary diversion

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ROLE OF HYPEROSMOLAR CONTRAST – A GAME CHANGER IN PEDIATRIC SMALL BOWEL OBSTRUCTION

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Introduction: Acute small bowel obstruction (SBO) is a common pediatric surgical emergency, often managed operatively when conservative treatment fails. Hyperosmolar water-soluble contrast has emerged as both a diagnostic and therapeutic adjunct in the non-operative management (NOM) of small bowel obstruction (SBO) in children.

Case presentation: Six children aged between 7 months and 12 years presented with abdominal distension and vomiting between postoperative days 4 and 7. The cohort included three children post-appendectomy (one each for acute appendicitis, chronic appendicitis, and perforated appendicitis), two children following Ladd's procedure for malrotation, and one child post-laparotomy for peritonitis.

Each child received an oral dose of Gastrograffin, and serial abdominal radiographs were obtained at 30 minutes, 1 hour, 3 hours, 6 hours, and 12 hours. Five out of six children experienced a single episode of vomiting after contrast administration. In four patients, contrast hold-up was noted in the small intestine up to 6 hours; however, contrast was completely cleared in all six cases by the 12-hour film.

Conclusion: The use of hyperosmolar contrast such as Gastrograffin demonstrated both diagnostic clarity and therapeutic benefit in the non-operative management of postoperative small bowel obstruction in children. In our case series, timely administration of contrast facilitated resolution of symptoms and obviated the need for reoperation in all six children. Hyperosmolar contrast agents thus represent a safe, effective, and minimally invasive strategy, potentially a game changer, in the early management of pediatric SBO.

Keywords: Small bowel obstruction, Gastrograffin, Hyperosmolar contrast, Non-operative management

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SHORT-TERM OUTCOMES OF HIRSCHSPRUNG DISEASE IN AN LMIC: A RETROSPECTIVE REVIEW

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Purpose

Hirschsprung disease (HD) is a congenital disorder of the enteric nervous system that leads to functional intestinal obstruction. The children with HD in low- and middle-income countries (LMICs) face delayed diagnosis, limited access to care, and high complication rates. This study aimed to evaluate the short-term surgical outcomes of HD in an LMIC setting and identify factors associated with postoperative complications.

Methods

A retrospective cross-sectional study was conducted at a tertiary care hospital to evaluate the prevalence, risk factors, and outcomes associated with HD. Medical records of all patients diagnosed with HD from 2012-2024 were reviewed. Data collected included prenatal history, birth details, birth weight, height, maternal risk factors, relevant laboratory investigations, imaging findings, surgical interventions and post-operative findings. These variables were analyzed to identify predictors of adverse clinical outcomes.

Results

We identified 60 patients who underwent definitive pull-through surgery between 2012 and 2024. The cohort was predominantly male (73%) with a median age at surgery of 23 weeks (IQR: 9-40 weeks). The majority underwent open Soave procedures (97%) and were admitted electively (90%). Postoperative complications occurred in 11 patients with postoperative autologous blood transfusion (7%) and surgical site infections (5.4%) being the most frequent. Patients with complications had previous steroid use ($p = 0.037$) or open wound infection ($p = 0.037$) and a longer length of stay (median: 9 vs 6 days, $p = 0.003$).

Conclusion

This study highlights the key short-term outcomes of HD in an LMIC. Postoperative complications were linked to prior steroid use, and wound infections. These findings emphasize the importance of preoperative risk stratification and standardized perioperative care.

Keywords: Hirschsprung disease, Postoperative complications, low- and middle-income countries (LMICs) , Pediatric surgery

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CORRELATION OF CLINICAL SYMPTOMS TO POSITIVE RECTAL BIOPSIES IN HIRSCHSPRUNG DISEASE

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Aim of the Study: Rectal biopsies are of outmost importance in the diagnostic work-up of Hirschsprung disease (HD). This study was undertaken to reveal predictors for positive rectal biopsies in HD. The aim of this retrospective study was to investigate the correlation of clinical symptoms and the diagnostic value of rectal biopsies in the diagnosis of Hirschsprung disease.

Methods: 62 patients aged 0-17 years met the inclusion criteria (2016-2023). Demographic data and clinical parameters of the patients were analyzed, including maturity, non-regular meconium passage, bilious vomiting, abdominal distension, stool-empty rectum, CRP elevation, leukocytosis, constipation and bloody stools. Long-term follow-up was also studied. Descriptive statistical methods were utilized, as the Fisher Exact Test.

Main Results: 30/62 (48%) patients were diagnosed with HD. Most of our patients were diagnosed for HD in infancy (53.3%). No complications of rectal biopsies occurred. A significant correlation for the parameters “abdominal distension” and “non-regular meconium passage” with a positive rectal biopsy was found. Delayed or absent meconium discharge and a stool-empty rectum were shown to be positive predictors of a positive biopsy, whereas a stool-filled rectum was a negative predictor of a positive diagnosis.

Conclusions: Abdominal distension combined with delayed meconium passage are strong predictors for a positive rectal biopsy in the diagnosis of HD in the infant age. We propose to proceed straight to rectal biopsies in this age group, avoiding unnecessary radiological examinations.

Keywords: Hirschsprung disease, Rectal biopsy

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RED CROSS WAR MEMORIAL CHILDREN'S HOSPITAL: A LEADING GLOBAL CENTER FOR PEDIATRIC HEPATOBILIARY SURGERY TRAINING AND HIGH-VOLUME SURGICAL CARE

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Background: Pediatric hepatobiliary pathologies demand specialized surgical expertise. While many international centers perform hepatobiliary surgeries, few provide comprehensive exposure for trainees. The Red Cross War Memorial Children's Hospital serves as a leading referral center in sub-Saharan Africa, offering a high surgical volume and intensive training experience for registrars and international fellows.

Objective: To analyze the volume and diversity of hepatobiliary surgeries at Red Cross War Memorial Children's Hospital over five years, assess training exposure for registrars and fellows, and compare this with international pediatric hepatobiliary centers.

Methods: A retrospective analysis of 261 pediatric hepatobiliary surgeries performed from January 2020 to December 2024 was conducted. Cases were categorized based on diagnosis, surgical intervention, and trainee involvement. International comparisons were made using data from European hepatobiliary centers.

Results: Annual surgical volume: 52.2 hepatobiliary surgeries per year.

• Registrar training exposure:

- Each senior registrar in the final two years of training participated in 31.32 surgeries over two years (15.66 per year).

- This is three times the exposure reported in many European centers, where trainees perform only 5–15 hepatobiliary procedures over their entire fellowship.

• International fellow training:

- One-year fellows participated in 26.1 surgeries annually, exceeding training volumes in most comparable programs.

• Common surgical procedures included:

• Kasai portoenterostomy for biliary atresia (n=35)

• Hydatid cyst excision (n=40)

• Hepatectomy for hepatoblastoma (n=28)

• Choledochal malformation (n=25)

• Laparoscopic cholecystectomy for gallstones (n=20)

• Liver transplantation (n=21)

• Shunt surgeries (n=7)

• Miscellaneous (n=85)

Keywords: Pediatric Hepatobiliary Surgery, Surgical Training Exposure, Kasai Portoenterostomy, High-Volume Centers, Global Fellowship Comparison

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"ARE WE TOE-ING THE LINE?" - OUTCOMES OF EIGHT YEARS OF PAEDIATRIC INGROWN TOENAIL SURGERY EXPLORED.

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Aim

Ingrowing toenails (IGTN) in children are a common yet challenging condition requiring surgical intervention. This study evaluates the outcomes of surgical management, highlighting complications, recurrence rates, and the role of post-operative antibiotics.

Method

Retrospective review of medical records of patients, under 16 years, referred to a tertiary paediatric surgical hospital with IGTN, between 2016 and 2024. Wedge excisions (WE) or avulsions were performed as day-case surgery. Chi-square test was used to determine the efficacy of post-operative antibiotic in preventing infection, with p-value of < 0.05 considered as significant.

Results

A total of 354 patients underwent 868 procedures. Mean age was 13 years (range 7 months- 16 years).

Bilateral procedures were performed in 151/354. 45/354 underwent procedure under local anaesthesia, rest needed general anaesthesia. The lateral aspect was more affected than the medial in both toes: left (241;154), right (220;163).

140 patients had a follow up. 67/140 were asymptomatic. 27/140 reported post-operative wound infections, requiring treatment with antibiotics. 18 out of these 27 were previously discharged without any post-operative antibiotics. Chi-square test demonstrated no significant association between the use of post-operative antibiotics and development of infection (p-value 0.48). 1/140 was treated for bleeding.

84 recurrences were documented in 45/354 patients. 71/84 recurrences were treated surgically.

48 new occurrences were reported in 34 patients. 45/48 were treated surgically.

Conclusion

Procedures for IGTN had high complication rates (52%). To improve patient-reported outcomes, a one-stop shop approach with surgical follow-ups at 7 days (infection) and 3 months (recurrences/ new occurrences) could be considered. This may reduce treatment delays by eliminating the need for GP visits and referrals.

Furthermore, it is worth rationalizing the use of post-operative antibiotics, as there was no significant link between infection and the use of antibiotics. These findings can inform standardized paediatric surgical pathways for IGTN management

Keywords: IGTN, Ingrown Toenails, Onychocryptosis, Complications, Post-operative antibiotics, Wedge excision, Avulsion

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CLOSED DOME OSTEOTOMY TECHNIQUE FOR PEDIATRIC PATIENTS WITH CUBITUS VARUS

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Background: Cubitus varus is a well-known late complication of elbow fractures with cosmetic and functional problems. The objective of this study is to demonstrate closed dome osteotomy technique detail which was performed through a minimal antecubital incision in patients with cubitus varus deformities. The clinical and radiological outcomes of this technique were also evaluated.

Methods: From February 2020 to January 2023, sixteen children with cubitus varus were included in this study. All patients underwent closed dome osteotomy through a minimal antecubital incision, without exposing the osteotomy site. The varus and extension deformity was corrected and fixed with externer fixate and K-wires. The functional and cosmetic outcome was evaluated by using Flynn criteria and Mayo Elbow Performance Score (MEPS).

Results: Humerus-elbow-wrist angle (HEWA) show significant difference between preoperative (-19.9 ± 7.6 degrees) and postoperative (11.4 ± 3.9 degrees) angle ($P < 0.001$). The ROM of the operative elbow showed no significant difference between preoperative and postoperative measurements. All patients achieved satisfactory functional and cosmetic results according to Flynn and MEPS.

Conclusions: In patients with cubitus verus, closed dome osteotomy technique showed satisfactory functional outcomes with minimal incision than conventional dome osteotomy. This is a feasible choice for pediatric patients with cubitus varus deformity.

Keywords: cubitus varus; elbow fracture; closed dome osteotomy; minimal incision; three dimensional deformity; children

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CORRELATION BETWEEN SOCIAL DETERMINANTS OF HEALTH AND OUTCOMES IN CONGENITAL PAEDIATRIC SURGERY

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Background: Congenital gastrointestinal anomalies, including Congenital Diaphragmatic Hernia (CDH),Oesophageal Atresia (OA), Hirschsprung's Disease (HD), and Anorectal Malformations (ARMs), result in complex, long-term challenges. While anatomical factors are well-understood, the impact of social determinants of health (SDoH) remains underexplored.

Aim(s)/Objectives: This study investigates the relationship between SDoH and long-term clinical outcomes in paediatric patients with CDH, OA, HD, and ARMs, focusing on post-surgical challenges.

Methods: A retrospective cohort study at Evelina London Children's Hospital analysed data from twenty-four patients diagnosed with CDH, OA, HD, and ARMs. SDoH risk factors were assessed using the EPIC Hyperspace database and the Index of Multiple Deprivation (IMD), correlated with clinical outcomes, including bowel function scores (BFS), hospital admissions, recurrence, and condition-specific complications.

Results: 50% of CDH patients experienced unplanned readmissions, and 83% experienced respiratory symptoms, independent of SDoH risk. All OA patients had unplanned readmissions; 100% medium-risk OA patients required dilatations, compared to 50% of low-risk patients. BFS were assessed in patients over two years with HD and ARMs. No clear correlation with SDoH emerged, though poor BFS were more common in high-risk patients. Financial strain was the most prevalent SDoH.

Discussion/Conclusion
Although no definitive correlations were established, data indicated that financial strain, education and healthcare accessibility affected post-surgical recovery. Trends suggested associations between lower SDoH and unplanned readmissions in CDH, increased dilatation requirements in OA, and bowel function impact in HD and ARMs. These findings underscore the multifactorial nature of congenital conditions and call for larger studies to refine SDoH assessments for equitable care.

Keywords: Social Determinants of Health, Paediatric Surgery, Anorectal Malformations, Congenital Diaphragmatic Hernia, Hirschsprung's Disease, Oesophageal Atresia, EPIC

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RARE CASES OF ACUTE ABDOMEN IN CHILDHOOD

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Aim: We aimed to draw attention to rare pathologies of acute abdomen in children.

Methods and Results: Patients who underwent surgery for acute abdomen between 2022 and 2024 whom diagnosed with rare pathologies were evaluated retrospectively. Preliminary diagnosis (PD) and definitive diagnosis (DD) were compared.

The total number of patients operated with the diagnosis of acute abdomen was 557, and the number of rare acute abdominal pathologies was 18 (3.2%).18 patients, 12 were boys and 6 were girls. Their ages ranged from 2 to 17 years, the average age was 12.8 years.

PD were appendicitis (5), intestinal obstruction (3), intussusception (2), omental torsion (2), intestinal perforation (2), paraduodenal hernia (2), ovarian cyst (1), trichobezoar (1).The DD of patients with PD as appendicitis were appendiceal mucocele (2) [well-differentiated neuroendocrine tumor (1) and ovary mucinous cystadenoma (1)], iatrogenic rectum perforation (1), hypereosinophilic syndrome (1), bleeding into the omental cyst (1).

In 3 patients with intestinal obstruction, DD were found to be Meckel diverticulum intussusception (1), intestinal pseudoobstruction-muscle disease (1), mesodiverticular band and Meckel diverticulum (1).Two patients whose PD was intussusception were diagnosed with Peutz Jeghers disease based on pathology results. An ileal mesenteric cyst was detected in the patient whose PD was ovarian cyst by preoperative ultrasonography.In patients with PD of intestinal perforation, sigmoid perforation and colitis ulcerosa (1) and duodenal ulcer perforation (1) were detected.The diagnoses of PD and DD were found to be the same in patients with omental torsion (2), left paraduodenal hernia strangulation (1), and trichobezoar (1).

The surgery of 12 patients started with laparoscopy, and the surgery of 8 patients was completed laparoscopically.

Conclusions: During evaluation of acute abdomen patients, it is important to keep rare pathologies in mind and to prefer laparoscopy in appropriate patients for early, accurate diagnosis and treatment of patients**.**

Keywords: acute abdomen, laparoscopy

PD - 74

HANDHELD VS. DESKTOP ULTRASOUND IN NEONATAL VENOUS ACCESS: EARLY COMPARATIVE DATA ON FIRST-PUNCTURE SUCCESS AND OUTCOMES

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Ultrasound-guided central venous access in neonates has significantly improved procedural safety and success. With the advent of portable handheld ultrasound devices, questions have emerged regarding their efficacy compared to conventional desktop machines. This oral presentation presents early data from a prospective comparative study evaluating the outcomes of handheld versus desktop ultrasound in guiding central venous access in neonates.

The study analyzes key parameters including first-puncture success rate, total procedure time, image clarity, and complication rates. Preliminary findings indicate that while both modalities are effective, handheld devices demonstrate comparable first-attempt success with notable advantages in portability and ease of bedside use, especially in high-acuity or space-limited settings. However, limitations in image resolution and battery-dependent operation are also discussed. The presentation highlights the potential role of handheld ultrasound in expanding access to real-time guided procedures in neonatal units, particularly in low-resource environments.

Keywords: Keywords: Neonatal venous access, handheld ultrasound, desktop ultrasound, first-attempt success, ultrasound-guided procedures, central line insertion.

PD - 75

OPTIMIZING RESOURCE UTILIZATION IN LOW- AND MIDDLE-INCOME COUNTRY NICUS: A CLINICAL AUDIT OF SURGICAL INFECTION SCREENING PRACTICES AT A HIGH-VOLUME NICU IN PAKISTAN

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Purpose: Post operative sepsis in neonates is a serious problem that may be challenging to diagnose and has led to a multitude of tests and evaluations performed which may be unhelpful. These tests often require additional assessment to verify and may add to the confusion. It is standard practice at our Neonatal Intensive Care Unit (NICU) to perform routine Blood Cultures (BLCS) and C-Reactive Protein (CRP) on all post-operative neonates to screen for sepsis. We aimed to review this practice to investigate whether it was a truly effective screening tool.

Methods: All neonates admitted to the NICU post-operatively at our center from 2017-2022 were included. Relevant clinical and demographic data were collected. The sensitivity of BLCS was calculated for each post-operative day (POD) and an ROC curve was constructed for overall CRP values to quantify their screening value.

Results: A total of 109 post-operative neonates with the median gestational age and birth weight of 37 weeks (IQR 34 – 40) and 2.4kg (IQR: 2.0 – 2kg) were included in this study. 13 (12.6%) of them developed sepsis. All patients underwent BLCS and CRP screening immediately after surgery. Only 2 patients had growth of pathological microbes on POD 0 or 1, both of whom had growth on preoperative BLCS as well. BLCS sensitivity increased significantly after POD 2. CRP levels were elevated and varied, with poor discrimination for post-operative sepsis (AUROC=0.55, p=0.102).

Conclusion: Routine BLCS performed immediately after surgery did not predict onset of post-operative sepsis. CRP performed poorly at discriminating post-operative sepsis, likely due to physiologic inflammation in post-operative neonates. Unnecessary screening tests for post-operative neonates represent a significant financial burden on patients and healthcare systems in LMICs, with little to no clear clinical benefit, with the potential for harm due to false positive results.

Keywords: Blood culture, neonatal intensive care unit (NICU), sepsis, postoperative care

PD - 76

EARLY RECOGNITION AND DIAGNOSIS OF THE OHVIRA SYNDROME – 25-YEARS CASE SERIES

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Introduction: In recent years, the better categorization of OHVIRA syndrome (OS) has allowed early diagnosis in those patients with renal anomalies detected prenatally. Our objective is to describe the characteristics of these patients in our environment in order to avoid diagnostic and therapeutic delay.

Material And Methods: Retrospective review of medical records of patients under 18 years of age diagnosed with OS in the last 25 years. Analysis of the clinical and demographic characteristics, diagnosis, follow-up, treatment and complications of the patients.

Results: 14 women, current mean age 15.85±6.35 years, with abnormalities of genitourinary development. All with a single functioning kidney (64.3% prenatal diagnosis): 50% multicystic renal dysplasia, 35.7% renal agenesis, 7.1% renal atrophy and 7.1% double excretory system. During ultrasound follow-up, diagnosis of uterine anomaly: 50% didelphys uterus, 42.9% bicornuate uterus and 7.1% unicornuate uterus. Mean age at diagnosis of uterine anomaly 10.95±6.13 years. 21.4% diagnosed in the first year of life, the rest at pubertal age. The diagnosis of OS was confirmed in 7 patients by MRI, the rest pending completion of the study due to prepubertal age or absence of symptoms. 3 patients with OS required urgent drainage due to gynecological complications (1 pyometrocolpos, 2 hydrometrocolpos). Surgical treatment of 6 patients by means of cystoscopy, vaginoscopy and vaginal septostomy.

Conclusions: Given the prenatal or early diagnosis of unilateral renal pathology in girls, it is necessary to rule out the presence of Müllerian anomalies in order to improve surgical planning and avoid complications that could cause obstetric problems in the future.

Keywords: OHVIRA syndrome

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EVALUATING SINGLE INCISION LAPAROSCOPY-ASSISTED EXTRACORPOREAL BIOPSY AS AN ALTERNATIVE TO FROZEN SECTIONS IN THE MANAGEMENT OF HIRSCHSPRUNG DISEASE

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Background

Hirschsprung disease (HD) is a congenital condition characterized by the absence of ganglion cells in the distal intestine, leading to bowel obstruction. While the use of frozen sections during biopsy is common practice, discrepancies with immunohistochemistry results and the unavailability of frozen section technology in certain pediatric surgical facilities in Indonesia highlight the need for alternative diagnostic approaches.

Aim

This study evaluates the effectiveness of Single Incision Laparoscopy-Assisted Extracorporeal (SI-ECo) leveling biopsy with immunohistochemistry as a reliable alternative to frozen sections in the preoperative management of Hirschsprung disease, especially in facilities lacking frozen section capabilities.

Case Series

We present three cases of pediatric patients diagnosed with HD confirmed through rectal biopsy. Each patient underwent an SI-ECo leveling biopsy, successfully identifying the ganglionic zone by locating ganglion cells in the distal sigmoid. Based on these findings, subsequent transanal endorectal pull-through (TEPT) procedures were performed. The results demonstrated that SI-ECo leveling biopsy effectively identifies the ganglionic zone, providing a less invasive and precise method for preoperative planning.

Discussion

Leveling biopsy with SILS offers an effective method for identifying the ganglionic zone in Hirschsprung disease. SI-ECo reduces discrepancy results and higher specificity for detecting ganglion cells compared to frozen sections before the pull-through procedure.

Conclusion

SI-ECo leveling biopsy with immunohistochemistry offers a practical, accurate, and less invasive alternative for diagnosing and managing Hirschsprung disease. It reduces the risk of discrepancies observed with frozen sections, making it a viable option for facilities without access to frozen section technology.

Keywords: Biliary Atresia, Liver Failure, Secretome, Regeneration, Therapy

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BACTERIAL POPULATION AND ANTIBIOTIC RESISTANCE IN PERITONEAL CULTURES OF COMPLICATED PEDIATRIC APPENDICITIS: RETROSPECTIVE STUDY FROM A TERTIARY CENTER

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Dominant microbiota and antibiotic resistance patterns in pediatric complicated appendicitis vary by region, reinforcing the need for local surveillance to optimize empirical therapy. We performed a study to (1) characterize the dominant microbiota from patients with complicated acute appendicitis, (2) analyze antibiotic resistance patterns, and (3) evaluate the association between bacterial resistance, post-operative complications, and hospital stay.

We conducted a retrospective study of pediatric patients with complicated appendicitis undergoing appendectomy between 2017 and 2023 in a tertiary center. All patients received standard empirical antibiotic therapy (ampicillin, gentamicin and metronidazole), and peritoneal fluid samples were collected intraoperatively for analysis. Of 338 cases, 220 had positive cultures. Descriptive analysis was performed on the bacterial population and antibiotic sensitivity. The relationship between antibiotic resistance, incidence of post-operative complications and hospital stay was also assessed.

The most frequently isolated bacteria were *Escherichia coli* (n=174) and *Bacteroid* genus (n=114). Most *E. coli* strains were sensitive to amoxicillin/clavulanate (77.1%) and trimethoprim/sulfamethoxazole (69.2%), but only 41.4% to ampicillin. Five extended-spectrum β-lactamase-producing *E. coli* strains were identified. *Bacteroid* strains were highly sensitive to amoxicillin/clavulanate (100%) and metronidazole (99%). *Pseudomonas aeruginosa* was the third most frequent agent (n=47), fully sensitive to piperacillin/tazobactam, ciprofloxacin, and gentamicin. No significant association was found between resistance to empirical antibiotic regimen and post-operative complications (p=0.706) or prolonged hospital stay (p=0.560). Similarly, no association was found between ampicillin resistance and post-operative complications (p=0.851).

In our center, *E. coli*, *Bacteroid* genus, and *P. aeruginosa* were the most common pathogens. The increasing resistance of *E. coli* to ampicillin highlights the need to revise the empirical antibiotic regimen. However, no correlation was found between bacterial resistance and adverse outcomes, possibly due to the prompt adjustment of antibiotic therapy based on culture results.

Keywords: Complicates appendicitis; Antibiotic resistance

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TREATMENT OF EPITHELIAL COCCYGEAL PASSAGE IN CHILDREN

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Despite the wide range of epithelial coccygeal passage (ECP) treatments, none of the existing approaches can be considered universal and practical. Objective: To increase the effectiveness of ECP treatment in children. Materials and methods: From 2016 to 2023, 97 children with epithelial coccygeal passages were treated. Patients were divided into two groups: Group 1 - patients with the traditional method of tightly suturing the postoperative wound (n-52), Group 2 - patients operated on using the technique developed by us: suturing the edges of the skin to the bottom of the wound in a checkerboard pattern using laser marking of the surgical field (n-45). Results: In Group 1, complications in seromas, hematomas, and wound edge divergence were observed in 20 (38.5%) patients. In Group 2, such complications were recorded statistically less frequently ($p<0.05$) - in 7 (15.4%). Relapses of the disease were noted statistically more frequently ($p<0.05$) in 14 (26.9%) patients of Group I than in 2 (4.4%). Conclusion: As a result of using our technique, patients who underwent surgery showed a decrease in relapses and complications compared to those who operated using the traditional method.

Keywords: epithelial coccygeal passage, treatment, children, result

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PREOPERATIVE PARENTAL ANXIETY IN PEDIATRIC DAY SURGERY

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Aim: Preoperative parental anxiety is an important, but neglected issue that may adversely affect the children's outcomes and compromise the quality of informed consent. In this study, we evaluated the parental anxiety levels of the day surgery patients by using Amsterdam Preoperative Anxiety and Information Scale (APAIS) and the State-Trait Anxiety Inventory (STAI).

Methods: During 6 months period, parents of the day surgery patients were asked to fill out the questionnaire preoperatively. Demographic data of the patients, surgical details and past medical/surgical history were noted.

Results: A total of 125 patients were evaluated. According to the APAIS scores 80.8% of the parents were found anxious about the surgery or anesthesia. The median value of STAI-Y1 was found 41 and STAI-Y2 was 45, also they were possitively correlated. The patients were divided into two groups according to the surgeries they would undergo: circumcision and other elective day surgeries. The STAI-Y1 and STAI-Y2 scores were found similar between two groups, but the APAIS scores were lower in the circumcision group.

Conclusion: It was found that parents are anxious about the surgery and anesthesia, even if their children were going day surgery. Anxiety levels were higher in surgeries other than circumcision, and these parents need more support and information to get through the process more easily.

Keywords: child, parental anxiety, day surgery

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THE RARE ENTITIES OF GENITAL MASS IN PREPUBERTAL VAGINAL BLEEDING, A CASE REPORT OF BENIGN MÜLLERIAN PAPILLOMA.

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Objective: The purpose of this study was to review the clinical findings, histopathological studies, treatment, and prognosis of Müllerian Papilloma—other rare tumoral lesions presented as prepubertal vaginal bleeding were discussed as part of differential diagnosis.

Method: The present study describes a two-year-old, ten-month-old girl diagnosed with Benign Müllerian Papilloma. Müllerian Papillomas are rare entities of benign tumors that predominantly affect prepubertal females and are mostly present with vaginal bleeding. Its natural history is still unknown. There were two reported cases of malignant changes. The long-term follow-up remains a question. Articles focused on pathological diagnosis, malignant transformation, Müllerian papilloma, and prepubertal vaginal bleeding were searched using PubMed and Chinese medical journal databases. Clinical findings and history assist pathologists in reaching accurate diagnoses. A literature review revealed that other rare entities of non-cutaneous cases causing prepubertal genital bleeding include Vaginal Müllerian Cysts, Yolk Sac tumors, Pyogenic granuloma, infantile hemangioma, and Malignant transformation in Müllerian Papillomas. Integrating histology and clinical findings is essential, with communication between clinicians and pathologists fundamental in its diagnosis.

Keywords: prepubertal vaginal bleeding; Müllerian papillomas; Benign vaginal tumour; malignant transformation

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WOUND CLOSURE TECHNIQUES: SUBCUTICULAR VS. INTERRUPTED TRANSDERMAL SUTURES IN PAEDIATRIC OPEN APPENDECTOMY – A RANDOMIZED CONTROL TRIAL

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Purpose: Despite advancements in surgical practice, paediatric patients undergoing open appendectomy for complicated appendicitis continue to face a significant risk of surgical site infections (SSIs). Given the lack of consensus on the optimal skin closure method, this study is designed to evaluate and compare the effectiveness of two techniques: continuous subcuticular sutures and interrupted transdermal sutures. Our objective is to determine their respective impacts on SSI rates, scar cosmesis, and overall wound healing outcomes.

Methods: A randomized controlled trial (reg no: TCTR20250527004) was conducted from September 2024 to March 2025. Patients aged ≤12 years with complicated appendicitis were enrolled and randomized into two equal groups: Group A (subcuticular continuous closure) and Group B (interrupted transdermal closure). Outcome measures included incidence of SSI, wound dehiscence, and Manchester Scar Score, followed upto 30th post operative day.

Results: SSI rates at one week postoperatively showed no statistically significant difference between the two groups (p=0.43). The logistic regression analysis revealed that appendicitis grade was a significant predictor of wound infection (odds ratio = 1.83, 95% CI: 1.33–2.52, $p < 0.001$), unlike the wound closure method ($p = 0.711$). Importantly, the Manchester scar score at Day 7 indicated a significantly better scar appearance in the group receiving continuous subcuticular sutures (mean 15.5 SD 3.24) compared to the interrupted transdermal group (mean 17.8 SD 2.92, $p < 0.005$).

Conclusion: Our study concludes that while both continuous subcuticular and interrupted transdermal suturing lead to similar SSI rates in paediatric open appendectomies, subcuticular continuous closure provides significantly better cosmetic outcomes. This makes it the preferred technique, highlighting the importance of aesthetic results for long-term patient satisfaction in children. Further multicentre studies are warranted to validate these findings and explore cost-effective alternatives.

Keywords: Appendectomy, wound closure techniques, scar, postoperative wound infection, perforated appendicitis, suture techniques

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THE IMPORTANCE OF EARLY DIAGNOSIS AND SURGERY IN CHILDREN WITH HIATAL HERNIA

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Aim: Hiatal hernia is a rare pathology in the pediatric population. This study aimed to evaluate the clinical characteristics and surgical outcomes of pediatric patients diagnosed with hiatal hernia at our center.

Methods: The medical records of children who underwent surgery for hiatal hernia between January 2018 and January 2025 were retrospectively reviewed. Demographic data, associated pathologies, presenting symptoms, diagnostic methods, and treatment processes were analyzed.

Results: Nine patients were identified, including five females and four males, all of whom were born at term. The median age at presentation was 15 months, ranging from 1 to 56 months. Four patients had neurological comorbidities. One patient, previously operated on at another center, developed recurrence, and one had a prior bilateral Morgagni hernia repair.

Presenting symptoms included upper respiratory tract infection and/or pneumonia in four patients, bloody vomiting with respiratory symptoms in two patients, feeding difficulties in two patients, and combined respiratory and feeding problems in one patient. In-depth history revealed a mean symptom duration of 6 months (range 1–19 months). Chest radiographs consistently showed the stomach herniated into the thorax with an air-fluid level. Echocardiography was normal in eight cases, while one patient (11%) had a ventricular septal defect (VSD). Anemia was found in four patients (44%), diagnosed at 11, 19, 30, and 56 months.

All patients underwent primary hiatal hernia repair with Nissen fundoplication—eight via laparotomy, one laparoscopically. Oral feeding was resumed after a mean of 3 days (range: 1–7 days). Except for one patient with 10 days of postoperative vomiting following recurrence surgery, no complications occurred. The mean follow-up was 3 years (range: 1–5 years), with no further problems.

Conclusion: The rarity of hiatal hernia in pediatric patients may lead to delayed diagnosis. Chronic anemia due to reflux-induced esophagitis should be considered along with prolonged respiratory and feeding problems. Plain radiographs showing stomach air-fluid level in the thorax are valuable for diagnosis. Early diagnosis and surgical intervention are important for complication-free recovery.

Keywords: Hiatal Hernia, Pediatrics, Fundoplication, Gastroesophageal Reflux, Pneumonia

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EARLY POSTOPERATIVE ORAL HYDRATION IN PEDIATRIC AMBULATORY SURGERY: HOW MUCH AND WHEN?

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Purpose:

Prolonged fasting and dehydration in the postoperative period may threaten patient safety and contribute to agitation and crying in children. Evidence suggests that delayed oral intake adversely affects outcomes, yet clear guidance on timing and volume of postoperative oral hydration remains lacking. This study aimed to determine the safe timing and volume of oral fluid intake in healthy children aged 1–8 years undergoing ambulatory surgery and to present preliminary results.

Method:

A total of 61 children aged 1–8 years scheduled for elective ambulatory surgery were randomly assigned into two groups. In the early fluid group (EG), children received up to 10 ml/kg of room-temperature clear fluid 1 hour after recovery from anesthesia. In the control group (CG), children were allowed to consume room-temperature clear fluids as tolerated, starting 2 hours after recovery. Vomiting was monitored every 30 minutes from 10 minutes after fluid intake until discharge. Additionally, delayed vomiting incidence was assessed through follow-up phone calls on postoperative days 1 and 3. Data were collected using a patient information form and a standardized 4-point postoperative vomiting (POV) scale.

Results:

Data from all 61 patients were analyzed. The mean clear fluid intake was 8.75 ml/kg in the EG and 11.5 ml/kg in the CG, with a statistically significant difference between groups ($p = 0.007$). The incidence of immediate postoperative vomiting was 6.6% in the EFG and 6.4% in the CG ($p = 1.000$), with no statistically significant difference. The mean discharge time was significantly shorter in the EG (203.2 minutes) compared to the CG (236 minutes) ($p = 0.012$).

Conclusion:

Administering a tolerable volume of clear fluids 1 hour postoperatively does not increase early vomiting in children undergoing elective ambulatory surgery. Early oral hydration appears safe and may facilitate earlier discharge.

Keywords: Children, postoperative hydration, early oral hydration, ambulatory surgery, pediatric anesthesia

PD - 85

SPINAL DYSRAPHISM IN CHILDREN: 3 YEARS EXPERIENCE

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Introduction: Spinal dysraphism (SD) is a congenital malformation of the spine and spinal cord resulting from congenital aberrations during the gastrulation, primary neurulation, and secondary neurulation stages. SD is the most common congenital anomaly of the CNS. Our study outlines the demography and clinical profile of this spectrum. Aim of the study: The aim of the study was to assess the demographic characteristics and clinical features of spinal dysraphism in children over a three-year period. Methods: This retrospective study involved 38 children with spinal dysraphism at the Department of Pediatric Surgery, Bangabandhu Sheikh Mujib Medical University (BSMMU) from January 2021 to December 2023. Inclusion criteria included complete clinical records and surgical intervention. Diagnostic methods comprised history, clinical exams, USG, CT, and MRI. Postoperative follow-up was assessed. Data were analyzed using SPSS version 22.0. Result: The study included 38 patients aged from 4 days to 7.5 years. The cohort exhibited a slight female predominance (57.89%). Myelomeningocele was the most predominant anomaly (52.63%), followed by lip myelomeningocele (31.58%) and meningocele (13.16%). Lesions were predominantly located in the lumbosacral region (92.11%). All patients presented with a swelling on the back. Associated conditions included hydrocephalus (34.21%), CSF leak (23.68%), and bowel and bladder incontinence (15.79%). All cases underwent an operative procedure with anatomical repair using standard techniques. Conclusion: Among spinal dysraphism, myelomeningocele was more common than other spinal defects. All patients presented with back swelling, with or without associated symptoms.

Keywords: Spinal dysraphism, Surgical repair, Neonatal spinal conditions, Retrospective study, Magnetic resonance imaging (MRI)

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EPSIT: A CURRENT APPROACH TO THE TREATMENT OF PILONIDAL SINUS

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Purpose: This study aims to evaluate the outcomes of patients treated in our clinic for sacrococcygeal pilonidal sinus disease using Endoscopic Pilonidal Sinus Treatment (EPSIT), a minimally invasive technique that has gained popularity in recent years.

Methods: Between 2022 and 2025, patients diagnosed with sacrococcygeal pilonidal sinus and treated with EPSIT in our clinic were included. All patients received preoperative antibiotics and were advised regional back epilation. Oral antibiotics were continued for one week postoperatively. Under general anesthesia and in the jack-knife position, sinus pits were enlarged to allow the introduction of a 3–4 mm cystoscope. Endoscopic cleaning, mucosal cauterization, and irrigation were performed. The area was closed with sterile dressing. All patients were discharged the same day. Daily wound care and weekly follow-ups were conducted. No postoperative activity restrictions were imposed.

Results: A total of 19 patients aged between 9 and 17 years were included in the study. Of these, 13 were male and 6 were female. Two patients had a history of prior open surgical intervention. The follow-up period ranged from 3 to 36 months. The average time to complete healing of the surgical site was 39 days.In 8 patients who did not comply with the epilation recommendation, granulation tissue developed after the 60th postoperative day. This condition was easily treated in the outpatient setting with silver nitrate application. In one patient, recurrence was observed one year after the initial operation, and the patient was successfully re-treated using the EPSIT technique.

Conclusion: EPSIT is a surgical method offering high patient satisfaction due to reduced postoperative pain, minimal activity limitation, smaller scars, and rapid return to daily life.

Keywords: EPSIT, sacrococcygeal pilonidal sinus,

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BILATERAL SYNCHRONOUS NEONATAL TESTICULAR TORSION: CASE SERIES AND LITERATURE REVIEW

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Introduction:

Bilateral Synchronous neonatal testicular torsion (BSNTT) constitutes a rare and tragic event that can lead to testicular loss and infertility if not promptly diagnosed and treated. This study aims to review the current literature on BSNTT and present a case series to improve understanding of this condition.

Materials and Methods:

A retrospective review of neonatal cases diagnosed with BSNTT over a 10-year period was conducted. Data collected included patient demographics, clinical presentations, diagnostic imaging, surgical findings, and outcomes. Additionally, a thorough literature review was performed using databases covering publications from 1997 to 2024.

Results:

Three neonates with BSNTT were identified, presenting at a median age of 3 days (range 1-7 days). Common symptoms included scrotal swelling, discoloration, and irritability in 83% of the cases. Ultrasonography, the primary diagnostic tool, showed inhomogeneous testicles with hypoechogenic areas in all cases and characteristic whirlpool signs in three cases. Surgical exploration, conducted via inguinal and scrotal incisions after an average delay of 5.5 ± 1.6 hours, revealed gangrenous testicles detached from the scrotal wall and twisted at least 720° in an extravaginal manner. Detorsion was attempted, resulting in successful testicular salvage in four cases, while two required orchiectomy. After 24 months of follow-up, two patients had successfully salvaged at least one testis. A literature review identified 32 additional cases, showing a consistent pattern of late presentation and variable success in testicular salvage.

Conclusion:

BSNTT is a rare but devastating condition that requires a high index of suspicion and rapid surgical intervention to maximize the chances of testicular salvage

Keywords: testicular neonates, neonates, Ultrasonography, testicular torsion

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PEARLS & PITFALLS: PRIMARY TRANSANAL SWENSON-LIKE PULL-THROUGH FOR LATE DIAGNOSED HIRSCHSPRUNG DISEASE

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Purpose: In our center we came across with children who presented late with prolong constipation, abdominal distension and no episode of enterocolitis. We present our unique experience with older children in whom the surgical protocol we apply is similar to those who diagnosed at neonatal period. Contrast enema was more helpful in these older children; transition zone was highly reliable to recto-sigmoid in all of our cases.

Methods: A retrospective review was performed (June 2020 to March 2024) to identify those patients who underwent transanal Swenson-like pull-through at older age (> 2 years at presentation), assessing for postoperative stricture, anastomotic leak, fecal continence (above 4years), comparing the contrast study accuracy with biopsy report.

Results: Total 88 patients, 65 males and 23 female, 79 had primary transanal Swenson surgery and 9 had a stoma, done with long safety margin at neonatal period, included in study. The average length of resection was 18 cm ± 12 cm. 40 patients were above 5 years of age, including one 12 years old female patient.

At follow-up all had voluntary bowel movements, with 1 complain of constipation (requiring laxatives), 3 presented with mild symptoms of enterocolitis, treated as outpatient.We have two diversions after primary surgery, both have ileostomy, reason was local leak, long segment and respond well after diversion.

10 patients required dilation and especial with stoma one due to narrowing at anatomises site.

Conclusion: Our data review support the fact that a primary transanal approach is an excellent technique for late diagnosed HD, produces excellent outcomes in term of faecal continence, cosmetic and less financial burdens on families.

In the rare circumstance a late-diagnosed child with HD with huge proximal colonic dilation or malnutrition, a decompressive stoma as a first step is a safer option to help prevent complications.

Keywords: Hirschsprung disease, Transanal Swenson-like pull-through, biopsy.

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FIVE-YEARS BOWEL MANAGEMENT EXPERIENCE IN PEDIATRIC COLORECTAL PATIENTS WITH FECAL INCONTINENCE

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Purpose: To evaluate bowel management in children with fecal incontinence due to colorectal conditions and to discuss the effectiveness, failure and compliance of different protocols.

Methodology: A retrospective cohort chart review of pediatric patients attending bowel management clinic in a tertiary center in Riyadh, Saudi Arabia over five years period (2022- 2025). Data collection included patient demography, Bowel management program include saline enema administration (retrograde vs antegrade), medication program either laxative or motility slowing agents, or combination. Success, failure and compliance rates were calculated. Success is defined as clean underwear for 24 hours. Patients with colorectal conditions such as Anorectal malformation, Hirschsprung disease, and idiopathic constipation) were included while Spina bifida, neurogenic disorder and cloaca exstrophy were excluded.

Results:

We included 77 pediatric patients (2-18 years) with median age of 8 years who were enrolled in bowel management program at our center, who are on bowel management using multiple protocols in which was individualized according to patients' need and age at presentation. The majority were boys (65%). The underlying colorectal conditions were anorectal malformation (70%), followed by Hirschsprung's disease (22%) then idiopathic constipation (8%). Thirty-six patients (47%) were on saline irrigation, twenty-four patients (31%) were switchers between programs, twelve patients (16%) were on laxatives, and two patients (3%) were on loperamide alone. Three patients (4%) were on saline irrigation and loperamide. The doses and regimens used were calculated according to patients' weight and need. The volume of saline enema ranges from 50 to 900 ml. For the laxatives, the highest Senna dose was 77.4 mg, and the lowest needed dose was 8.6 mg compared to Bisacodyl dosage ranges from 2.5 to 5 mg. Loperamide doses ranges from 6 to 8 mg divided doses. The overall treatment success rate was (81%), of those the majority were diagnosed with anorectal malformation (60%). Treatment failure was (9%), this was attributed to either anatomical factors such as short colon or patients' factors such as compliance. Ten percent of patients didn't complete the protocol and were placed on hold mainly by their caregivers.

Conclusion: Bowel management program has proved successful since its implementation. The underlying condition remains the main determinant of success of any program as well as compliance. Our study highlights the importance of individualized approaches in optimizing treatment outcomes for pediatric patients with fecal incontinence.

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NAVIGATING THE STORM: PARENTAL EXPERIENCES AND NEEDS IN PEDIATRIC EMERGENCY SURGERY – A QUALITATIVE DESCRIPTIVE STUDY.

Hui Lu Lok, Qian Wen Sng, Lydia Yi Xin Chia, Joanne Li Wee Liam, Caroline Choo Phaik Ong

KK Women's and Children's Hospital

Purpose: To explore experiences, practical and informational needs of parents with children undergoing emergency surgery.

Methods: A qualitative descriptive study was conducted. Ten parent of children who underwent emergency surgery in a public tertiary hospital were recruited by convenience sampling. Data collected through face-to-face semi-structured interviews was analysed with thematic analysis.

Results: Four main themes were derived: (1) Parental feelings about child's clinical condition; (2) Parental informational needs; (3) Perception of care affected by prior experience; and (4) Valued support (Table 1: Supportive quotes). Persistent pain/ fever experienced by the child while awaiting surgery was perceived as deteriorating medical condition. Parental anxiety is reduced by alleviating the child's discomfort with providence of emotional and practical support. Prompt information delivered through regular communication by healthcare professionals contributed to enhanced parental experiences and reassurance. Positive healthcare experiences shape parents' expectations to trust in healthcare professionals and improves coping.

Conclusion: Parents face anxiety due to unpredictable nature of emergency surgery, that is exacerbated by the child's discomfort from medical condition. Parental experience is improved with enhanced inter-disciplinary healthcare professional and caregiver communication, rendered support and good symptom management for child.

Table 1: Supportive Quotes

... I want to get it [emergency surgery] done as soon as possible… he's really in pain, I don't know [if there is] … danger in pain… (P6)
… The best course of action, … [was] relayed very clearly as well to us... The decisions for the next step wasn't very difficult. (P9)
My first daughter born in ... [our hospital]. So I have a very good memory with [our hospital] ... That's why I brought her here. (P4)
The doctor in charge... gave me a lot of assurance that I need and support... (P3)
She [Nurse] was quite supportive… She [Nurse] would always come and ask what [I needed] … it's quite good support… (P4)

Keywords: Caregiver experiences, Emergency surgery, Informational needs, Pediatric, Parental experiences

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SIROLIMUS COMBINED WITH CHEMOTHERAPY AS A THIRD-LINE REGIMEN FOR RELAPSED OR REFRACTORY YOLK SAC TUMOURS IN CHILDREN

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Patients and methods: A retrospective analysis was conducted on the clinical data of children with relapsed or refractory YST and progressing conditions after receiving first- and second-line treatments who were undergoing S-TIC chemotherapy. The S-TIC regimen was as follows: oral sirolimus (1 mg/m²) on days 1-21, nab-paclitaxel (200 mg/m²) on day 1, ifosfamide (1200 mg/m²) on days 1-5, and carboplatin (500 mg/m²) on day 2. One cycle lasted for 3-4 weeks. Meanwhile, α-fetoprotein (AFP) was assessed every cycle and radiological assessment was performed every 2-3 cycles. The primary endpoint was the objective response rate (ORR) after four treatment cycles. Secondary endpoints included progression-free survival (PFS) rate, overall survival (OS), and safety profile.

Results: Twenty patients with multiple relapsed or refractory YST with a median age of 5 years received the S-TIC regimen. All patients received an average of 4.3 treatment cycles. Twelve (60%) patients achieved complete remission, six (30%) achieved partial remission, one (5%) achieved a stable disease, and one (5%) had a progressive disease after four treatment cycles. The ORR was 90%, the disease control rate was 95%, and the median follow-up time was 60 months. Four (20%) patients died of tumour progression, and the 5-year OS rate was 75%. Haematologic toxicity was the most common adverse reaction, with grades 3-4 neutropenia occurring in 95% of cases. Younger patients had a better OS than their older counterparts. Grades 3-4 toxicities and primarily neutropenia or thrombocytopenia were observed in 18 (95%) and 15 (75%) patients, respectively, and were considered acceptable for this patient population.

Conclusion: S-TIC treatment, with a very high ORR, may be an alternative regimen for children with multiple relapsed or refractory YST. Although the incidence of haematological adverse reactions is relatively high, it is controllable.

Keywords: germ cell tumours, relapsed or refractory yolk sac tumour, sirolimus, third-line regimens

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FROM DIAGNOSIS TO DECISION: THE CRITICAL ROLE OF IMAGING IN NEONATAL BOWEL OBSTRUCTION

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Introduction:

Bowel obstructions are one of the most common surgical emergencies in neonates, and it can be disastrous if left untreated. The underlying etiologies are varied, and surgical intervention is not always required. The aim of our study is to report all tips and tricks of this pathology.

Methods:

It was a retrospective study including 175 patients. The data were collected from the department of pediatric surgery in the Children's Hospital of Tunis, from January 2019 to May 2024.

Results:

During the study period, 175 neonates were admitted for bowel obstruction. Among them, 78% presented with abdominal distension. The commonest causes of low bowel obstruction include anorectal malformations (11 cases), Hirschsprung's disease (HD; 26 cases), ileal atresia (8 cases), meconium ileus (10 cases), necrotizing enterocolitis (3 cases) and colonic atresia (1 patient). The commonest causes of high bowel obstruction: duodenal atresia/stenosis (6 cases), and malrotation with volvulus (4 cases), annular pancreas (2 cases). Surgical treatment was required in 64 cases (37%). The remaining patients had been managed medically for as hypothyroidism, electrolyte disturbances, dietary deviations, or meconium ileus. In two patients, HD was initially suspected due to delayed meconium passage. An upper gastrointestinal contrast study allowed the diagnosis of jejunal atresia in one case and incomplete duodenal atresia (diaphragm type) in the other. This imaging also led to the diagnosis and simultaneous management of a meconium ileus syndrome in another case. In the context of NIO, time is critical. Prompt intervention and accurate surgical decision-making are essential. While a simple dietary error may cause NIO, delayed management of Hirschsprung's disease can be life-threatening without timely medical and surgical treatment. Follow-up ranged from 1 to 5 years. Evaluation focused on weight gain, digestive tolerance, and anal continence, particularly in patients with Hirschsprung's disease and jejunal atresia. In cases of apple peel syndrome and short bowel syndrome, quality of life wasn't good, with frequent gastrointestinal symptoms and ongoing electrolyte disturbances.

Conclusion:

The imaging and decision-making steps allow for a rapid, simplified diagnosis that can benefit patients by recommending when to perform surgery avoiding any complication.

Keywords: bowel intestinal occlusion; pediatric urology, Hydroelectrolyte disturbances

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SCLEROTHERAPY OF LYMPHATIC MALFORMATIONS. WHAT'S NEW?

Dinar Safin, Yurii Polyaev, Roman Garbuzov, Anton Narbutov, Andrei Mylnikov, Ivan Mylnikov

Russian Children's Clinical Hospital

Lymphatic malformation (LM) is a congenital disorder affecting the lymphatic system, caused by spontaneous gene mutations during fetal development. The International Society for the Study of Vascular Anomalies classifies LM into three main types: macro cystic, micro cystic, and mixed forms.

The primary treatment for LM is sclerotherapy, which involves injecting various drugs such as bleomycin, OK-432, doxycycline, or alcohol into the affected lymphatic cavities. These substances damage the endothelium, trigger an inflammatory response, and eventually close the cavity. The advantages of this method include minimal trauma, the ability to perform the procedure under local anesthesia, and high patient tolerance. However, it has limitations, such as the need for repeated sessions, ineffectiveness in small cysts, and difficulty in accessing certain areas.

In Russia, the drug "Lymphoblock" has been developed. It contains a polyacrylic acid salt with silver nanoparticles. When injected, it forms a polyacrylic matrix that interacts with proteins and is eventually replaced by fibrin, achieving a sclerosing effect.

Our study aimed to evaluate the use of "Lymphoblock" in treating macro cystic and mixed lymphatic malformations in children. We enrolled five patients treated at our clinic from June 2022 to December 2022, with a follow-up period of 2.5 years.

During the early postoperative period, all patients experienced soft tissue edema and pain, which lasted 5-10 days and began 20-60 minutes after sclerotherapy, respectively.

After one year of follow-up, three patients showed complete resolution of the malformation. One patient retained minor cavities that did not require further treatment. Another patient experienced a 30-40% reduction in cavity size and underwent an additional sclerotherapy session.

The study demonstrated promising results with minimal side effects, making "Lymphoblock" a viable sclerosant for treating LM in children.

Keywords: Lymphatic malformation, sclerotherapy, Lymphoblock

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SWENSON-LIKE PULL-THROUGH FOR TREATMENT OF THE RARE ASSOCIATION BETWEEN HIRSCHSPRUNG'S DISEASE AND ANORECTAL MALFORMATION

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Background Anorectal malformations and Hirschsprung's disease are congenital conditions impacting the digestive system, with a particularly uncommon co-occurrence, estimated at 2–3% of all ARM cases. This case series explores this rare association through three distinct cases, each presenting unique clinical challenges and insights.

Methods We report a series of fve patients with ARM who were concurrently diagnosed with HD based on clinical and radiological evaluations, with defnitive confrmation obtained through rectal biopsy. In cases where HD was diagnosed after the complete surgical repair of ARM, the patients underwent a Swenson-like pull-through procedure. Notably, the anastomosis was created approximately 3 cm from the anal verge, rather than the conventional 3 cm from the dentate line.

Results This study reviewed the records of 136 ARM patients treated at our center over fve years, identifying fve cases with concurrent HD. In three of these cases, HD was initially overlooked and diagnosed only after ARM repair. These patients underwent a Swenson-like pull-through procedure. During follow-up, two patients achieved good bowel control without fecal soiling, while the third had regular bowel movements and satisfactory growth, albeit with occasional episodes of enterocolitis managed medically. The remaining two cases were identifed earlier, following colostomy, which led to a diferent management approach.

Conclusion This case series underscores the critical importance of considering HD in patients with ARM who present with persistent, atypical gastrointestinal symptoms post-surgical repair of their ARM. Preservation of the aganglionic neoanal canal with a subsequent Swenson pull-through appeared benefcial to achieve good postoperative continence.

Keywords: Swenson-like Pull-through, Hirschsprung's Disease, Anorectal Malformation, Colorectal surgery

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LONG-TERM AND SHORT-TERM FOLLOW-UP AFTER THE MALONE PROCEDURE: EVALUATION OF COMPLICATIONS AND QUALITY OF LIFE COMPARED WITH A BOWEL MANAGEMENT PROGRAM

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Purpose:

TheTransumbilical Laparoscopic-Assisted Malone (TULAM) procedure, introduced in 1990, is a convenient method for colonic washout. However, complications remain a concern for surgeons. This study aimed to evaluate postoperative complications and assess quality of life (QoL) in patients undergoing TULAM, in comparison with outcomes following a Bowel Management Program (BMP).

Methods:

Patients who underwent TULAM between March 2019 and March 2022 were followed for complications at 6 months and 1 year post-surgery. Quality of life was assessed using the Pediatric Quality of Life Inventory (PedsQL) before and after BMP, as well as pre- and post-TULAM.

Results:

Among 32 patients who underwent TULAM, three developed stomal stenosis and experienced painful catheterization at 6 months postoperatively. These issues resolved with daily stoma intubation. Four patients developed granulation tissue at the stoma site, with one requiring surgical revision. The mean QoL score improved from 57.67 ± 21.09 pre-BMP to 71.30 ± 17.48 post-BMP. Similarly, QoL significantly improved postoperatively compared to preoperative scores.

Conclusion:

TULAM appears to be an effective procedure for antegrade colonic enema (ACE) in patients with chronic constipation and fecal incontinence (CCFI). It is associated with manageable complications and a sustained improvement in quality of life, observable from early postoperative periods and continuing over time.

Keywords: Malone Procedure (TULAM) , Quality of Life (QoL), Chronic Constipation and Fecal Incontinence (CCFI)

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REPAIR OF URETHROCOELE OR MEGALO-URETHRA FOLLOWING HYPOSPADIAS SURGERY BY PLICATION OR INVERSION- 30 YEARS EXPERIENCE

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Aim- Urethrocoele or megalourethra is traditionally repaired by resection and suturing which carries a significant risk of fistula formation. To describe a new technique of repair by plication or inversion.
Standard textbooks on hypospadias or paediatric urology, including the latest edition by Snodgrass, continue to show the old technique of resection and suturing.
Method- A urethral dilation is done to rule out distal stenosis. A superficial midline incision is made on the penis over the urethrocoele. Prior injection of lignocaine with 1:200,000 adrenaline facilitates separation of the penile skin from the paper thin urethrocoele wall.
After the skin is dissected off, an artery forceps is placed in the midline to depress the urethrocoele. Multiple 4-0 PDS sutures are placed picking up the urethrocoele wall on either side of the forceps and tied carefully 'over' the forceps.
A syringe nozzle is then placed into the urethral meatus and saline injected under pressure. Any areas that bulge receive more plicating sutures. In general, 3 rows of sutures are needed, burying the previous suture lines (see fig below).
A large dilator is re-inserted into the urethra. Finally, a size 10 urethral catheter is passed into the bladder- it should slide in easily. Both these steps confirm that the plication has not caused a narrowing of the urethra.
A simple dressing is put on and the catheter is removed after 3-4 days.
Results- the senior author has been doing this new technique for 30 years. There was never a need for resection of any urethral wall which ensured a zero-fistula rate post-repair. There were no cases of either recurrence or urethral narrowing.
Conclusion- This new plication technique restores the normal urethral diameter as also the urethral wall thickness and allows for a functionally normal act of micturition.
A video will be presented.

Keywords: urethrocoele, megalourethra, hypospadias, urethroplasty, plication, inversion

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MANAGEMENT OF DOLICHOCOLON IN THE PEDIATRIC AGE GROUP

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Purpose:

Dolichocolon, or dolicosigmoid, is an anatomical variant involving elongation and redundancy of the distal colon. Though often asymptomatic, it can cause chronic constipation, abdominal pain, bloating, encopresis, and rarely hemorrhoids, significantly affecting children's quality of life. Misdiagnosis may lead to unnecessary interventions. Diagnosis is primarily based on contrast-enhanced distal colon radiography, with findings such as redundant loops and right-sided elongation of the sigmoid colon. This study presents our institution's clinical experience with pediatric dolichocolon cases to inform optimal management strategies.

Methods:

Between January 2022 and July 2024, 42 children presenting with gastrointestinal symptoms underwent distal colonography and were diagnosed with dolichocolon. Patients were assessed for dietary relevance and chronic constipation-related symptoms.

Results:

Of the 42 patients, 23 were male and 19 female, with a median age of 7.5 years (4 months to 17 years). The most common symptoms were constipation and abdominal pain (52.3%), followed by encopresis (11.9%). All patients received dietary guidance, medical treatment, and toilet training. Symptom resolution was achieved with family-centered conservative approaches. Notably, infants under one year showed rapid improvement, likely due to higher colonic plasticity. Only one patient—an adolescent with refractory symptoms—underwent partial sigmoid resection, resulting in marked postoperative improvement.

Conclusions:

While dolichocolon is common, it remains underrecognized in pediatric colorectal complaints. Early imaging following basic laboratory evaluation is essential. Infants respond well to conservative measures, underscoring the importance of age-tailored treatment. The study's limitations include its retrospective nature and limited sample size.

Keywords: Dolichocolon, diagnosis, complaints, dietary, surgery

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SEDATION ENHANCED SUCCESS AND PREDICTORS OF FAILURE IN HYDROSTATIC REDUCTION OF INTUSSUSCEPTION: A SINGLE SURGEON EXPERIENCE.

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Purpose: To analyse the role and effectiveness of sedation and caudal block in enhancing the success rate of hydrostatic reduction of intussusception in children, and to identify clinical and radiological predictors contributing to failed reductions, based on the initial independent experience of a single pediatric surgeon.

Method: Medical records of 18 children who underwent ultrasound-guided hydrostatic reduction of intussusception over 2.9 years were retrospectively reviewed. Patient demographics, clinical presentation, and sonographic parameters, including type and length of intussusception, presence of a lead point, and free peritoneal fluid, were systematically analysed.

Result: The overall success rate of hydrostatic reduction was 88%. One child underwent successful reduction in the ultrasound suite without sedation. Six children were successfully reduced on the first attempt under sedation, while seven required a second attempt with caudal block, all of which were successful. Four children underwent open surgery; among them, one had a pathological lead point necessitating bowel resection and anastomosis. Factors significantly associated with failed reduction included delayed presentation, clinical signs of shock, abdominal distension, and complex sonographic types such as ileo-ileo-colic and ileo-colo-colic intussusception.

Conclusion: Hydrostatic reduction of intussusception can be safely and effectively performed under sedation in children. The use of a caudal block significantly improves the success rate, particularly in repeat attempts. Among the factors influencing outcome, the type of intussusception, the presence of a pathological lead point, and abdominal distention emerged as the most significant predictors of failed reduction. Careful patient selection and timely intervention are key to optimizing non-operative management.

Keywords: intussusception, hydrostatic reduction, caudal block, ultrasound-guided hydrostatic reduction

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THE IMPACT OF THE DURATION OF SYMPTOMS OF INTUSSUSCEPTION ON THE SUCCESS OF HYDROSTATIC REDUCTION

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Background: Intussusception is the most common abdominal emergency in pediatrics, especially in children younger than 2 years of age. It is widely believed that hydrostatic reduction of intussusception is less successful in children with prolonged symptoms prior to their presentation. The aim of this study was to evaluate the success of hydrostatic reduction in relation to the duration of the symptoms.

Patients and Methods: A prospective study was conducted at Alexandria University Hospitals where all children presented with ultrasound proven intussusception from January 2021 to May 2023 were included. In all cases, hydrostatic reduction was performed unless there was clinical or radiological evidence of peritonitis or perforation. Patient details, including the presenting symptoms, duration of these symptoms, physical findings, and the findings on abdominal x ray and ultrasound were prospectively recorded.

Results: Out of 174 children presenting with intussusception, hydrostatic reduction was attempted in 148 and was successful in 117 (79%). There were 20 successful reductions with symptoms <12 hours (76%), 45 with symptoms for 12-24 hours (83%), and 35 with symptoms for 24-48 hours (76%) and 17 with symptoms >48 hours (77%).

Conclusions: The success of the hydrostatic reduction was not significantly affected by duration of symptoms.

Keywords: hydrostatic reduction, intussusception, success rate

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FLEXIBLE BRONCHOSCOPY IN CHILDREN WITH LOW SUSPICION OF FOREIGN BODY ASPIRATION

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Purpose:

Rigid bronchoscopy (RB) is the gold standard for managing foreign body aspiration (FBA) in children but carries significant risks, including airway complications, foreign body dislocation, bronchospasm, and bleeding. These risks are often unavoidable in high-suspicion cases. In contrast, flexible bronchoscopy (FB) via laryngeal mask ventilation may offer a safer, less invasive option for children with low suspicion of FBA, especially when diagnosis is uncertain. This study aims to evaluate whether FB can help avoid unnecessary RB in such cases.

Methods:

Medical records of children who underwent RB for suspected FBA between 2022–2023 and FB or RB between 2023–2025 were reviewed. Children without witnessed aspiration/choking or unilateral auscultation findings were classified as low-risk; those with these signs as high-risk. Before 2023, both groups underwent RB. After 2023, FB was performed in low-risk patients. If a foreign body was observed, FB was converted to RB. High-risk patients continued to receive RB directly. Foreign body detection rates were compared.

Results:

A total of 207 children were evaluated. Prior to 2023, 106 children underwent RB; no foreign body was found in 50 cases (42%). After 2023, 41 low-risk children underwent FB; 34 (83%) had no foreign body. In 60 high-risk children treated with RB after 2023, the detection rate was 80%.

Conclusion:

FB appears to be a safe and less invasive alternative for children at low risk of FBA. Its use may reduce the number of unnecessary RB procedures. The higher detection rate of foreign bodies in RB after the introduction of FB suggests that FB improves patient selection and overall diagnostic accuracy.

Keywords: Bronchoscopy, Foreign body aspiration

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OUTCOME EVALUATION OF EARLY APPENDECTOMY IN APPENDICULAR LUMP IN CHILDREN

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Background: Appendicular lump is a well-known sequalae of acute appendicitis encountered in 2-6% of patients. Successful management of appendicular lump is controversial with different approaches. This study aims to evaluate the outcome of early appendectomy in an appendicular lump.

Methods: A total of 210 patients were admitted in pediatric surgery and surgery of Rangpur medical college and hospital with the diagnosis of acute appendicitis and its sequalae over two years.

Results: In this study, sixty patients were included who were presented with an appendicular lump. Maximum patients (50%) were found in the age group of 05-21 years. Males (66.67%) were more affected. Eighty percent of patients were coming from below-average socio-economic conditions. In group I, early appendicectomy had done and outcomes were satisfactory and favorable. In group II, eighteen patients were operated who were admitted at 6 to 8 days after an attack of acute appendicitis, and twelve patients were continued the conservative treatment. In group II, who had done surgery, among them, fourteen patients (77.78%) were found an appendicular abscess, and four patients (22.22%) were found perforated appendix per-operatively. In group I, the mean recovery period was less and they had minimum complications. In group II, the mean recovery period was more and they had more complications.

Conclusions: Based on these findings, it can be concluded that early exploration in appendicular lump patients confirm the diagnosis, cures the problem, reduces the cost of management, and shortens the convalescence period and hospital stay with reasonably satisfactory outcomes.

Keywords: Keywords: Acute appendicitis, Appendicular lump, Conservative management, Appendicectomy

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DEFECATION HABITS IN CHILDREN WITH RECTAL PROLAPSE: A RETROSPECTIVE ANALYSIS

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Purpose: Rectal prolapse, characterized by the extrusion of the rectal mucosa through the anal sphincter, is a relatively rare condition in children. This condition can be attributed to several anatomical and functional factors. This study aimed to investigate defecation habits in children with rectal prolapse.

Method: This retrospective study was conducted from 2017 to 2021 in Akbar and Sheikh children's hospitals. The study population included 50 children under the age of 14 who were diagnosed with rectal prolapse and visited the hospitals. Data were collected using pre-prepared checklists and analyzed using SPSS version 24. Inclusion criteria were children under 14 years diagnosed with rectal prolapse, while exclusion criteria included incomplete data or other severe unrelated health conditions.

Results: The results showed that 67.4% of the sample were boys, and the most affected age group was children under 2 years (38.8%). 57.1% of the children had daily bowel movements, and 68.2% reported consistently hard stools. Additionally, 48% of the children experienced pain or burning during defecation.

Conclusion: This study's findings indicate that children with rectal prolapse often face challenges related to stool consistency and defecation pain despite having frequent bowel movements. These results emphasize the need for targeted interventions to improve stool consistency and manage pain to prevent and treat rectal prolapse effectively.

Keywords: Rectal prolapse, Defecation, Habits, Pediatrics

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LONG-TERM OUTCOMES OF HIGH LIGATION IN ADOLESCENT INDIRECT INGUINAL HERNIAS

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Purpose:

To evaluate the long-term outcomes of patients in adolescence who underwent high ligation (HL) surgery for indirect inguinal hernia.

Methods:

A retrospective review was conducted on patients aged 12–18 years at the time of surgery and underwent HL for indirect inguinal hernia between 2012 and 2022. Clinical and radiological data before and after the operation, as well as intraoperative findings, were analyzed.

Exclusion criteria included missing data, direct hernia, prepubertal status, presence of connective tissue disease or undescended testis, and repairs performed using different surgical techniques.

Results:

A total of 22 patients were included in the study. All patients presented with swelling and pain preoperatively. The mean age at surgery was 13.90 years (range: 12–17 years). The male-to-female ratio was 2.66 (16 males, 6 females). HL was performed on the right side in 13 patients, on the left in 7, and bilaterally in 2 patients. The Ferguson maneuver was carried out in all repairs. During long-term follow-up, three patients developed unilateral neuropathic pain. No recurrences of indirect or direct hernia were observed. In two male patients, a pre-existing testicular size discrepancy of less than 10% persisted postoperatively. The mean follow-up duration was 7.41 years (range: 3–13 years).

Conclusion:

High ligation is an effective and safe surgical technique that can be reliably used in the treatment of adolescent indirect inguinal hernias.

Keywords: İndirect hernia, inguinal hernia repair, high ligation, adolescent inguinal hernia, long-term results

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URINARY INCONTINENCE IN CHILDREN: ETIOLOGIES AND PSYCHOSOCIAL IMPACT

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Introduction:

Urinary incontinence is a common but often underestimated pediatric condition, frequently concealed by children and their families. It can significantly affect a child's emotional, social, and academic development.

Objectives:

To investigate the etiological profile of urinary incontinence in children and assess its psychosocial, familial, and academic impact. Aggravating factors were also explored.

Patients and Methods:
This prospective study was conducted over 3 months in a pediatric unit. Included were children over 5 years of age with urinary incontinence occurring at least once monthly for three consecutive months. All patients underwent detailed clinical evaluations to rule out organic causes. Additional investigations were guided by clinical suspicion. The social and psychological impact was also assessed.

Results:

Twenty-six cases were collected, with a male-to-female ratio of 1.88. The mean age was 7 years ± 10 months. Consanguinity was reported in 19% of cases, and 50% had a first-degree family history of voiding disorders. Secondary incontinence with psychological triggers was noted in 4%. No signs of organic disease or neurological anomalies were found clinically. Constipation and parasitic infection were present in 15% and 30% respectively. Renal ultrasound abnormalities were found in 15% of cases. Incontinence was diurnal and nocturnal in 35%, and nocturnal-only in 65%. Psychosocial consequences included guilt (30%), social withdrawal (20%), decreased daily performance (19%), school difficulties (27%), and associated dyslexia (19%). Treatment involved hygiene-dietary measures (68%), pharmacotherapy (23%), and psychotherapy (8%).

Conclusion:

Pediatric urinary incontinence is a multifactorial disorder with notable psychological and social consequences. A multidisciplinary approach is essential, combining medical management with psychological support to improve outcomes and quality of life.

Keywords: Urinary incontinence , children, Psychosocial, consequences , multidisciplinarity

PD - 105

A LOW COAST HIGHLY EFFICIENT MUSCLE STIMULATOR FOR ANORECTAL MALFORMATION REPAIR

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Introduction.

To see one case of Anorectal malformation with expected good continence instead, having incontinence as a surgical complication due to severe deviation of the rectum away from the muscle complex, is catastrophic for the patient and the surgeon.Therefore, muscle stimulating devices are used to define the sphincter complex. Due to lack of resources in many developing countries, surgeons locate the muscle complex based on their experience, which then becomes a game of luck.

Objective.

To standardize optimal rectoplasty within the muscle complex using an improvised worldwide available muscle stimulator.

Methods.

A prospective study was carried out at two centers in Saudia Arabia between (2021- 2025) including 16 patients with different types of anorectal malformation anomalies.

No exclusion criteria were specified regarding age, weight, or sex.

Those patients underwent anorectoplasty with the aid of an innovative digital therapy device (DTD) for identification of the proper muscle complex. This device has FDA approval for various muscle physiotherapy.

We improvised the device connection to accommodate pre and intraoperative usage to delineate the exact site of the muscle complex in comparison to an ordinary Peña muscle stimulator.

Results.

The device efficiently located the boundaries of the muscle complex very clearly in all patients without complications or difficulty in use, in addition, sterilization was kept intact during its use intraoperatively.

Conclusion.

The digital therapy device (DTD) is safe, efficient, and extra low cost

PD - 106

MANAGEMENT OF ADNEXAL MASSES IN CHILDREN AND ADOLESCENTS: A RETROSPECTIVE ANALYSIS OF A 25-YEAR EXPERIENCE

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Purpose:

Adnexal masses in children and adolescents cover a variety of ovarian and paraovarian lesions. A broad range of masses, from benign functional cysts to teratomas, and adnexal torsion require, prompt clinical assessment and diagnostic workup.

Method:

In this retrospective study, 69 patients (neonate-18 years) who underwent surgery due to a wide range of adnexal masses between 1999 and 2024 were analyzed. Differentiation based on important evidences from clinical assessment, diagnostic workup, choice of surgical approach, and histopathological results were investigated.

Results:

Surgical abnormalities of the adnexa included cystic teratomas in 19 cases (the largest 22x21x8 cm), torsion in 15 (oophorectomy only in 6), simple cysts in 21 (the largest 18x15 cm), antenatally diagnosed complex cysts in 5 (ovarian autoamputation), ruptured hemorrhagic cyst in 4, and incidental cysts in 5 (the largest 7x5 cm). A laparoscopic approach was feasible in 29 cases. Large tumoral masses were removed through a Pfannenstiel incision following laparoscopic instrumentation. Histopathologic evaluation identified the resected solid masses as benign teratomas, except for one with yolk sac tumor.

Conclusions:

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MODIFIED APPROACH TO DIVIDED SIGMOID COLOSTOMY IN PATIENTS WITH ANORECTAL MALFORMATION: SINGLE CENTER EXPERIENCE

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Introduction

To present our experience in modifying the approach and location of ostomies in patients with anorectal malformation (ARM) in order to avoid possible complications associated with this procedure.

Material and Methods

Retrospective review of patients diagnosed with ARM in whom a modified approach for colostomy was performed in the last 18 months in our center.

Results

6 patients with ARM, 3 male with recto-urethral fistula and 3 female (1 without fistula, 1 with vestibular fistula and 1 cloaca). Mean gestational age of 36.1 weeks (31-39 weeks) and mean birth weight of 2658 g (1660-3550g). All colostomies were carried out on the 2nd day of life by performing an infraumbilical median laparotomy and divided colostomy at the level of mobile distal portion of descending colon with exteriorization of the proximal ostomy in the left lower quadrant and mucosal fistula at the distal end of the laparotomy incision. No patient had surgical wound complications or ostomy prolapse during follow-up. No patient had problems with the placement and handling of the bag in relation to the surgical wound.

Conclusions

The modification of the surgical approach and the location of the mucosal fistula has proven to be a safe and effective procedure, reducing the number of associated complications, such as infection or surgical wound dehiscence, as well as reducing the risk of urinary infection or distal impaction due to the passage of feces through the distal ostomy.

Keywords: Anorectal malformation, colostomy, modified approach

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FREQUENCY OF ENTEROSTOMY COMPLICATIONS IN PEDIATRIC AGE - SINGLE CENTRE EXPERIENCE

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Introduction.A large number of congenital, perinatal, and infant diseases as part of the “staging” procedure involve the creation of an enterostomy (jejunostomy, ileostomy, cecostomy, or colostomy) used for the derivation of intestinal contents for a shorter or longer period. The most common complications associated with creating a stoma are: stenosis, prolapse, stoma retraction, wound dehiscence, enterocutaneous fistulas, and peristomal skin irritation.

The aim. The study aimed to present the experience of one centre and highlight the most common complications associated with the creation, functioning, and care of intestinal stomata.

Materials and methods: A retrospective analysis was conducted over 3 years (from January 1, 2021, to December 31, 2024). Data were collected from medical records and operative protocols. Results: During the three years, a total of 53 patients with created stomas were treated (32 boys and 21 girls) aged from 1 day to 4 months (average 4.12±2.13 days), with a body weight of 1390 to 6350 grams (2235±1215 grams). During this period, there were a total of 27 (50.94%) patients with complications, specifically: 16 (30.18%) with significant peristomal skin irritation, 5 (9.43%) with stoma retraction, 3 (5.66%) with prolapse, 2 (3.77%) with stenosis, and 1 (1.88%) with stoma dehiscence and intraluminal content prolapse. As many as 8 (15.09%) patients required reintervention for various complications. In the further course and follow-up of the patients, there were no complications until the closure of the enterostomy.

Conclusion: Surgeons must be aware of the high rate of morbidity and complications associated with the creation of enterostomies, all in the interest of taking appropriate measures during the intraoperative and postoperative course to avoid them. The aim of this study was to highlight the most common types of complications and to suggest strategies for their prevention.

Keywords: enterostomy, complications, children

PD - 109

PRIMARY TUBERCULAR ABSCESS OF THIGH IN CHILDREN –CASE SERIES OF 11 PATIENTS

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Introduction: Isolated cold abscess of the thigh without active tuberculosis elsewhere in the body is a rare entity and only a few cases have been reported in the literature. We report case series of 11 patients with tubercular thigh abscess

Methods: We reviewed 11 cases of children presenting with thigh swellings subsequently diagnosed as primary tubercular abscesses. All patients underwent abscess drainage in combination with standard anti-tubercular therapy for six months

Results: Median age of children at presentation was 10 months (1month -15 months). All children were immunized with BCG and BCG scar was present. Patients presented with thigh swelling and diagnosis was confirmed by imaging .Histopathology and CBNAAT was suggestive of tuberculosis.

Conclusion: Primary tubercular abscess of the thigh should be considered as the differential diagnosis of unexplained soft tissue swellings in children, even in the absence of systemic tuberculosis.

Keywords: tubercular abscess, thigh, children

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OUR INITIAL EXPERIENCE OF SINGLE STAGE REPAIR OF BLADDER EXSTROPHY BY MODIFIED CPRE IN NEONATES: CONTRADICTING THE CONTRARY.

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Objectives: To study the surgical experience, problems faced and the follow-up of complete primary-repair of-exstrophy (CPRE) technique in newborns. We report our initial-experience with CPRE and its short and intermediate-term outcomes with respect to cosmesis, functional-results, continence-status and psychosocial-impact.

Methods: A retrospective review of the hospital records from March 2008 to December 2020 at our tertiary-care centre was performed. Data on the patients with bladder exstrophy managed by a single pediatric surgeon using CPRE technique were analyzed. Complete primary repair of exstrophy (CPRE) was done using modified Mitchell's technique. Postoperatively, patients were followed prospectively for clinical outcomes, imaging studies and scarring on DMSA renal scan. Urodynamic status, urinary continence status and episodes of urinary tract infections were documented regularly.

Results: Two patients experienced early post-operative complications. All the patients were doing well in follow up period with variable continence rates, one partial dehiscencerequired redosurgery but rest have good cosmesis and are socially acceptable with acceptable PQLI.

Conclusions: Although the modern staged repair of exstrophy (MSRE) is currently favoured, complete primary repair of exstrophy (CPRE) potentially provides socially acceptable continence in single stage surgery. CPRE decreases the number of operations, is safe and efficacious even in the newborns.Continence is difficult to achieve but it is also possible to provide some patients with what we call '**socially acceptable continence'**. However, we need long-term follow-up studies to compare the results of CPRE and those with staged-repair in exstrophy-bladders of Indian population.

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OUTCOMES OF FULL-THICKNESS SKIN GRAFTING IN SURGICAL RECONSTRUCTION OF CONCEALED PENIS IN CHILDREN AGED 7–14 YEARS”

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Purpose

Concealed penis is a congenital anomaly that affects not only the appearance but also the function of the external genitalia in the male sex. Different surgical methods have been proposed to correct this disorder, including removal of the previous scar, penile shaft, penile trunk skin reconstruction with flap, penile skin fixation in penopubic and penoscrotal angles, and removal of extra pubic fat. In this study, we will discuss the results of definitive surgery in one stage using autogenous skin grafts and examine the details of this technique.

Methods

This study was conducted as a clinical trial in Hospitals related to the Isfahan University of Medical Sciences. Children over the age of 7 years old. A full-thickness graft with a length of 1.5 times the defect and a width of 1 cm was taken from the non-dominant thigh and defatted. The inguinal skin was chosen because it is hairless and next to the penis, and the resulting scar is easily hidden under clothing. Then, the graft was transferred to the operation site and fixed.

Results and conclusion

We proposed a method of treatment for concealed penis, using a full-thickness inguinal graft. Our technique showed promising results with minimal and negligible complications. To fully highlight each process’s benefits and limitations and evaluate them against one another, these procedures should, however, be tested on larger populations and compared comprehensively.

Keywords: Concealed Penis, Full-Thickness Skin Graft

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CHALLENGES IN MANAGEMENT OF CAUDAL DUPLICATION SYNDROME

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Purpose: Caudal Duplication Syndrome (CDS) is a rare and complex anomaly. Each case is unique and adds knowledge to the available literature

Method: A Prospective case series of caudal duplication syndrome are described.

Results. All four cases of CDS had associated anorectal malformation. Of the 4 cases, 2 were females. Colostomy was done at birth for one girl with associated cloacal duplication and both boys with anorectal malformation. One boy with anorectal malformation with recto-bladder neck fistula associated cleft palate and Temporomandibular joint ankylosis, underwent abdominoperineal pull-through at 18 months of age along with removal of the harmatoma (cartilaginous tissue lined by mucosa) present between both the scrotal sacs. He expired after surgery due to respiratory failure with seizures. The other boy underwent excision of a prolapsing mass arising from between the two scrotal sacs that was a benign teratoma on histology. Both girls underwent complete repair with removal of the intervening lipomatous mass and approximation of the divaricated anal sphincters on either side. Postoperatively, both children were continent and could contract their rectum. During follow-up, one child developed secondary rectal ectasia (dilatation) due to anal stenosis for which anoplasty was done. Both children are continent at 6;13 years follow up.

Conclusion: CDS is a complex malformation requiring a planned treatment. The anal sphincter complex should be identified carefully during surgery and placed around the neoanus for the child to attain continence. Associated anomalies may account for mortality.

Keywords: Caudal Duplication

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EFFECTIVENESS OF INTERVENTIONS TO IMPROVE PHYSICAL ACTIVITY IN CHILDREN AND ADOLESCENTS WITH CONGENITAL HEART DISEASE: A SYSTEMATIC REVIEW

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Purpose:

Children and adolescents with congenital heart disease (CHD) often engage in lower levels of physical activity (PA) than their healthy peers, which increases their risk of cardiovascular and psychosocial complications. This review aimed to evaluate the effectiveness of PA-promoting interventions in this population and to identify commonly used behavior change techniques (BCTs).

Method:

A systematic search was conducted in PubMed, Embase, Web of Science, Cochrane Library, Scopus, CINAHL, CNKI and WanFang databases from inception to April 2025. Randomized controlled trials (RCTs) and non-randomized studies (NRSIs) targeting PA improvement in children and adolescents with CHD were included. Two reviewers independently screened articles, extracted data, and assessed risk of bias using RoB 2 and ROBINS-I tools. BCTs were coded based on the Behavior Change Technique Taxonomy version 1 (BCTTv1). Due to heterogeneity in study designs and outcomes, a narrative synthesis was conducted.

Results:

Fourteen studies with 1322 participants (9 RCTs, 1 cluster-RCT, 4 NRSIs) were included. Interventions varied in setting, duration, and theoretical framework, including self-determination theory and social cognitive theory. Commonly used BCTs were action planning, feedback on behavior, and prompts or cues. Three studies reported significant increases in moderate-to-vigorous physical activity (MVPA) with personalized counseling and exercise prescriptions. Structured training improved cardiorespiratory fitness, while effects on overall PA were inconsistent. Eight studies measured psychosocial outcomes, but few addressed PA motivation. Interventions based solely on digital approaches showed no significant effects. Most studies lacked long-term follow-up.

Conclusion:

Multicomponent interventions that include behavioral counseling, individualized exercise plans, and supervised training show promise for improving PA in children and adolescents with CHD. Solely digital strategies appear ineffective. Future research should emphasize psychological mechanisms and include long-term follow-up for sustainable implementation.

Keywords: congenital heart disease, physical activity, children, adolescents, systematic review

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BEHAVIORAL APPROACH OF THE PARENTS AND SURGEONS IN NUCK CANAL CYSTS: 15 YEARS OF EXPERIENCE

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Aim: Nuck canal cyst (NCC) is a-rare-condition that can be confused with other pathologies that cause swelling in the-inguinal-region. This-study aimed to evaluate the behavioral-approach of the-family and surgeon in operated-children-diagnosed with NCC.

Method: Hospital-records of children with confirmed NNS's who underwent surgery for inguinal-cysts/mass in our department between January 2008-2023 were retrospectively reviewed. Demographic-characteristics, complaints, history, examination and surgical findings were evaluated.

Results: In 15-girl diagnosed with NCCs in 15-year, the median-age was 37 months (2months-110months), 8(53%) were preterm, 6(40%) were term, and the gestational-age wasn't recorded in one. Three (20%) of had noticed the swelling, five (33%) within a-week, and three (20%) after a-week. Seven (46%) had applied to the emergency-department, and eight (53%) had made an-appointment.

It was detected incidentally in 2(13%), one with a-complaint of umbilical-swelling and the-other in the-early control of the-right-inguinal-hernia-operation. The-history of two wasn't recorded. It could be detected in 3(20%) during the-examination, but not in the others. In 2 of the 10-case (67%) with a-preliminary-diagnosis-of-inguinal hernia, the-swelling was bilateral; in 5 of them, the preliminary diagnosis was NCC.

In 3-case that applied to the-emergency-room, the-swelling was noticed on the-same-day; they were operated with the-preliminary-diagnoses of right-incarcerated-inguinal-hernia, left-reducible-sliding-over-hernia, and right-incarcerated-sliding-over-hernia, respectively. Two (13%) of were operated electively, and 13(87%) were operated urgently. In the operation, NCC was detected on the-right in 12(80%) and on the-Left in 3(20%). In 14, NCCs were excised together with high-ligation of Patent-Processus-Vaginalis; external-ring was closed in-4, and it was narrowed in-1. Their histopathologies were reported as NCC (n: 12), fibroadipose-tissue (n: 1), fibroadiposis-muscular-tissue (n: 1) and fibrovascular tissue (n: 1).No perioperative and early/late postoperative complications occurred; no recurrence was observed.

Conclusions: It was determined that parents applied urgently/within-the-first-week when the-swelling was first-noticed, and surgeons operated urgently with-the-prediagnosis of incarcerated inguinal-hernia or sliding over-hernia due to un-reductable swelling.It was noteworty that 53% of were preterm and 80% were on the right-side.

Keywords: Nuck Canal Cyst, Inguinal Hernia, Hydrocele, Child

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COMPLICATIONS OF CENTRAL LINES IN NON-ICU NEONATES

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Introduction:

The use of central venous catheters (CVCs) is a routine but invasive practice in neonatal care, particularly in premature and low birth weight infants. Despite their clinical benefits, CVCs are associated with significant risks, especially in resource-limited settings.

Methods:

We conducted a retrospective descriptive study over a 3-year period (January 2022–January 2025) in the Pediatrics Department of Hospital Ben Arous, a level II center without neonatal intensive care facilities. The aim was to evaluate complications related to CVC use and identify associated risk factors.

Results:

A total of 61 neonates received a CVC. The mean gestational age was 32 weeks + 3 days, and the mean birth weight was 1835 grams. Umbilical catheterization alone was used in 78% of cases. No complications occurred in 34% of patients. The most frequent complication was healthcare-associated infection (39.7%), followed by catheter misplacement (28%) and catheter-related bloodstream infection (21%). Less frequent complications included fluid leakage (4%), accidental removal (2%), arrhythmia (4%), and thrombosis (1%). Among neonates with complications, 85% weighed under 2500 grams and 65% were born 32 weeks + 6 days of gestation. Prolonged catheter duration was significantly associated with nosocomial infection ($p = 0.02$).

Discussion:

The overall complication rate was 65.6%, exceeding the rates reported in the literature (around 30%). Infectious complications were particularly frequent (21.9% vs. 4% reported), likely reflecting the challenges of infection control in a level II unit without intensive care infrastructure. Identified risk factors such as low birth weight and prematurity were consistent with existing studies.

Conclusion:
In a level II neonatal unit without intensive care, central venous catheters are associated with a high risk of complications, particularly infections. These findings underscore the need for targeted preventive strategies and stricter adherence to infection control protocols to reduce CVC-related morbidity in such settings.

Keywords: central venous catheters, Complications, level II neonatal unit

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EVALUATION OF POSTOPERATIVE PAIN IN PEDIATRIC INGUINAL HERNIA PATIENTS USING THE FLACC SCALE

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Purpose

Comparison of postoperative pain due to traditional open repair (OA) or laparoscopic procedures (LPEC) to repair pediatric inguinal hernia is difficult in patients aged < 5 years. This single institute study was performed to quantitatively evaluate pain associated with LPEC and OA.

Methods

Thirty-seven patients aged <5 years underwent inguinal hernia surgery between July 2024 and March 2025. We evaluated postoperative pain at 3 and 6 h using the Face, Legs, Activity, Cry, and Consolability (FLACC) scale, which has been validated for use in children and provides 0–10 range scores.

Results

Twenty-four patients underwent OA and 13 underwent LPEC. OA and LPEC group FLACC scores were 0.78 and 0.62 at 3 h and 0.06 and 0.58 at 6 h, respectively, postoperatively.

Nineteen males underwent OA, and two males underwent LPEC. Among males, OA and LPEC group FLACC scores were 0.94 and 0 at 3 h and 0 both at 6 h postoperatively. Five females underwent OA and 11 females underwent LPEC. Among females, OA and LPEC group FLACC scores were 0.2 and 0.73 at 3 h and 0.25 and 0.7 at 6 h postoperatively.

Twenty-seven patients underwent unilateral surgery (23 OA and 4 LPEC). Among these patients, respective FLACC scores at 3 h were 0.74 and 0.25. At 6 h postoperatively, they were 0.06 and 0. Ten patients underwent bilateral surgeries (1 OA and 9 LPEC). Among these patients, respective FLACC scores at 3 h were 1 and 0.78. At 6 h postoperatively, they were 0 and 0.88.

Conclusions

The FLACC scale quantitatively revealed that bilateral OA and male OA were more painful at 3 h postoperatively, but more pain persisted at 6 h postoperatively among bilateral and female LPEC patients.

A larger study is required to verify these findings.

Keywords: inguinal hernia, FLACC, postoperative pain

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CYSTIC LYMPHANGIOMA IN THE PEDIATRIC POPULATION: EXPERIENCE AND OUTCOMES FROM A SURGICAL UNIT

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Introduction:

Cystic lymphangioma (CL) is a rare, benign congenital malformation of the lymphatic system, during early childhood. It can become symptomatic due to their potential for rapid growth with risk of compression, infection or hemorrhage. We report our experience in management of CL in children.

Methods:

We retrospectively reviewed all cases of CL between May 2019 and May 2025. Clinical data were collected from medical records of the department of pediatric surgery in the children's hospital of Tunis.

Results:

Eleven patients were treated for CL. The mean age at diagnosis was 5 years (1 month- 16 years). The discovery was incidental or abdominal pain. Lesion locations included the abdomen (4 cases), thorax (3 cases), cervical region (2 cases), inguino-scrotal (1case), and bilateral scrotal involvement (1case). In one case, the mass was compressive, leading to respiratory distress, another patient presented with infected lesion requiring hospitalization and antibiotic therapy. The bilateral scrotal location was misdiagnosed initially as a communicating hydrocele. Ultrasound confirmed the diagnosis in 10 patients, revealing a well-defined, multiloculated, non-vascularized cystic mass. The average size of lesions was 8 cm. For 5 cases, MRI was performed to better evaluate the relationship between the mass and adjacent anatomical structures. Surgical resection was performed for intra-abdominal/thoracic and scrotal lymphangiomas. In 4 patients, the lesions were intimately adherent and extended into the cervical and thoracic regions. Sclerotherapy using bleomycin was done with good outcomes. Complete regression noted in one patient after three injections and more than 50% regression in size for the remaining patients following two injections. No recurrences were observed.

Conclusion:

CL is a benign tumor that can impact a child's quality of life and, become life-threatening in some cases. Management remains challenging due to the lesion's infiltrative nature and risk of recurrence.

Keywords: Lymphangioma, children, sclerotherapy, surgical resection

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FUNCTIONAL BLADDER DYSFUNCTION IN CHILDREN: ABOUT A TUNISIAN POPULATION

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Introduction: Prevalence of bladder dysfucntion is estimated at 12% in children aged between 5 and 10 years, and more than half of them (55%) exhibit symptoms attributable to idiopathic overactive bladder (OAB). The sequelae and symptoms of OAB are often uncontrolled, including daytime urinary incontinence or enuresis, and can affect children socially, emotionally, and behaviorally. If not properly managed, one-third of childhood symptoms persist into adulthood.

Aims: Describe the epidemiological and clinical characteristics of children suffering from OAB, and factors associated with the development of OAB.

Methods: This is a cross-sectional observational study including children aged between 5 and 17 years suffering from OAB and free from any neurological or malformative conditions.

Results: We included 50 children with idiopathic overactive bladder syndrome. Bladder-sphincter disorders developed at school age in the majority of children.The number of daytime voiding episodes was greater than 10 in 15% of cases and greater than 8 in 45% of cases. Enuresis was present in 50% of cases. A vesico-sphincteric dyssynergia with a dysuric syndrome was identified in 26% of cases. A history of recurrent urinary tract infections was noted in 62% of cases. The consumption of drinking water was less than 500ml per day in all children, along with poor dietary habits. The multivariate analysis revealed that nocturnal enuresis, constipation, fecal incontinence, history of urinary tract infection, delayed bladder control, and poor toilet facilities might be factors associated with the development of OAB.

Conclusion: The link between noctural enuresis and OAB symptoms, urinary tract infections and constipation deserves more attention.

Keywords: Overactive bladder; child; environment; associated factors

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IMPROVING HYPOSPADIAS SURGICAL OUTCOMES THROUGH PROTOCOL IMPLEMENTATION: A RETROSPECTIVE COHORT STUDY AT A RURAL TEACHING HOSPITAL IN KENYA

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AIC KIJABE HOSPITAL

Introduction:

Hypospadias is the second most common congenital urologic anomaly in newborn boys. Corrective surgery is associated with a high complication rate ranging from 5-30% in Western literature and up to 60% reported in Sub-Saharan Africa. Standardization of care has been shown to improve outcomes in surgical care. This was also demonstrated in hypospadias care. To reduce complications in our setting, we developed and implemented a standardized protocol.

Methods:

A retrospective review was done comparing the pre- and post-intervention arms. The protocol entailed a standardized bundle that was composed of pre-operative, intraoperative, and post-operative interventions for hypospadias patients. In the pre-intervention phase, data were collected from 284 patients and 140 patients in the post-intervention phase. Data were analyzed using STATA 18 software.

Results:

89% (252/281) were phenotypically male, and 10% (29) had DSD (differences in sexual development). Mean age in years was 4.1±3.9 [0 – 23.9yrs] in n1 and 4.7 ± 4.55 [0 – 19.4 yrs], P=0.13, respectively. Overall complication rates were 51.4% for n1 and 25% for n 2 (p=0.001) value). Among the complications, Urethrocutaneous fistula (UCF) was the most common (27.3% vs. 10.2 %, p=0.001), followed by wound infection (23% vs. 4%; p=0.04). There was a cost reduction of 8684 KES [(CI:5335,12034 KES), p=0.001] in the post-intervention phase compared to the pre-intervention phase.

Conclusion:

The use of a standardized protocol in hypospadias care significantly reduces the post-operative complication rate and cost.

Keywords: Hypospadias, Sub-Saharan Africa, Quality improvement, Standardization, Protocol, Urethrocutaneous fistula

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ROLE OF CONCURRENT SERIAL ULTRASONOGRAPHY AND DYNAMIC RENAL SCINTIGRAPHY IN DIAGNOSING URINARY OBSTRUCTION IN CHILDREN

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Aim:

This study evaluates the diagnostic accuracy of serial ultrasonography (dynamic ultrasonography, DUSG) when performed concurrently with dynamic renal scintigraphy (DRS) in detecting obstructive hydronephrosis (HN) in children undergoing DRS for suspected urinary obstruction.

Patients and Method:

Thirty-five patients with unilateral HN requiring DRS between June 2022 and August 2024 were included. Standardized DUSG measurements were obtained at predefined time points: 30 minutes before DRS (USG1), at DRS initiation (USG2), at DRS completion (USG3), and one hour after furosemide administration (USG4). Prospective data from both modalities were analyzed and compared.

Results:

DRS showed radiotracer clearance half-life (t½) <10 minutes in 19 patients, 10–20 minutes in 6 patients, and >20 minutes with no response in 10 patients.

DUSG revealed persistent HN in 17 patients at USG4, while APD returned to baseline or decreased further in 18 patients. Although DRS and DUSG demonstrated consistent graphical patterns, their timing varied. The regression of t½ and APD occurred at different time points.

When comparing APD values between USG3 and USG4, the average reduction rate (emptying percentage) was found to be 20%. In the non-responsive group, the emptying percentage was 4.63%, indicating a significant difference compared to the remaining patients.

Conclusion:

Integrating DRS and DUSG improves diagnostic accuracy for ureteropelvic junction obstruction. While nuclear clearance and anatomical regression are correlated, they occur at different time points. The APD emptying percentage on DUSG serves as a predictor of obstruction on DRS. Further large-scale, multicenter studies are needed to validate these findings.

Keywords: hydronephrosis, dynamic ultrasonography, dynamic renal scintigraphy, urinary obstruction

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TIMELY ASSESSMENT AND ACTION FOR SURGICAL MANAGEMENT WAS ASSOCIATED WITH LESS BOWEL LOSS IN INFANTS WITH NEC

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This study aimed to determine the optimal timing of surgical intervention for necrotizing enterocolitis (NEC) in infants. A retrospective review was conducted on infants with modified Bell's stage 2 or higher NEC from April 2008 to January 2023. The study compared long-term clinical outcomes, including intestinal stricture and bowel loss, among three groups: medical management, surgical intervention with indicator scores ≤5, and surgical intervention with indicator scores >5.

Results showed that infants with indicator scores >5 had more severe disease, lower birth weight, and lower weight at diagnosis. They also had more necrotic bowel resection and longer lengths of resected intestine during initial surgery. The incidence of intestinal stricture was significantly higher in the indicator scores >5 group (42.0%) compared to the medical management group (25.5%) and the indicator scores ≤5 group (17.7%). Additionally, the indicator scores >5 group had more total bowel resection and longer lengths of resected bowel.

The study concluded that early and aggressive surgical intervention for NEC, especially when indicator scores >5, is associated with reduced bowel loss and improved long-term outcomes. However, the decision for surgical intervention should be carefully weighed on a case-by-case basis. Further prospective studies are needed to confirm the optimal timing of surgical intervention.

Keywords: Necrotizing enterocolitis (NEC), Laparotomy, Bowel loss, NICU length of stay

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MALROTATION, A RARE CAUSE OF ACUTE ABDOMEN: A RETROSPECTIVE ANALYSIS

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Aim: In this study, we aimed to evaluate the diagnostic methods, treatment results and postoperative follow-up of pediatric patients treated for malrotation.

Methods: In this study, pediatric patients who underwent surgery for malrotation between January 2018 and January 2025 were retrospectively analyzed. Data on demographic characteristics, symptoms, diagnostic approaches, surgical interventions, and postoperative outcomes were analyzed.

Results: A total of 19 patients aged between 2 days and 12 years were operated for malrotation. Fourteen of the patients (73.7%) were operated in the neonatal period. Eleven (57.9%) of the patients were boys and 8 (42.1%) were girls. The most common symptom in the neonatal group was failure to feed and vomiting with bile, which was observed in 8 patients. Non-roation anomaly was present in 4 patients with a prediagnosis of antenatal dudodenal atresia. One of the patients had anal atresia and Hirschsprung's disease. One patient with acholic stool had rotation anomaly accompanying biliary atresia. Accompanying rotation anomaly was observed in 1 patient with colonic atresia. The mean age at operation in the neonatal group was 16.4 days. The mean age at operation was 9.66 years in the non-neonatal group. The complaints in all patients were abdominal pain, bilious vomiting and distension. 10 of 20 patients (52.6%) had volvulus and the remaining 9 patients (47.4%) had malrotation anomaly which was detected during exploration for additional problems. Ladd Procedure was performed. Patients started oral feeding in an average of 7.5 days after the onset of postoperative passage patency (2-15). They were discharged on an average of 9.1 days postoperatively.

Conclusion: Malrotation may cause volvulus with a mortal prognosis, but sometimes it may be found incidentally as an accompanying condition to other diseases. Early diagnosis and treatment is vital in volvulus due to malrotation. The Ladd Procedure has been used for surgical treatment of malrotations for many years. The success of surgery is determined by the timing of surgery, comorbidities and post operative care.

Keywords: malrotation, volvulus, ladd procedure, pediatric

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FROM DIAGNOSIS TO OUTCOME: MANAGING MECONIUM ILEUS IN CYSTIC FIBROSIS – A THREE-PATIENT REPORT

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Introduction:

Cystic fibrosis (CF) is a severe autosomal recessive disorder affecting exocrine glands, leading to multisystem involvement. Gastrointestinal manifestations, particularly meconium ileus, represent the first clinical sign in neonates. Early clinical recognition and contrast enema can permit non-operative resolution. However, surgical intervention remains essential in complicated forms. This study reports three cases of neonatal meconium ileus, highlighting diagnostic difficulties, therapeutic strategies, and prognostic outcomes.

Case Presentation:

Case 1: A 4-day-old neonate presented with clinical features of meconium ileus confirmed by water-soluble contrast enema. Failure of non-operative treatment necessitated terminal ileostomy. The postoperative period was marked by recurrent severe bronchopulmonary infections, resulting in death at 11 months of age. **Case 2:** A 45-day-old infant underwent emergency surgery for acute small bowel obstruction due to meconium ileus. Intraoperative decompression was achieved using gastrografin lavage via enterotomy. The infant's clinical course was complicated by severe bronchopulmonary infections leading to death at 6 months. **Case 3:** A 2-day-old neonate was admitted for meconium ileus complicated by small bowel volvulus discovered intraoperatively. Surgical management involved resection of necrotic bowel loops, water-soluble contrast lavage, and primary anastomosis. Postoperative recovery was uneventful with favorable short-term outcomes.

Conclusion:

Despite significant advances in genetic diagnosis and medical management of cystic fibrosis, meconium ileus remains a serious complication in the neonatal period. Therapeutic management requires early diagnosis and individualized treatment based on disease severity and complications. Prognosis is mainly determined by respiratory and digestive complications, which continue to pose significant morbidity and mortality risks in affected infants.

Keywords: Meconium Ileus, Cystic Fibrosis, Neonatal Intestinal Obstruction, Non-operative Management, Surgical Treatment, Prognosis, Contrast Enema

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EMERGENCY LAPAROSCOPIC SURGERY IN CHILDREN: A SINGLE-CENTER EXPERIENCE

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Purpose:

To analyze the outcomes of emergency laparoscopic surgeries in pediatric patients.

Methods:

Between 2017 and 2024, a total of 873 children with acute surgical diseases of the abdominal organs were hospitalized. Of these, 92 patients underwent emergency laparoscopic interventions.

Results:

Among the operated patients, 72 were diagnosed with acute appendicitis. Of these, 41 (56.9%) had phlegmonous appendicitis, 17 (23.6%) had gangrenous or gangrenous-perforated appendicitis, with 11 (15.3%) cases complicated by peritonitis. In 3 patients (4.2%), acute Meckel's diverticulitis was diagnosed. In 15 patients (16.0%) with adhesive intestinal obstruction, laparoscopic adhesiolysis was performed; in 2 of these cases, conversion to open surgery was required due to extensive adhesions. Laparoscopic evaluation revealed ovarian cysts in 4 patients (4.0%). Organ-preserving surgery was performed in 3 cases; in 1 case involving torsion and necrosis, the cyst was resected. One patient with traumatic liver injury and capsular rupture underwent successful laparoscopic hemostasis and coagulation. The average stay in the intensive care unit ranged from 1 to 4 days, and the total hospital stay averaged 4–5 days.

Conclusion:

This analysis demonstrates that emergency laparoscopic surgery in children is an effective approach, offering shorter stays in intensive care and hospital settings, a reduction in postoperative complications, and favorable cosmetic outcomes.

Keywords: Emergency surgery, laparoscopic surgery, pediatric surgery

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EFFECT OF ADHESIVE STRAPPING IN THE MANAGEMENT OF CONGENITAL UMBILICAL HERNIA IN BANGLADESH: A PROSPECTIVE COMPARATIVE STUDY

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Bangladesh Shishu Hospital and Institute

Purpose: Umbilical hernias (UH) are usually closed spontaneously within 2-5 years of age but parents become anxious due to presence of a defect. Recently, Adhesive strapping (AS) has been accepted as standard treatment in different parts of the world. So, this study was conducted to evaluate the efficacy of AS in the management of congenital UH in Bangladesh.

Methods: This quasi experimental study was performed among 60 patients where 30 patients were in AS group and 30 patients were in observation group. Diameter of hernial orifices, total duration of treatment, closure rate, closure speed was measured.

Results: Among 60 patients, only 17 patients achieved complete closure of UH where 10 patients were in group A. The mean duration of treatment was significantly shorter (11.28±2.59 weeks, p-value =0.006) in AS group. The average closure speed was also more in AS group.

Conclusion: Adhesive strapping promotes earlier closure of congenital UH. So, it can be an effective alternative management option of congenital UH.

Keywords: Umbilical hernia, Adhesive strapping, Closure speed

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ANDERSON-HYNES PYELOPLASTY FOR PELVI-URETERIC JUNCTION OBSTRUCTION IN INFANT IN RESOURCE LIMITED LOWER-MIDDLE INCOME COUNTRY.

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Introduction: Pelviureteric junction obstruction (PUJO) is the commonest cause of antenatal hydronephrosis**.** Majority of antenatal hydronpehrosis resolve with watchful observation in postnatal period. Amongst them, very few will require intervention in infancy. Anderson- hynes pyeloplasty is the gold standard procedure for pelviureteric junction obstruction. The objective of this study was to evaluate and assess the outcome of Anderson-Hynes Pyeloplasty in infant with severe hydronephrosis secondary to PUJO.

Methods: A retrospective review of all infants with severe hydronpehrosis due to PUJO who underwent Anderson-Hynes Pyeloplasty between March 2022 to April 2024 (2 years) was done. The following were recorded for each patient: age, sex, grading of hydronpehrosis, operative time, hospital stay, outcome and complications.

Results: This study consisted of 26 infants (17 boys and 9 girls) who underwent Anderson-Hynes Pyeloplasty with a mean age of 6.3 months (1 month to 11 months). All infants had severe hydronephrosis (Grade 4). Right side repair was performed in 19 patients (73%). Mean operative time was 87.8 minutes. The mean length of hospital was 3.75 days (3- 5 days). Major complications include anastomotic stricture in one infant and one case had recurrent UTI. Postoperative ultrasound and DTPA scan was obtained after 6 months postoperatively, which showed improved renal function in DTPA in 24 patients (92.4%).

Conclusion: Anderson-Hynes Pyeloplasty is gold standard procedure in PUJO. Its implication in infant age group is also safe. For better outcome, patient selection and refinement technique should be pursued.

Keywords: infant, Pelvi-ureteric junction obstruction, Pyeloplasty

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OMENTAL CYST- CLINICAL EXPERIENCE IN TERTIARY CARE HOSPITAL.

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Background

Omental cysts are rare intraabdominal cyst and predominantly diagnosed after infancy, usually after age of 10 years. Omental cysts are often misdiagnosed for tubercular ascites or as an incidental finding for different pathology. Diagnosis is usually made intra-operatively because of varied presentation. This manuscript deals with feature which will help to make preoperative diagnosis.

Material & Methods

All case of large intra-abdominal cyst managed during January 2016 to December 2023 were reviewed using the hospital electronic system, operative notes and departmental records. All suspected cases of omental cysts were included in the study. Demographic data, clinical feature and radiological investigation wee analysed.

Result

A total of 5 cases were included in the study with age ranged from 3 months to 7 years. Main complaint was abdominal distension. 2 patients presented with inguinal hernia.

Conclusion

Omental cysts are rare disorder needs which can be diagnosed easily preoperatively if clinician has high index of suspicion.

Keywords: Abdominal distension, Greater Omentum, Inguinal hernia, Peritoneal cavity

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MANAGEMENT OF RENAL TRAUMA IN CHILDREN: A 13-YEAR RETROSPECTIVE STUDY IN A TUNISIAN PEDIATRIC SURGERY DEPARTMENT

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Purpose: Renal trauma in children, although relatively rare, is a significant component of pediatric abdominal injuries and can pose a life-threatening emergency. Due to anatomical and physiological differences, children are more vulnerable to renal injuries than adults.This study describes the epidemiological, clinical, radiological, and therapeutic features of renal trauma in children and evaluates the outcomes of management strategies employed in a pediatric surgical department in Tunisia.

Methods: This was a retrospective, descriptive study conducted at the Pediatric Surgery Department of Fattouma Bourguiba University Hospital in Monastir over a 13-year period (2010–2022). It included all patients under 14 years of age who sustained renal trauma confirmed by imaging. Data were collected from medical records and analyzed using SPSS software.

Results: Twenty-seven cases of renal trauma were identified, accounting for 17.8% of pediatric abdominal traumas. The median age was 7 years with a male predominance (sex ratio 4.4). Most traumas were closed (96.3%) and often associated with polytrauma (77.8%), mainly from domestic accidents (55.5%) and road traffic accidents (40.7%). CT imaging was the diagnostic gold standard. Non-operative management (NOM) was applied in all cases, even in high-grade and penetrating injuries. Conservative treatment included bed rest, analgesia, and clinical-radiological monitoring. Only a few patients required interventional procedures such as drainage or stenting. No patients required emergency nephrectomy. The outcomes were generally favorable, with a low complication rate and no mortality.

Conclusion: Non-operative management is safe and effective for pediatric renal trauma, including high-grade injuries. A structured management protocol, based on hemodynamic stability and radiologic findings, allows for organ preservation and favorable long-term outcomes. Local experience supports the adoption of NOM as the standard approach in children.

Keywords: Pediatric renal trauma, non-operative management, CT imaging, blunt abdominal trauma, conservative treatment, kidney injury, trauma in children

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MANAGEMENT OF PEDIATRIC SUPERFICIAL PARTIAL-THICKNESS BURNS WITH POLYHEXAMETHYLENE BIGUANIDE: OUTCOMES AND INFLUENCING FACTORS

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Background: In burn care, achieving swift healing with minimal complications remains paramount. This investigation assesses the role of polyhexamethylene biguanide (PHMB) in managing pediatric superficial partial-thickness burns, focusing on the effects of various patient-specific factors on recovery.

Methods: Through a retrospective analysis of 27 pediatric cases treated with PHMB, we evaluated the impact of age, burn size, dressing frequency, treatment delay, cold therapy application, and analgesic usage on the time until reepithelialization (TTRE).

Results: The majority of patients benefited from early cold therapy, yet only 1 in 3 patients received analgesics. A mean healing time of 8.78 (SD: 2.64) days was observed, with the extent of the burn showing a strong correlation (r: 0.63) to TTRE. Most treatments were managed outpatient, evidenced by a negligible average hospital stay (0.96 days), with recorded no complications.

Conclusions: Our findings endorse PHMB as a promising treatment for superficial second-degree burns in young patients, due to the observed stable and rapid wound closure without the association of increased risks. Continued exploration into the optimal application of prehospital interventions and the comprehensive benefits of PHMB in pediatric burn management is necessary. Future research should assess long-term outcomes, including functionality, scar quality, and patient satisfaction.

Keywords: PHMB; Polyhexamethylen Biguanide; Polyhexanide; burn; child; partial-thickness; pediatric; second-degree.

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HERPETIC INFECTIONS IN PEDIATRIC BURN PATIENTS: A RETROSPECTIVE ANALYSIS FROM A TERTIARY CHILDREN BURN CENTER

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Background:

Thermal injuries in children disrupt cutaneous and mucosal barriers and impair immune function, increasing susceptibility to opportunistic pathogens, including herpesviruses. These infections may complicate recovery and extend hospitalization.

Objective:

To assess the incidence, virological spectrum, and clinical implications of herpetic infections in pediatric patients with acute burns.

Methods:

A retrospective review was conducted at the Children's Burn Center in Moscow, including children admitted with burn injuries between January 2020 and December 2024. Patients with persistent fever (>38.5°C for over 48 hours) underwent PCR testing for herpesviruses. Demographic, clinical, surgical, and laboratory data were analyzed, including viral-bacterial associations. Outcomes in patients with confirmed herpesvirus infection were compared to those without.

Results:

Among 257 pediatric burn patients with suspected viral infection, 172 (67%) were positive for herpesviruses: human herpesvirus 6 (HHV-6, 54%), cytomegalovirus (CMV, 27%), Epstein-Barr virus (13%), and herpes simplex virus types 1 and 2 (6%). No significant differences were observed in median age (16 months, IQR: 12–22), total body surface area burned (7%, IQR: 5–10), or surgical intervention rates between infected and non-infected groups. However, patients with herpetic infections had notable hematologic changes, increased frequency of viral-bacterial co-infection—most commonly Staphylococcus (67%), Streptococcus (15%), and Klebsiella (13%)—and significantly longer hospital stays ($P < 0.05$).

Conclusion:

Herpetic infections are common in pediatric burn patients and are associated with secondary bacterial infections and prolonged hospitalization. Early virological screening and targeted management may be critical in improving outcomes in this high-risk population.

Keywords: pediatric burns, herpetic infection in burn, infections in burn

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PEDIATRIC PANCREATIC TRAUMA: A CASE SERIES HIGHLIGHTING DIAGNOSTIC CHALLENGES AND THE ROLE OF MINIMALLY INVASIVE MANAGEMENT

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Children's Hospital Bechir Hamza, Tunis, Tunisia

Introduction:

Pancreatic trauma in children is an uncommon but potentially severe condition, primarily resulting from blunt abdominal trauma. The retroperitoneal location of the pancreas and the non-specific nature of early symptoms often delay diagnosis, increasing the risk of complications. Prompt identification and tailored management are essential to reduce morbidity and optimize outcomes.

Case Series:

We report five cases of pediatric pancreatic trauma illustrating diverse mechanisms, injury severity, and management strategies.Three 11-year-old boys sustained high-grade pancreatic body fractures following, respectively, two crush injuries and blunt abdominal trauma from a bicycle handlebar. They developed large peripancreatic fluid collections (16,18 and 20 cm), successfully managed with percutaneous CT-guided transgastric drainage and antibiotics, leading to favorable recovery after 45 days. A 10-year-old boy suffered a corporocaudal pancreatic fracture after a fall onto a stone, complicated by a 17 cm fluid collection. Image-guided transgastric drainage allowed clinical and radiological improvement. Two girls (2 and 4 years old) presented with a Grade III pancreatic body fracture following respectively a motor vehicle collision and a fall onto a chair, associated with pulmonary and pelvic injuries for the first one. The stable 7 cm and 8cm peripancreatic collection resolved without invasive intervention, supported by close monitoring and normalization of serum lipase levels.

Conclusion:

Pediatric pancreatic trauma remains a diagnostic and therapeutic challenge due to its rarity and non-specific presentation. This case series emphasizes the variability of injury patterns and highlights the importance of early imaging, careful ductal assessment, and personalized, often minimally invasive, management strategies to reduce morbidity and improve outcomes

Keywords: Pediatric trauma, Pancreatic injury, Blunt abdominal trauma, Minimally invasive drainage

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ESOPHAGEAL REPLACEMENT IN CHILDREN: CONTROVERSIES, TIPS, AND TECHNICAL PEARLS FROM EXPERIENCE

Muhammad Saleem

Akhtar Saeed Medical & Dental College, Lahore

Esophageal replacement remains a vital surgical option in children with long-gap esophageal atresia, intractable strictures, or caustic injuries where native esophagus preservation is unfeasible. This presentation delivers an experience-based and evidence-informed exploration of current controversies, conduit selection, technical variations, and long-term outcomes in pediatric esophageal substitution.

Conduit options including gastric transposition, colon interposition (right, left, or transverse), and jejunal grafts are reviewed in terms of their anatomical, physiological, and surgical merits. Routes—retrosternal, transhiatal, and subcutaneous—are critically compared with operative strategies, highlighting patient-tailored planning, meticulous tissue handling, and conduit vascularity assessment, including intraoperative use of ICG fluorescence.

Technical nuances for cervical esophagogastric anastomosis, minimizing conduit redundancy, avoiding torsion, and postoperative protocols (such as jejunostomy feeding, leak detection, and reflux control) are shared. The pros and cons of pyloroplasty, strategies for managing reflux, and timing of contrast studies and surveillance endoscopy are discussed in the context of long-term care.

Recent advances in minimally invasive and robotic-assisted esophageal replacement are explored, while addressing the psychosocial implications and quality-of-life issues that extend well beyond the operating room. The guiding principle remains clear: “Tension is the enemy”—both at the anastomotic site and for the operating surgeon.

Conclusion:

Esophageal replacement, when executed with precision, planning, and compassion, offers durable functional outcomes. Gastric transposition remains the preferred conduit in most scenarios. Long-term follow-up, nutritional rehabilitation, and psychosocial support are essential components of successful care.

Keywords: Esophageal Replacement, Gastric Pull-Up, Colon Interposition, Pediatric Surgery, Long-Gap Esophageal Atresia, Anastomotic Stricture, Conduit Vascularity, Minimally Invasive Surgery

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LAPAROSCOPIC PYELOPLASTY VERSUS OPEN PYELOPLASTY FOR URETEROPELVIC JUNCTION OBSTRUCTION IN CHILDREN

A P, Julian U

Hospital Infantil Rafael Henao Toro Manizales Caldas

The present study aims to compare a minimally invasive surgical approach for patients with hydronephrosis. This study conducts a retrospective cohort study, comparing open pyeloplasties vs. pyeloplasties performed by minimally invasive surgery using video-assisted surgery. The study compared open pyeloplasties vs. video-assisted laparoscopic pyeloplasties. The study found 37 patients who underwent open pyeloplasties and 21 patients who underwent laparoscopic pyeloplasties between January 2020 and December 2024. The study also included similar restenosis and renal unit loss rates in the comparison groups. The study also included similar surgical times.

Keywords: hydronephrosis, Laparoscopic pyeloplasty, open pyeloplasty

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PD - 134

ACUTE USE OF TESTICULAR ULTRASOUND VIA SAU FOR TESTICULAR PAIN >24 HOURS

Umar Daniyal, Jacob Peace, Vikash Patel

London North West University Healthcare

Purpose

This audit investigates the practice of arranging next-day ultrasounds via the Surgical Assessment Unit (SAU) for patients presenting with testicular pain lasting more than 24 hours. This duration of pain often represents a grey area in management. The audit addresses concerns regarding increased day team workload, potential misuse of acute imaging resources, and minimal changes in patient management following imaging.

Method

A retrospective and prospective data collection was conducted from October 2024 to February 2025 using the Cerner electronic patient record. The study included patients who had experienced testicular pain for over 24 hours and underwent planned ultrasound via SAU. Patients not meeting these criteria were excluded. Data were recorded and analysed using Excel. The sample size was 19.

Results

Of the 19 patients, 47% were sent home directly. Only 3 patients experienced a change in management post-ultrasound. Two patients eventually underwent surgery after initially declining. Notably, 21% of patients were not reviewed by a registrar prior to the ultrasound.

Conclusion

Ultrasound use in this context led to limited changes in patient management. Recommendations include creating a local guideline for testicular pain, promoting education on the Getting It Right First Time (GIRFT) protocols, ensuring all patients are reviewed by the on-call team before ultrasound, and reassessing the audit using validated tools for workload and follow-up.

Keywords: Testicular pain, ultrasound, surgical assessment unit, audit, clinical management, imaging utilization, urology, acute scrotum, GIRFT, clinical guideline

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MANAGEMENT OF URODYNAMIC OUTCOMES AND PELVIPERINEAL DISORDERS IN CHILDREN WITH HIGH ANORECTAL MALFORMATION

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Introduction:

Anorectal malformation (ARM) is the most common congenital colorectal defect. In high ARM, associated genitourinary anomalies are frequent. But urinary and and perineal disorders could be related to the sequelae of surgery and spinal abnormalities. We report our experience to try to prevent urologic morbidity and fecal incontinence in children with high ARM.

Patients and Methods:

A retrospective study was performed and included children treated for high ARM from 2010 to 2020. They were repaired with the posterior sagittal approach in the Department of Pediatric Surgery in the Children's Hospital of Tunis. Data was collected from patients' files.

Results:

A total of 25 children with high ARM were included. There were 21 boys and 4 girls. Associated malformations were esophageal atresia (5 cases), Vescio uretral-reflux (8 patients) and solitary kidney (2 cases). Four patients had a low inserted spinal cord, sacral agenesis (2 cases). All patients have had a posterior sagittal approach. Surgery results' evaluation time varied between 4 and 10 years. Total continence was achieved in 12 patients. Soiling was identified in 10 cases. Three patients had constipation. All patients had a satisfying urinary continence. Eleven patients had repeated urinary tract infections, so urodynamic study was performed in 10 patients. Urodynamic findings included detrusor overactivity (6 cases) and hypo compliant bladder with reduced capacity (1 case). Four patients were treated with intermittent self-catheterization (ISC) associated to posterior tibial nerve stimulation and intravesical injection of botulinum toxin with ISC (2cases) for overactive bladder. Six patients with VUR were treated endoscopically. Soiling was treated by biofeedback with good results.

Conclusion:

Fecal and urinary continence remains a challenge in children with a high ARM. It is mainly dependent on sacral abnormalities and the quality of the initial surgery with an ability to improve after perineal rehabilitation.

Keywords: anorectal malformation, Urinary continence, Fecal incontinence, bBotulinum toxin, Perineal rehabilitation,

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ASSESSMENT OF TESTICULAR VOLUME AT AGE OF PRESENTATION IN PATIENTS WITH UNILATERAL UNDESCENDED TESTES AS SEEN AT KENYATTA NATIONAL HOSPITAL.

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Undescended Testes (UDT) is one of the most frequent anomaly of male genitalia with incidence of 2 to 5% of term male neonate (1, 2). There is risk of testicular malignancy about 3-8 folds in the retained testicles (1, 2). Testicular function is affected by UDT. Studies have shown that spermatogenesis is disrupted in the gonads with abdominal or inguinal locations (5, 10). The testicular volume assessment in undescended testis is a key aspect to evaluate the testicular development and function (6). Late presentation and higher locations are associated with significant decrease in testicular volume (6, 10).

Study design: Cross-sectional study.

Setting and population: The study was carried out in Kenyatta National Hospital (KNH), a level 6 national referral hospital in Kenya. The study population was male infants and children with unilateral UDT at the age of 6 months and above at the KNH Pediatric surgical outpatient clinic.

Study objectives: To assess the testicular volume at age of presentation in patients with unilateral undescended testes as seen at Kenyatta National Hospital.

Results

In left UDT, the mean testicular volume at presentation in the left and right testes were 0.625 and 0.69 respectively. This association was not statistically significant with a P value of 0.103. In right UDT, the mean testicular volume at presentation in right and left testes were 0.575 and 0.709 respectively. This association is statistically significant with a P value of 0.01. There was a significant correaltion between increase in age and testicular volume in both left and right unilateral UDT. This correalation is noted to be more significant in the right UDT. Notably the changes in testicular volume is seen to occur with signifacant variability at 2 years of age in both left UDT (P value 0.048) and right UDT (P value 0.02).There was a significant correaltion between increase in age and testicular volume in both left and right unilateral UDT. This correalation is noted to be more significant in the right UDT,

Conclusion: This study demonstrated significant reduction in volume of undescended testes compared to their counterparts. The difference in volume was more pronounced after 2 years of age.

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RECONSTRUCTION OF EXTENSIVE TISSUE DEFECT DUE TO PURPURA FULMINANS

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Background

Purpura fulminans (PF) is a life-threatening condition with disseminated intravascular coagulation (DIC) and extensive necrosis.Managing large (>40% body surface area (BSA) tissue defects in pediatric patients is highly challenging.

Case Description

A 9-month-old girl was admitted to intensive care unit (ICU) with extensive necrotic tissue loss involving 40% of BSA, including the anterior abdomen, back, bilateral gluteal regions, and left thigh, due to PF following gram-negative sepsis and DIC.

Initially, all necrotic tissues're debrided, and a dermal matrix, composite tissue covering made of bovine Type I collagen, was applied to support wound healing.A revision's performed 10 days later, followed by occlusive dressing with silver sulfadiazine.Once granulation tissue formation's observed, negative pressure wound therapy (VAC) was initiated in four sessions over a total of 30 days.This approach significantly enhanced granulation tissue growth and prepared the wound bed for grafting.

Subsequently, split-thickness skin grafts're harvested from the medial and lateral aspects of left leg and the back using dermatome blade.These grafts're expanded at 1:4 ratio and applied from anterior trunk to the back.Ten days later, autologous skin graft's applied in the same manner to remaining right lumbar region.

After 80 days in the ICU, the patient's transferred to the ward, where she's discharged home in good health on 2nd day of ward follow-up.

Conclusion

This case demonstrates the success of dermal matrix and intensive VAC therapy in treating extensive (>40%BSA) tissue defects.A staged skin grafting approach and multidisciplinary care ensured effective wound closure and functional recovery in this complex pediatric case.

Keywords: Purpura fulminans, Disseminated intravascular coagulation, Vacuum Assisted Closure, Dermal matrix, Skin graft

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THE CORRELATION OF HISTOPATHOLOGICAL GRADE BASED ON THE TEITELBAUM CLASSIFICATION WITH THE SEVERITY OF ENTEROCOLITIS IN PATIENTS WITH HIRSCHSPRUNG DISEASE

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Purpose: Hirschsprung-associated enterocolitis (HAEC) is an inflammatory bowel disorder resulting from local or systemic immune deficiency with defects in white blood cell function. The purpose of this study was to analyze the relationship between histopathological grade based on the Teitelbaum classification and the severity of enterocolitis.

Methods: This was a retrospective cohort study. Patients <18 years old who were diagnosed with Hirschsprung's disease associated with enterocolitis by looking at age, gender, Hirschsprung's family history, histopathological grade, and HAEC grade.

Results: In the 2022-2023 period, there were 38 patients, with the most common age being < 1 month old (47.4%) with a dominant distribution in male gender (71.1%), Hirschsprung's family history was found in 21 patients (55.3%), and Trisomy 21 was found in 47.4%. The most histopathological findings for HAEC were grade 0 (92.1%), and the most HAEC grade findings were grade 1 (57.8%). A significant relationship was found between gender (p=0.029), Hirschsprung's family history (p=0.002), and Trisomy 21 (p=0.001) with the severity of enterocolitis. The histopathological grade based on the Teitelbaum classification was related to the severity of enterocolitis (p=0.044).

Conclusion: The most histopathological grade of HAEC is grade 0, with no abnormalities found on histopathological examination, and the most degree of HAEC is grade 1. The more severe the grade of HAEC, the more severe the histopathological grade.

Keywords: Hirschsprung disease, Hirschsprung-associated enterocolitis (HAEC), histopathological grade, HAEC grade

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DOPAMINE D2 RECEPTOR MODULATING MPFC-BLA CIRCUITRY CONTRIBUTES TO CHRONIC SLEEP DEPRIVATION-INDUCED MEMORY IMPAIRMENT IN MICE

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Chronic sleep deprivation (CSD) affects neural networks leading to cognitive impairment but underlying molecular mechanisms remain unknown. Here, we reported that CSD in mice disinhibited dopaminergic input to the medial prefrontal cortex (mPFC) and impaired spatial memory. A significant increase of dopamine D2 receptor (Drd2) expression was found in layers II/III of the mPFC after CSD. Drd2 agonist applied to the mPFC reduced spatial memory in naïve mice while the Drd2 antagonist reversed CSD-induced deficits. Drd2 co-localized with Ca^{2+}/calmodulin-dependent protein kinase IIa ($CaMKIIa^{+}$) neurons in the mPFC projected to the basolateral amygdala (BLA). Activation of $CaMKIIa^{+}$ neurons rescued memory impairment induced by CSD through enhancing output to the BLA and reversed memory defects induced by the Drd2 agonist. Our findings demonstrated that excessive Drd2 signaling after CSD suppresses mPFC-BLA neurotransmission leads to cognitive impairment, suggesting a possible therapeutic value of dopamine D2 receptor antagonists relieving CSD-induced cognitive decline.

Keywords: hronic sleep deprivation, Memory impairment, Dopamine D2 Receptor, Medial prefrontal cortex, Basolateral amygdala

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ETIOLOGICAL SPECTRUM AND OUTCOME OF INTESTINAL OBSTRUCTION OF NEONATE

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Background: Neonatal intestinal obstruction is the most common surgical emergency during the neonatal period and causes significant challenges, particularly in developing countries. Despite advancements in neonatal care, delayed diagnosis and limited access to specialized surgical facilities have contributed to high morbidity and mortality rates. This study aimed to evaluate the etiological spectrum and surgical outcomes of neonates with intestinal obstruction. Methods: This retrospective study was conducted at Department of Pediatric Surgery, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh from June 2017 to June 2021. Total 31 neonates who underwent surgery for intestinal obstruction between the study periods are included in this study following the selection criteria. Data were collected from medical records and analyzed using SPSS version 26. Results: Among the 31 neonates, 16 (51.6%) were female, and 15 (48.4%) were male. The age of presentation ranged from 2 to 20 days, with a mean of 6.4 ± 2.9 days. Most cases (77.4%) presented within the first week of life and 74.2% were preterm. Duodenal atresia (54.8%) and jejunal atresia (19.4%) were the leading causes, followed by meconium ileus (12.9%), anorectal malformations (6.5%), strangulated inguinal hernias (3.2%), and congenital bands/adhesions (3.2%). The postoperative mortality rate was 25.8%, primarily because of sepsis. Conclusion: Early diagnosis, timely intervention and improved access to neonatal surgical care are crucial for reducing mortality in neonates with intestinal obstructions. Strengthening pediatric surgical services in resourcelimited settings is essential for improving outcomes.

Keywords: Neonatal intestinal obstruction, duodenal atresia, jejunal atresia, neonatal sepsis.

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A PREVENTABLE LATE COMPLICATION OF CIRCUMCISION AND PENILE SURGERY: PENILE SKIN BRIDGES

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Aim: The aim of this study was to present the clinical findings and surgical treatment results of patients presenting with complaints of deformity or painful erection due to penile skin bridges.

Methods: Cases presenting with penile skin bridge after circumcision or penile surgery in the last five years were retrospectively analyzed.

Results: Four patients were identified who presented with skin bridges after penile surgery. The patients, whose ages at presentation were 4, 6, 11 and 14, had skin bridges in different areas and numbers. Two of the patients were operated for circumcision, one for congenital penile chordee, and one for balanic hypospadias. The two patients who were circumcised underwent surgery when they were under 1 year old, the patient with penile chordee was 14 months old, and the patient with hypospadias was 4.5 years old. While deformity was the main complaint in all patients, two patients with multiple skin bridges also complained of pain during erection. All patients were reoperated under general anesthesia except for the case whose penile chordee was previously corrected. Two of them underwent primary suturing with skin bridge excision, and the other underwent primary suturing using local flaps in the necessary areas with skin bridge excision. Postoperatively, it was observed that the incisions healed without any problems and the complaints of the patients improved.

Conclusion: Penile skin bridges resulting from childhood circumcision and other surgical procedures can cause functional problems such as painful erections, in addition to cosmetic problems. In order to prevent this situation, it is important to follow up patients who have undergone circumcision or penile surgery at an early age, to identify patients at risk, and to provide appropriate local wound care, especially in the early stages.

Keywords: circumcision, complication, skin bridge, penile surgery

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STAGED SURGICAL TREATMENT FOR CUBITUS VALGUS AFTER NON-UNION OF LATERAL CONDYLAR HUMERUS FRACTURE IN OLDER CHILDREN

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Purpose: This retrospective study aimed to investigate the effect of staged surgery (open reduction/internal fixation and osteotomy) for cubitus valgus after non-union of lateral condylar fractures of the distal humerus in older children. Methods: From January 2010 to January 2013, 9 patients (5 males, 4 females; mean age, 12.7 years) were treated with two-staged surgery. The average interval from fracture to first surgery was 8.2 years. All patients had symptoms of ulnar nerve injury and elbow instability. The first surgery included open reduction, internal fixation, and bone grafting, exposing the elbow through a lateral approach. The procedure included clearing the peripheric callus, debriding the non-union with rongeur (exposing the cancellous bone), and fixation of the lateral condylar fragment with a cannulated screw and smooth Kirschner wire. The limb was immobilized in a long arm cast for 3 weeks, and active exercises were begun after removal. The second surgery, a medial closing wedge osteotomy of the supracondylar humerus fixated with plate, was completed after 6 months to correct cubitus valgus. Internal fixation was removed 6 months later. Results: Six months after the second surgery, all lateral condylar fractures attained clinical union, and cubitus valgus was corrected. Elbow function recovered well without arthrochalasis or humeral condylar avascular necrosis. All ulnar nerve injury symptoms disappeared. Conclusions: Staged surgery to treat cubitus valgus secondary to lateral condylar fracture non-union in older children serves to first provide elbow stability, then to correct cubitus valgus. Staged treatment may make up for the deficiencies of conventional treatment.

Keywords: children; lateral condylar fracture; cubitus valgus; non-union

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SHORT-TERM EFFECT OF SURGICAL TREATMENT OF FEMORAL NECK FRACTURE WITH OI IN ADOLESCENTS AND ADULTS

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Purpose: Femoral neck fractures in patients with Osteogenesis Imperfecta (OI) are rarely reported. Most patients have undergone prior surgical interventions, resulting in intramedullary fixation of the femur. Additionally, coxa vara deformity and an extremely thin femoral neck significantly increase surgical complexity and complication risks. This study aims to describe the surgical outcomes of femoral neck fractures in adolescents and adults with OI.

Method: We retrospectively analyzed and followed up data from OI patients with femoral neck fractures who underwent surgical treatment at our institution. Evaluated parameters included pelvic anteroposterior (AP) radiographs, lower limb alignment on AP radiographs, fracture healing time, postoperative functional recovery, and complications.

Results: Three OI patients (2 females, 1 male; aged 17, 27, 28) were included. All patients were ambulatory with good lower limb alignment prior to fracture, despite preexisting coxa vara deformities. Surgical interventions included either in situ fixation or open reduction combined with cannulated screws, Kirschner wires, and tension band fixation.Postoperatively, patients initiated crutch-assisted ambulation within one week. Fractures demonstrated satisfactory healing at 2-month follow-up. By 6 months postoperatively, all patients regained independent ambulation and pre-fracture motor function. No perioperative complications were observed.

Conclusion: Femoral neck fractures exhibit higher incidence in ambulatory adolescents and adults with OI.For patients who can walk independently and have good alignment of lower limbs before this fracture, even if they have coxa vara deformity, we only perform simple open reduction or in-situ internal fixation techniques to promote early rehabilitation and prevent osteoporosis exacerbation from prolonged immobilization. Our cohort achieved complete fracture union and functional recovery without complex orthopedic procedures. These findings suggest that open reduction or in-situ internal fixation may be preferred over complex orthopaedic surgery to optimize outcomes in this population.

Keywords: osteogenesis imperfecta, femoral neck fracture, open reduction, In situ fixation

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PEDIATRIC OPPONENSPLASTY – TWO METHODS- AND THEIR RESULTS.

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Introduction: Opponensplasty is a surgical procedure performed to restore thumb opposition, a critically important function for hand dexterity that allows for proper grasp. In children, congenital hand deformities, trauma, or conditions like cerebral palsy can cause thumb deficiency.

The goal of opponensplasty is to reconstruct the dynamic movement of the thumb. Various techniques are used, often involving tendon transfers to recreate this vital movement.

Purpose: The authors present 4 cases treated by two types of opponensplasty and their results.

Methods: The authors performed opponensplasty in all four children due to congenital thumb deficiency. They examined demographic data, the type of surgery, and functional outcomes.

Results: Three girls and one boy were involved. The median age was 4.5 years (ranging from 1.5 to 10 years). In three cases, the surgery was unilateral, and in one case, bilateral surgery was performed in two stages. A total of three Huber opponensplasties and two EIP (extensor indicis proprius) opponensplasties were performed. Good functional outcomes were observed during follow-up.

Conclusion: The need for opponensplasty in the pediatric population is relatively rare but can be crucial for improving hand function in affected children, such as writing, holding objects, and self-care activities. Due to the adaptive and developing nature of the pediatric musculoskeletal system, careful surgical planning and a thorough understanding of pediatric anatomy are essential. In our experience, these surgical techniques reliably improve thumb opposition for children with thumb deficiency. Additionally, postoperative care and rehabilitation play a critical role in achieving optimal functional outcomes.

Keywords: pediatric, hypoplastic thumb, opponensplasty,

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RECTOURETHRAL ANORECTAL MALFORMATIONS: THE DIFFICULT SURGICAL JOURNEY IN A RESOURCE-LIMITED SETTING IN NEPAL

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Rectourethral fistula is one of the most common forms of anorectal malformation (ARM) in male infants. The standard management involves a staged approach, including initial neonatal colostomy, definitive repair via posterior sagittal anorectoplasty (PSARP), and delayed stoma closure. Despite adherence to this established protocol, complications may occur at any stage, ranging from minor issues to those requiring multiple reoperations and multidisciplinary intervention. This 5 years retrospective study aims to highlight the spectrum of complications, the complexity of management, and the extended clinical journey often faced in such cases, underscoring the need for vigilance, adaptability, and collaborative care in pediatric surgical practice in resource limited lower-middle income country, Nepal.

Keywords: Rectourethral fistula, Anorectal Malformation, Resource-limited, Complications

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MINIMALLY INVASIVE ELECTIVE SURGERY IN PEDIATRICS

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Samarkand State Medical University Pediatric Surgery Hospital

Purpose:

To evaluate the effectiveness and safety of laparoscopic procedures in elective pediatric abdominal surgery.

Methods:

A retrospective analysis was conducted of all pediatric patients who underwent laparoscopic surgery between 2017 and 2024.

Results:

A total of 334 laparoscopic procedures were analyzed. The types of interventions included:

• Ovarian cyst removal — 12 cases (3.6%)

• Splenic cyst removal — 2 cases (0.6%)

• Greater omental cyst removal — 2 cases (0.6%)

• Adrenal tumor excision — 1 case (0.3%)

• Laparoscopic liver echinococcectomy — 71 cases (21.3%), the most frequent procedure

• Pancreatic hematoma drainage — 1 case (0.3%)

• Laparoscopic inguinal hernia repair (ignopuncture herniorrhaphy) — 227 cases (67.9%)

• Liver cyst excision — 5 cases (1.5%)

• Laparoscopic-assisted transanal resection of the rectosigmoid colon with coloanal anastomosis — 7 cases (2.1%)

• Laparoscopic sleeve gastrectomy — 3 cases (0.9%)

• TAPP (transabdominal preperitoneal) inguinal hernia repair — 3 cases (0.9%)

Conclusion:

The analysis revealed no major complications following laparoscopic interventions, confirming the safety and efficacy of minimally invasive techniques in pediatric abdominal surgery. The outcomes reflect a high level of surgical expertise and quality of care. Recovery time after laparoscopic procedures in children depends on various factors, including the type of surgery, the patient's condition, and the presence of comorbidities.

Keywords: minimally invasive, laparoscopy, elective surgery, children, pediatric surgery,

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TALOCALCANEAL COALITION RESECTION

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Introduction: Talocalcaneal coalitions are a common cause of rigid flatfoot and foot pain. Surgical treatment (coalition resection) is typically required for these patients.

Objective: To evaluate subtalar joint mobility at different time points after coalition resection.

Materials and Methods: We assessed subtalar joint mobility in 56 patients following talocalcaneal coalition resection. Intra-articular coalitions were present in 51 patients, while 5 patients had extra-articular coalitions. Mobility was evaluated through clinical assessment of passive foot inversion and eversion, as well as patients' subjective reports (changes in foot mobility postoperatively).

Results: At 3-year follow-up, 49 patients demonstrated increased passive foot inversion. Patients also reported subjective improvements in foot mobility (Chi-square test, $p < 0.05$).

Conclusion: Resection of talocalcaneal coalitions improves subtalar joint mobility, and the results remain stable over long-term follow-up.

Keywords: Talocalcaneal coalition, rigid flatfoot

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WHAT IF THE SITUATION GETS OUT OF CONTROL? AN APPLICATION OF KNOWN AND INNOVATIVE METHODS OF WOUND TREATMENT

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Ingrown toenails are a common condition among teenagers. The nail plate grows into the surrounding tissue, causing swelling, redness, and pain in the lateral nail folds. This usually affects the toenails, especially the big toe. The commonly chosen method of treating ingrown toenails is a wedge resection. This surgical procedure is performed under local anesthetic which removes the lateral aspect of the nail down to the matrix. A normal healing process is 6-8 weeks with an earlier return to daily activities. We would like to present differentiated, innovative methods of treatment of complicated wounds, which can occur even after simple surgical procedures. A 12-year-old boy was admitted to the Department of Pediatric Surgery through the emergency department, due to a necrotic phlegmon of his bilateral great toes. He underwent a bilateral wedge resection 1 week prior at a private clinic. Purulent discharge with separation of bilateral nail folds penetrating to the distal phalangeal bones was observed. During hospitalization, the wounds were repeatedly surgically debrided. Hyperbaric chamber therapy, specialized dressings and negative pressure therapy was applied. The wounds were treated with PRP, IPRF, and filled with APRF autologous dressings. Additionally, Cold Plasma Aerosol was used, and early rehabilitation was implemented. After several weeks of hospitalization, proper wound healing was achieved. The use of various treatment methods, selected for the appropriate wound healing phase, increases chances of a full and quick recovery.

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CONSIDERATIONS AND CHALLENGES OF RESORBABLE INTRAMEDULLARY NAILING IN PEDIATRIC FOREARM FRACTURES

Gergo Jozsa[1], Zoltan Toth[1], Tibor Molnar[1], Anna Lamberti[1], David Adam[1], Eszter Antal[1], Hermann Nudelman[1], Aba Lorincz[2], Marcell Varga[3], Tamas Kassai[3]

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Pediatric diaphyseal forearm fractures, often caused by sports or leisure activities, require treatment based on fracture stability. While stable fractures can be managed conservatively, unstable fractures typically require surgery, with elastic stable intramedullary (IM) nailing (ESIN) being the gold standard. Bioabsorbable IM nails (BINs) offer an alternative by eliminating the need for implant removal surgery. Methods: Between May 2023 and January 2025, we consecutively managed 161 children with poly- L-lactic-co-glycolic acid (PLGA) BINs in two healthcare centers for diaphyseal forearm fracture and evaluated every reported difficulty and complication of resorbable IM nails. Results: Seven unique peri- or postoperative events occurred during the study period. Even with a high success rate, some complications occurred during the study period. Difficulties and complications were mainly dependent on the surgical technique. Iatrogenic complications such as bone cortex perforation and implant end split were evaluated, along with anatomical variations like focal and general medullary cavity stenosis narrowings that implant insertion. Secondary malalignment, one early (2 months) refracture, and one recurrent fracture (2 years) were also noted. Conclusions: Although BINs reduce the need for a second surgery, careful planning, technique, and follow-up are crucial for optimal outcomes. Further research is needed to assess long-term results and complications.

Keywords: pediatric; diaphyseal; forearm; fracture; complication; resorbable; PLGA; intramedullary

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MANAGEMENT OF ABDOMINAL ORGANS' TRAUMA IN PEDIATRIC PATIENTS: APPROACH TO INJURY AND BLEEDING

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Medical University of Plovdiv Bulgaria

Trauma is the leading cause of death in children, with abdominal injuries accounting for a significant proportion of these cases. Blunt trauma is the most common mechanism, often resulting in injury to the parenchymal organs of the abdomen—most notably the **liver, spleen, and kidneys**. Children are particularly vulnerable due to their anatomical characteristics: proportionally larger organs, thinner abdominal walls, and greater vascularity, which increase the risk of internal bleeding even after minor trauma. Abdominal trauma involving solid organs is a major contributor to morbidity and mortality in children.

This paper outlines the current approach to managing such injuries in the pediatric population, with particular attention to the assessment and treatment of hemorrhage. Non-operative management (NOM) is emphasized as the preferred strategy in stable patients, while surgical intervention remains essential in cases of hemodynamic instability.

For the last ten years in the Department of Pediatric surgery – Medical University – Plovdiv – Bulgaria 108 cases with abdomial trauma are hospitalized. The spleen was the most commonly injured organ (46%), followed by the liver (38%) and kidneys (16%). Non-operative management was successful in 88% of hemodynamically stable cases. Surgical intervention was required in 12% of cases due to persistent bleeding.

Prompt and accurate diagnosis is crucial, as the clinical presentation of internal bleeding in children can be subtle and non-specific

Parenchymal abdominal organ trauma in pediatric patients demands careful evaluation and timely decision-making. **Non-operative management** is highly effective in most stable cases and is now the standard of care. An individualized approach, taking into account the unique physiological characteristics of children, is essential for optimizing outcomes.

Keywords: Pediatric trauma, abdominal injury, solid organ damage, hemorrhage, non-operative management, surgery

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REOPERATIVE SURGERY VERSES CONSERVATIVE CARE AFTER INITIAL PRIMARY RECONSTRUCTION FAILURE IN ANORECTAL MALFORMATION PATIENTS; DIVERSION VERSES PRIMARY REPAIR

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Anorectal malformations (ARMs) primary repair has been changed from traditional approaches to the perineum body sparring in female to the robotics reconstruction but still complications are inevitable. These patients including males and females present with slightly different symptoms and should be approached differently. Depending on the original malformation and severity of symptoms, redo surgery may be needed to optimize function and quality of life.

Surgical management with reoperative surgery in ARMs ranges from simple to complex, depending on the issue. There is Concern with the risks of reoperative surgery and potentially creating more scarring against the need for a better anatomical and functional outcome, however, chance should be given to these complex patients.

We have treated 43 patients in our center with complex presentation after the primary surgeries have been done for ARM. All patient have offer the reconstruction without stoma and observed satisfactory outcome in all cases.

Keywords: Anorectal malformation (ARM); redo surgery; reoperative.

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MID-TERM OUTCOMES OF MECHANICAL PULMONARY VALVE REPLACEMENT IN PATIENTS WITH CONGENITAL HEART MALFORMATIONS

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Objective To evaluate the mid-term outcomes of mechanical pulmonary valve replacement (PVR) in pediatric patients with congenital heart malformations.

Methods From January 2007 to January 2024, 19 pediatric patients who underwent mechanical PVR at our center were included. The cohort comprised 10 males and 9 females, with a mean age of 19.4 ± 12.9 years, median height of 158.5 cm (IQR: 117.5, 163.8), and mean weight of 40.8 ± 20.4 kg. Comprehensive clinical data spanning preoperative evaluation through postoperative follow-up were analyzed.

Results All patients successfully underwent mechanical PVR, with a mean operative time of 381.3 ± 110.7 min, mean cardiopulmonary bypass time of 208.4 ± 83.18 min, and mean aortic cross-clamp time of 127.5 ± 59.93 min. Postoperative outcomes demonstrated a median mechanical ventilation duration of 27.0 hours (IQR 14.3-123.5), mean ICU stay of 6.0 ± 4.71 days, and median hospitalization period of 11.5 days (IQR 8.0-24.0), with a median follow-up duration of 40.0 months (IQR 9.0-97.5). One pediatric patient died due to heart failure during hospitalization. The remaining pediatric patients had no deaths during follow-up and no moderate or severe pulmonary valve regurgitation occurred. Compared to preoperative levels, postoperative follow-up echocardiography showed that the pulmonary valve transvalvular gradient (P=0.02), tricuspid regurgitant area index (P=0.03), and pulmonary regurgitant area index (P=0.008) all significantly decreased. During follow-up, One pediatric patient developed mechanical valve stenosis 10 years after surgery and underwent pulmonary valve bioprosthesis replacement again. One pediatric patient presented with subvalvular thrombosis, while the remaining pediatric patients had no complications.

Conclusion The mid-term outcomes of mechanical pulmonary valve replacement in pediatric patients are favorable, but strict anticoagulation management is required to reduce the occurrence of complications.

Keywords: Pulmonary Regurgitation, Pulmonary valve Replacement, Mechanical valve, Congenital heart Malformations, Anticoagulation

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ARTIFICIAL INTELLIGENCE AND PEDIATRIC SURGERY: A WAY FORWARD

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Introduction: Artificial intelligence (AI) is rapidly changing the landscape of medical education and is already in practice in the field of medical diagnostics and imaging analysis. The various fields of AI especially machine learning and applications to predictive analytics and decision support in surgery, computer vision and image analysis in preoperative planning, image segmentation, surgical navigation, and finally, natural language processing help in expediting clinical documentation, defining clinical indications, quality improvement, carrying research, and data extraction.

Objective of this presentation is:

1. To highlight the applications of AI in Pediatric surgery, along with covering its evolution, current state, and promising future.

2. To familiarize the pediatric surgeons with the use of AI and highlight the ongoing advancements and challenges in its adoption, including data privacy, regulatory considerations, and interdisciplinary collaboration.

Outcome: We hope this presentation serves as a comprehensive guide to AI's transformative influence on surgery, demonstrating its potential to enhance pediatric surgical patient outcomes, improve precision, and usher in a new era of surgical excellence.

Keywords: AI, Artificial Intelligence, AI in Pediatric surgery

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PEDIATRIC FRACTURES TREATED BY RESORBABLE IMPLANTS

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Biodegradable implants have seen an increase in application in pediatrics. Designed to naturally dissolve over time, they offer a promising alternative to traditional metal implants by reducing long-term complications. Initially limited to fixation of knee joint fractures—where the need for a material that could safely degrade as the bone heals was first recognized—since then, their application has expanded considerably. Today, these are effectively employed to treat fractures in the ankle and elbow joints. More recently, the use of these implants has extended to fractures in the forearm and wrist, further demonstrating their versatility and growing acceptance in pediatric orthopedics. The study provides a comprehensive overview of the indications for implants—from clavicle to ankle—and details the surgical techniques required for proper fixation. Illustrations are also offered for visual evidence of successful outcomes. A major advantage is their ability to offer results comparable to metal counterparts. Despite being newer, resorbable implants have proven equally effective and safe over the years. Their ability to dissolve naturally renders them a viable option for pediatric patients, minimizing the need for future surgical interventions. This process reduces the risk of infections, complications of removal, or foreign material reactions. In summary, resorbable implants represent an important advancement in the treatment of childhood fractures. Their expanding range of applications, from the clavicle to the ankle, along with the positive clinical outcomes associated with their use, positions them as a highly effective and less invasive alternative to traditional metal implants in pediatric fracture management.

Keywords: pediatric, fracture, resorbable, PLGA implant

PD - 155

LAPAROSCOPIC-ASSISTED MODIFIED SOAVE PROCEDURE WITH ENHANCED RECOVERY AFTER SURGERY (ERAS) IN HIRSCHSPRUNG'S DISEASE: EFFICACY ANALYSIS IN INFANTS (WITHIN 6 MONTHS OF AGE)

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Objective: To investigate the safety and clinical efficacy of the laparoscopic-assisted modified Soave short muscular sheath procedure combined with enhanced recovery after surgery (ERAS) in infants (within 6 months of age) with Hirschsprung's Disease.

Methods: A retrospective analysis was conducted on the clinical data of 81 infants with Hirschsprung's Disease who underwent surgical treatment at our Hospital between December 2017 and January 2025. The patients were divided into two groups.The observation group (40 cases): received the laparoscopic-assisted modified Soave short muscular sheath procedure combined with ERAS; the control group (41 cases): treated with conventional laparoscopic-assisted Soave surgery alone. Compare the baseline characteristics, perioperative parameters, postoperative recovery outcomes, and complication between the two groups.

Results: No statistically significant differences were observed between the two groups in baseline characteristics ($P > 0.05$). The observation group demonstrated significantly shorter preoperative preparation time (2.5 ± 1.7 days), operative time (103.3 ± 23.4 minutes), time to first defecation/flatus postoperatively (1.4 ± 0.5 days), time to first oral intake (2.1 ± 0.8 days), postoperative hospital stay (4.3 ± 1.5 days), and total hospital stay (5.9 ± 2.1 days) compared to the control group ($P < 0.05$). All patients were followed up for 2 to 4 years. Postoperative complications occurred in 5 cases in observation group, including 4 enterocolitis and 1 recurrent constipation, with no cases of fecal soiling or incontinence.The control group experienced 13 complications (31.7%), including 8 enterocolitis,3 recurrent constipation,and 2 fecal soiling/incontinence . The complication rate was significantly lower in the observation group ($P < 0.05$).

Conclusion: The laparoscopic-assisted modified Soave short muscular sheath procedure combined with ERAS is safe and effective for treating Hirschsprung's Disease in infants under 6 months of age, it offers advantages such as faster postoperative recovery, shorter hospitalization, and reduced complication rates.

Keywords: Laparoscopic-Assisted Modified Soave Procedure, Enhanced Recovery After Surgery (ERAS), Hirschsprung's Disease, in Infants (within 6 months of age)

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BILATERAL PUDENTAL ARTERY EMBOLIZATION IN GROSS HEMATURIA

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Introduction: Macroscopic hematuria is rare in children. The most common causes are urinary tract infections, trauma, and perineal irritation. Rarely, hematological diseases, glomerulonephritis, urinary stones, urinary anomalies, malignancies, and hematological diseases can cause hematuria. We report a case of 3-year-old male with hematuria caused by internal pudendal artery malformation.

Case: A 3-year-old male patient was admitted due to painless gross hematuria for 1 year. Hematuria was not preceded by upper respiratory tract infection or there was no history of urethral instrumentation or catheterization or trauma. No history of blood transfusion or other special diseases existed. Urine analysis, coagulation function tests and kidney function tests were normal. The patient underwent cystoscopy. No active bleeding area was seen. It was evaluated as urethritis and started treatment. However, despite the treatment, there was no improvement in his hematuria. Angiography was performed and seen bilateral internal pudendal artery bleeding. The patient underwent bilateral selective embolization under interventional radiology guidance. His hematuria did not improve after embolization. The patient was started on beta blocker medication (dideral). However, due to lack of response to treatment, bilateral selective embolization was performed again 2 weeks later. The patient's hematuria improved during follow-up and he was discharged.

Conclusion: In conclusion, an AVM of the internal pudendal artery is a rare cause of recurrent painless gross hematuria. Case examples for adult patients have been reported in the literature, but no publications have been found for pediatric patients. In patients who do not respond to treatment, in the presence of unexplained long-term hematuria, angiography should be performed and in necessary cases, the option of embolization should be kept in mind. But it is important to protect functions of penis. The selection of embolization materials and the process of operation also should be carefully handled.

Keywords: Pudental Artery, embolization, pediatric

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GIANT OMPHALOCELE: FIRST USE OF ABSORBABLE BIOSYNTHETIC MESHES (POLYGLYCOLIC ACID: TRIMETHYLENE CARBONATE) IN THE ABSENCE OF FASCIAL CLOSURE FEASIBILITY

Lucas Moratilla-Lapeña, Jose Luis Encinas, María del Carmen Sarmiento, Miriam Miguel-Ferrero, Mercedes Diaz, Juan Carlos Lopez Gutierrez, M. Mar Rodrigo Hierro, Ester Sánchez Muñoz, Francisco Hernandez-Oliveros

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Introduction:

The management of giant omphalocele (GO) remains challenging. While recent techniques have improved fascial closure rates, it is not always feasible. We present the first cases using absorbable biosynthetic meshes (ABMs) as a therapeutic alternative.

Case presentation:

In the first case, a patient with GO and pulmonary hypoplasia required delayed closure at 18 months after two sessions of botulinum toxin. The initial fascial defect measured 25 × 20 cm and was reduced to 15 × 15 cm during the first procedure, when an ABM was placed. A second surgery with progressive traction reduced the defect to 6 × 10 cm without intestinal adhesions. Complete closure remained unfeasible, so ABM was again used, achieving satisfactory aesthetic and functional results. In the second case, early closure was attempted using a non-surgical silo, which had to be converted to a conventional silo after amniotic rupture. Fascial closure was not achieved following visceral reduction, and an ABM was used. However, the patient developed compartment syndrome eight days after closure, requiring abdominal decompression. Subsequently, a high-output enteroatmospheric fistula and complete thrombosis of the superior cava vein developed, leading to a limitation of therapeutic efforts due to the case's complexity.

Conclusions:

ABMs have shown effectiveness in complex abdominal wall management in adults and may offer a promising alternative in GO cases where fascial closure is not possible.

Keywords: Giant omphalocele, absorbable mesh, biosynthetic mesh

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ROBOT-ASSISTED LAPAROSCOPIC BLADDER DIVERTICULUM EXCISION AND URETERAL REIMPLANTATION: THREE CASE REPORTS

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Objective:

The aim of this study was to share the robotic surgical techniques applied to three pediatric cases with vesicoureteral reflux (VUR) and bladder diverticulum, which were evaluated due to recurrent urinary tract infections (UTIs).

Materials and Methods:

Three male patients aged three, five, and seven presented with a history of recurrent UTIs. Voiding cystourethrography (VCUG) revealed vesicoureteral reflux and Hutch-type bladder diverticulum in all three patients. One patient additionally had a right VUR along with a urethral diverticulum. All patients underwent robotic-assisted laparoscopic bladder diverticulum excision and ureteral reimplantation.

Results:

Robotic surgery enabled diverticulum excision and ureteral reimplantation without the need to open the bladder. No serious complications were observed in the patients during the postoperative period. All cases were mobilized early and discharged with short hospital stays. No recurrence of infection was observed during postoperative follow-ups.

Conclusion:

Robot-assisted laparoscopic bladder diverticulectomy is less invasive than open surgery and offers advantages such as low morbidity, short hospital stays, and rapid recovery. Consistent with the literature, this case series supports the robotic approach as a safe and effective option in pediatric patients. We aimed to share the technical details of robot-assisted laparoscopic bladder diverticulectomy surgery and the key points to consider during surgery.

Keywords: Robotic surgery, bladder diverticulum, vesicoureteral reflux

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DUAL-SHUNT APPROACH FOR PAEDIATRIC EXTRAHEPATIC PORTAL VEIN THROMBOSIS: A NOVEL TECHNIQUE FOR COMPREHENSIVE VARICEAL DECOMPRESSION

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Introduction: Extrahepatic portal vein thrombosis (EHPVT) is a major cause of paediatric non-cirrhotic portal hypertension, leading to recurrent variceal bleeding. The distal splenorenal shunt (DSRS) is a well-established surgical approach; however, it does not effectively decompress all gastroesophageal varices, particularly those draining via the left gastric vein (LGV). Persistent varices often lead to continued bleeding despite a patent shunt, necessitating an alternative surgical strategy.

Aim & Objective: We describe a novel dual-shunt technique, integrating DSRS with a left gastric vein-to-left renal vein (LGV-LRV) shunt, to achieve comprehensive decompression of gastroesophageal varices. This approach was applied in a 3-year-old child (10 kg) with EHPVT, who presented with life-threatening variceal bleeding refractory to endoscopic treatment.

Methods: The procedure involved:

1. DSRS: Splenic vein-to-left renal vein anastomosis, reducing portal pressure from 23 mmHg to 12 mmHg intraoperatively.

2. LGV-LRV Shunt: Novel redirection of LGV drainage to the left renal vein, addressing residual esophageal varices.

Results: Postoperative Doppler ultrasound confirmed shunt patency, and the patient remained bleeding-free at follow-up. This technique eliminated persistent varices, demonstrating effective dual pathway decompression.

Conclusion: This is the first reported case of an LGV-LRV shunt, offering a paradigm shift in paediatric portal hypertension surgery. The technique enhances hemodynamic control, warrants further investigation, and could be a new standard for refractory cases.

Keywords: Extrahepatic Portal Vein Thrombosis (EHPVT) , Paediatric Portal Hypertension, Dual-Shunt Technique, Left Gastric Vein-to-Left Renal Vein Shunt (LGV–LRV)

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AN INNOVATIVE INFANT-SPECIFIC PROTOCOL FOR GIANT NEVUS EXCISION: STAGED SURGERY WITH PROGRESSIVE TENSION-RELIEF SUTURES

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Introduction

Giant congenital melanocytic nevi (GCMN) in infants carry a risk of malignant transformation and psychosocial distress, warranting early surgical intervention. However, achieving safe and complete excision in this age group is technically challenging due to limited skin laxity, immature anatomical structures, and concerns regarding functional and aesthetic preservation. We developed an infant-specific multistage protocol utilizing a progressive tension-relief suturing technique to enable complete nevus removal without the use of tissue expanders or skin grafts.

Case Presentation

Three female infants, aged 1 to 2 months, presented with GCMNs ranging from 10 × 8 cm to 18 × 14 cm, located on the lower back and buttock. Each patient underwent 2 to 4 staged excisions spaced 2–3 months apart. At each stage, customized excision lines were designed along relaxed skin tension vectors. Our innovative technique involved a dynamic suturing method in which deep dermal sutures were placed and gradually tightened over 3–5 days postoperatively, allowing for progressive skin adaptation and tension relief. This approach facilitated tension-free primary closure while avoiding ischemia and flap stress. All patients completed treatment without complications such as dehiscence, necrosis, or infection. At 3–6 months of follow-up, all patients demonstrated complete lesion clearance, well-healed scars with preserved back contour and spinal flexibility, and no functional impairment. Histopathology confirmed total excision without malignancy.

Conclusion

This novel infant-adapted surgical strategy provides a safe, expansion-free, and function-preserving method for early GCMN management. By combining staged resection with progressive tension-relief suturing, this technique enables effective nevus removal while optimizing scar quality, anatomic development, and long-term outcomes in pediatric patients.

Keywords: Giant congenital melanocytic nevus, Infant surgery, Staged excision, Tension-relief suturing, Tissue expansion alternatives

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MANAGEMENT OF A COMPLEX ABDOMINAL WALL MALFORMATION IN A NEWBORN: A RARE CASE REPORT

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Introduction:
Aplasia cutis congenita (ACC) is a rare congenital disorder characterized by localized or widespread absence of skin, sometimes involving deeper tissues. Its etiology is multifactorial and remains incompletely understood. Frieden classified ACC into nine subtypes; type IV, associated with embryologic malformations, is among the rarest and least described in the literature.

Case Presentation:

We report the case of a full-term male newborn delivered via cesarean section due to maternal congenital cataract. Antenatal ultrasound revealed a 4×3.5 cm abdominal wall defect suggestive of an omphalocele. Postnatal examination showed a minor omphalocele surrounded by translucent erythematous skin lesions, consistent with ACC. Additional findings included pubic depression, a megameatus, epithelialized skin defects on the dorsal penis and left thigh, as well as oligodactyly and syndactyly of the right limbs. Imaging (abdominal, transfontanellar, renal ultrasounds, and echocardiography) revealed no internal anomalies. Cutaneous biopsy confirmed the diagnosis of ACC. Conservative local treatment with Silvaderma and antiseptics led to complete epithelialization within two months.

At 6 month of age, the patient underwent a complete repair of the omphalocele. This involved a single-stage aponeurotic closure of the defect, an abdominal skin plasty, and an omphaloplasty using an inverted rectangular lateral skin flap with preserving its vascularization. He is scheduled for a plasty to address pelvic depression caused by adipose tissue aplasia, as well as a plasty of the dorsal aspect of the penis.

Conclusion:

This case represents a rare presentation of type IV ACC associated with omphalocele and limb anomalies, but no internal malformations. Conservative treatment proved effective for skin healing, and staged surgery addressed residual anatomical defects. The prognosis remains favorable in the absence of systemic involvement.

Keywords: Aplasia cutis congenita Type IV, Omphalocele, Neonatal skin defect, Conservative management

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ILEOCOLIC ATRESIA WITH APPENDICULAR DUPLICATION, A CASE REPORT

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Introduction

Intestinal atresias are rare entities. The incidence of ileocolic atresia is 1 in 5,000 to 10,000 live births, the appendiceal duplication the incidence is 0.004% to 0.009% and is associated with other anomalies of the digestive and genitourinary tract. Less than 100 cases of Appendiceal Duplication have been reported since 1902.

Case report

Two-day-old male newborn born by caesarean section due to fetal distress was referred for abdominal distension due to necrotizing enterocolitis, sepsis and probable syphilis. The physical examination found abdominal distension with an absence of hydroaerial noises. The X-ray of the abdomen showed pneumoperitoneum, the associated lab work (CBC) indicated leukocytosis, severe thrombocytopenia, high potassium. During surgery a greenish and purulent fluid was found, dilated distal ileum with necrosis and a blind pouch: subseral cecal appendix with coprolite inside (Figure 1), collapsed colon, suppurated cecum with necrotized blind pouch with fibrin (Figure 2), the dilated distal ileum is resected with cecal appendix. The cecum and blind pouch are resected. (Figure 3), an ileostomy and colostomy are performed with mucous fistula. The Patient had infection by Klebsiella and pseudomonas, was discharged at one month of life and was transferred to a more specialized hospital for severe dehydration, after colon irrigations, the intestinal tract was restored without major complication, oral nutrition was resumed 3 days after surgery and patient was discharged later.

Figure 1: Perforated terminal ileum with cecal appendix

Figure 2: intestine with cecal appendix and blind sack

Figure 3: ileocolic atresia

Figure 4: cecal appendix 1 Figure 5: distal ileum and cecum with appendix and blind sack

Conclusion

This is an extremely rare pathology, the surgery should be performed immediately after diagnosis or suspicion of obstruction to prevent further complications such as sepsis, and also to provide irrigation in the distal segment.

Keywords: Ileocolic atresia, appendicular duplication

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COLONOSCOPIC REDUCTION FOR INTUSSUSCEPTION IN CHILDREN: AN ALTERNATIVE TO SURGERY AFTER FAILED ENEMA

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Purpose

This study aimed to evaluate the efficacy and safety of endoscopic reduction in children with intussusception who failed initial radiological reduction, to explore its potential role in avoiding surgical intervention.

Method

We retrospectively reviewed the cases of 25 pediatric patients with intussusception who underwent colonoscopy as a secondary treatment between January 2022 and December 2023. All patients had failed initial non-operative radiological reduction but were clinically stable and not immediately indicated for surgery. Data collected included patient demographics, procedural success rate, procedure time, complications, and detection of pathological lead points.

Results

The median patient age was 2.1 years (range: 6 months–6 years), with a male-to-female ratio of 2.6:1. Endoscopic reduction was successful in 23 out of 25 patients (92%). The average procedure time was 31 minutes. No major complications such as bleeding or bowel perforation were observed. Lead points were identified in five patients (20%), including Meckel's diverticulum (n=1), intestinal polyps (n=2), and lymphoma (n=2).

Conclusion

Endoscopic reduction appears to be a safe and effective secondary treatment for pediatric intussusception after failed radiological reduction, potentially reducing the need for surgery. Further prospective studies are warranted to validate these findings and define patient selection criteria.

Keywords: Intussusception, Failure of reduction, Alternative to surgery

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MAGNETIC COMPRESSION ANASTOMOSIS IN A TODDLER WITH POSTOPERATIVE BILIARY STRICTURE FOLLOWING CHOLEDOCHAL CYST RESECTION: A CASE REPORT

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Background:

Choledochal cysts (CCs) are rare congenital anomalies of the biliary tree that require surgical excision. Postoperative anastomotic strictures may occur, typically within the early postoperative period. Delayed-onset biliary-enteric strictures are rare in pediatric patients and present unique diagnostic and therapeutic challenges. Magnetic compression anastomosis (MCA) has emerged as a novel minimally invasive approach for restoring biliary continuity in selected cases.

Case Presentation:

A 9-year-old girl, who had undergone excision of a Todani type-I choledochal cyst with Roux-en-Y hepaticojejunostomy at age 3, presented six years later with intermittent epigastric pain and postprandial, non-bilious vomiting. On examination, there was no jaundice; laboratory tests revealed only mildly elevated GGT and minimal direct hyperbilirubinemia. MRCP and cholangiography demonstrated a high-grade stricture located in the right hepatic duct, near the hepaticojejunostomy, resulting in significant upstream biliary dilatation, especially within the right hepatic biliary tree. Given the location and complexity of the stricture, magnetic compression anastomosis was planned. Under general anesthesia and sterile conditions, with ultrasound and fluoroscopy guidance, right biliary drainage catheter was used for contrast injection and right duct visualization. The non-dilated left segment II duct was cannulated. Two magnets were introduced—one from the right and one from the left intrahepatic ducts—and aligned across the stricture zone. Magnetic coupling was achieved in the occluded right hepatic duct near the anastomotic site. The procedure was well tolerated, and follow-up imaging confirmed successful biliary recanalization. The magnets were retrieved uneventfully. The patient experienced complete symptom resolution and normalization of liver biochemistry at follow-up.

Conclusion:

This case highlights that delayed-onset biliary strictures may occur even after long asymptomatic intervals following choledochal cyst resection. It also illustrates the effectiveness of percutaneous, fluoroscopy-guided magnetic compression anastomosis in managing anatomically complex, non-anastomotic strictures in pediatric patients, offering a viable minimally invasive alternative to surgical revision.

Keywords: Choledochal cyst, Pediatric biliary stricture, Magnetic compression anastomosis, Delayed complication, Interventional radiology, Hepaticojejunostomy

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A RARE BILIARY TREE ANOMALY COINCIDING WITH TYPE I CHOLEDOCHAL CYST IN A PEDIATRIC PATIENT: A CASE REPORT

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Introduction

Multiple studies have previously reported anomalies in the biliary tree anatomy. An example is the interposition of the gallbladder, an extremely rare developmental anomaly wherein the right and left hepatic ducts drain directly into the gallbladder, with an absent common hepatic duct and often with an absent common bile duct (CBD). Another rare condition concerning the biliary tree is a choledochal cyst, which is a congenital dilatation of extrahepatic and/or intrahepatic bile ducts.

Case Presentation

In this case report, we present a rare case of coincidental choledochal cyst and interposition of gallbladder in a pediatric patient. A 1 year old female presents with a 2 week history of jaundice, tea-colored urine, acholic stools, and occasional vomiting episodes. Whole abdomen CT and plain MRCP showed fusiform dilation of the common bile duct with mild intrahepatic biliary ductal dilatation, hence, the patient was initially assessed as choledochal cyst type I. The patient then underwent excision of choledochal cyst. Intraoperatively, we noted a fusiform dilated CBD with a contracted gallbladder, and absence of the common hepatic duct. The gallbladder fossa was noted to have an orifice with bile drainage. Intraoperative ultrasound confirmed that the intrahepatic duct is connected to the gallbladder fossa orifice, hence the intrahepatic ducts directly drain into the gallbladder. Subsequent reconstruction by Roux-en-Y portoenterostomy was done.

Conclusion

Biliary tree anomalies are often discovered intraoperatively, hence it is important to be able to recognize them due to the high potential for iatrogenic injury. In pediatric patients, it is also crucial to identify biliary tree anomalies early due to the risks of progressive liver damage, and long-term sequelae such as cirrhosis or malignancy. To our knowledge, this is the first reported case of choledochal cyst coinciding with interposition of the gallbladder.

Keywords: biliary tree anomaly, choledochal cyst, interposition of the gallbladder, absent common hepatic duct, Roux-en-Y portoenterostomy

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UNUSUAL PRESENTATION OF PLEUROPULMONARY BLASTOMA: THE IMPORTANCE OF DIFFERENTIAL DIAGNOSIS AND THE ROLE OF DICER-1 MUTATION

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Introduction:

Management of congenital lung malformations (CLM) remains controversial. While 75% of CLM are asymptomatic, infections, pneumothorax and malignancy risk demand surgery. Moreover, distinguishing between CLM and neoplasms at imaging can be challenging, with the final diagnosis usually reached on histological samples. Pleuropulmonary blastoma (PPB) can present DICER-1 mutation, whose diagnosis can guide therapeutic decisions. We present two cases of pulmonary lesions with unusual presentation and histological diagnosis of PPB.

Clinical Cases:

Case 1- A three-year-old male was referred to our centre following back trauma. At the emergency department he presented hemothorax. CT showed active bleeding from an anomalous artery (embolized) and a pulmonary lesion in the medio-inferior area of right hemithorax (8.5x9 x7.3 cm). Thoracotomic biopsy diagnosed PPB, requiring neoadjuvant chemotherapy (4 IVADO cycles). Thoracotomic atypical resection of the medium lobe, partial homolateral diaphragm, and subtotal pleurectomy were performed. Histology reported PPB type II on a pulmonary sequestration, with somatic and germinal mutation of DICER-1 gene. No recurrence at five years follow-up.

Case 2- A three-year-old female presented at the emergency department with fever and coughing. X-ray showed a cystic lesion in the superior left hemithorax. CT confirmed a 4.9x7.6x5.1cm lesion in the apico-dorsal segment of left upper lobe (LUL), and 3 bullous lesions (diameter:1 cm) in the right inferior lobe (RIL). Thoracoscopic wedge resection of LUL lesion was performed. Histology reported PPB type Ir, with somatic and germinal DICER-1 mutation. At 3 months follow-up recurrence in LUL was found, with unchanged RIL lesions. A relook-thoracoscopic resection of LUL lesion was completed.

Conclusions:

Despite PPB being rare, its high morbidity and mortality compel us to consider PPB in differential diagnosis of lung lesions. DICER-1 mutation can guide therapeutic decision. A multidisciplinary follow-up is mandatory to prevent subsequent neoplasms in DICER-1 syndrome.

Keywords: Pleuropulmonary blastoma, congenital lung malformations, thoracoscopy

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PELVIC LYMPH NODE DISSECTION VIA A TOTALLY EXTRAPERITONEAL APPROACH FOR RHABDOMYOSARCOMA: A CASE SERIES

Ge junjie

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Background: Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma in children. Metastases to pelvic lymph nodes are not rare. Herein, we reported a case series of RMS patients with pelvic lymph node metastases operated on pelvic lymph node dissection (PLND) based on a totally extraperitoneal (TEP) approach to evaluate the safety and effectiveness of this technique.

Method: In this single-institutional study, thirteen consecutive RMS patients with pelvic lymph node metastases between August 2022 and August 2024were enrolled. All pelvic lymph node were managed by the TEP PLND technique.

Result: Thirteen patients (2 females and 11 males) who underwent surgery were enrolled in the current study. The median age of patients was 7.91 years (0.83–18). Surgical treatment was successful in all patients, and the median operative time and bleeding volume were 150.23 (43–360) min and 20.7 (5–100) ml, respectively. None of the patients experienced post-operative complications except for one patient who experienced swelling of right lower limb, which resolved within 6 months, and Another patient with pelvic cyst was confirmed by MRI 2 months after operation. During a median follow-up of 15 months (5–28), none of the patients exhibited recurrence or persistent disease except for 2 patients with tumor metastasis and progression.

Conclusion: The TEP PLND was technically feasible and reliable, with less invasiveness for RMS patients with PLND metastases. Future studies are needed to accumulate more experience, investigate the indications of the technique, and determine the long-term oncological safety.

Keywords: totally extraperitoneal (TEP), pelvic lymph node, rhabdomyosarcoma (RMS)

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INTESTINAL PROLAPSE THROUGH A PATENT OMPHALOMESENTERIC DUCT ASSOCIATED WITH OMPHALOCELE

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Introduction: Omphalocele is a congenital defect caused by failure of the anterior abdominal wall to close,resulting in herniation of intra-abdominal organs like intestines and/or liver through the umbilical ring,covered by peritoneum.The omphalomesenteric duct,a temporary embryonic connection between yolk sac and midgut,usually obliterates by weeks 7–9; failure may cause Meckel's diverticulum or, rarely, intestinal prolapse. Here, we present a-neonate with omphalocele accompanied by intestinal prolapse through a patent omphalomesenteric duct.

Case Presentation: A 32-week and 4-day male-neonate weighing 2160grs,born vaginally to a-22-year old G1P0 mother whose labor was initiated due to vaginal prolapse and without prenatal diagnosis, was urgently consulted to us with preliminary diagnosis of gastroschisis. On examination, an-omphalocele sac with a-base diameter of 5cm containing intestinal loops was observed. Superior to the-sac and near its base, defect was noted, through which intestinal loops had prolapsed. The visibility of both proximal and distal bowel ends in the prolapsed segment led to a-preoperative diagnosis of intestinal prolapse through a-patent omphalomesenteric duct associated with omphalocele (Figure 1). Following anesthesia induction, the prolapsed bowel loops were reduced (Figure 2). A circumferential incision was made at skin margin of the omphalocele sac to enter the abdominal cavity. Exploration revealed dilated bowel segments prolapsed through a-2cm omphalomesenteric duct, with no pathology found (Figure 3). Approximately 10cm of dilated ileal segment involving the patent duct was resected.After preparing the bowel ends for anastomosis, the distal end was spatulated on the antimesenteric side due to a-2:1 diameter discrepancy. No leakage was observed upon anastomosis, and bowel continuity was confirmed. After primary repair of the omphalocele, umbilicoplasty was performed (Figure 4).The patient was started on oral feeding on postoperative day 4, and follow-up has no complications**.**

Conclusion: The prognosis of omphalocele with intestinal prolapse through a patent omphalomesenteric duct varies due to unique morbidities and complications of each anomaly. Early diagnosis and surgery enable successful outcomes.

Keywords: Omphalomesenteric duct, omphalocele, patent, prolapse

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MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME COMPLICATED BY HEMATOMETRA AND HEMATOSALPINX TREATED WITH LAPAROSCOPIC UTERINE DRAIN PLACEMENT: A CASE REPORT

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Introduction: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a reproductive tract malformation occurring in 1 out of every 5,000 female births. It is primarily characterized by congenital agenesis or marked hypoplasia of the structures that are derived from the Mullerian ducts, including the vagina, cervix, uterus, and fallopian tubes. 3% of MRKH patients have a functioning uterus.

Case Presentation: A 12-year-old premenarchal female with no significant past medical history, born full term with no gross physical abnormalities, presented to our emergency department with one week duration of severe right lower quadrant pain. This episode was preceded by similar cyclic right lower quadrant abdominal pain for several months. She was found to have MRKH syndrome with a right-sided functioning uterus and hematometra and ipsilateral hematosalpinx. She subsequently underwent diagnostic cystoscopy, vaginoscopy, and pelvic laparoscopy. A laparoscopic puncture of the uterus was performed, followed by placement of a drain catheter and uterine fixation to the anterior abdominal wall to relieve the hematometra and hematosalpinx. Post-operatively, the patient experienced complete resolution of symptoms. A follow up CT scan two weeks later demonstrated resolution of the hematometra and significant improvement in the hematosalpinx.

Conclusion: In premenarchal female patients presenting with cyclic abdominal pain and amenorrhea, MRKH syndrome with a functioning uterus should be considered. In our patient, laparoscopic uterine drain placement resulted in the resolution of clinical symptoms and radiographic findings. A high index of suspicion for MRKH syndrome in a premenstrual female presenting with cyclic abdominal pain and amenorrhea can lead to prompt diagnostic management and surgical intervention.

Keywords: Mayer-Rokitansky-Küster-Hauser syndrome; Mullerian duct anomaly; uterovaginal malformation; hematometra

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A RARE CAUSE OF GASTROINTESTINAL BLEEDING IN A PRETERM NEONATE: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

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Introduction

Gastrointestinal infantile hemangioma is an extremely rare cause of rectal bleeding. A positive GLUT1 immunostain on biopsy is diagnostic, distinguishing it from other vascular anomalies. Propranolol is the first-line treatment, while surgery is reserved for cases unresponsive to medical therapy.

Case report

A female neonate, born at 32+6 weeks via cesarean section for placenta previa at our institution, developed significant rectal bleeding on day 18, necessitating RBC transfusions. A Meckel's scan was negative, and both abdominal ultrasound and radiographic evaluations revealed no abnormalities. Gastroscopy showed no evidence of upper gastrointestinal bleeding.

By day 21, an exploratory laparotomy identified diffuse lesions over a 35 cm segment of the small intestine. A 3-cm portion was resected for biopsy, and empirical propranolol therapy was initiated. Bleeding recurred on day 24, prompting a second laparotomy and intraoperative enteroscopy, which confirmed the extent of the lesions and their response to propranolol. Based on these findings, propranolol was continued without additional resection.

On day 31, following a brief period of feeding tolerance, further bleeding necessitated resection of a 36-cm segment of affected small bowel. The colon appeared macroscopically normal, so colonoscopy was not performed.

The infant was discharged on day 46 while receiving propranolol, feeding well, and passing normal stools. Propranolol was discontinued at three months of age, and the child has remained asymptomatic with normal growth to date. Notably, imaging revealed no cutaneous, hepatic, or cerebral hemangiomas.

Conclusion

Small intestinal hemangiomas should be considered in neonates with rectal bleeding, even in the absence of skin or visceral lesions. Diagnosis is challenging in preterm infants due to limited imaging sensitivity. Intraoperative enteroscopy is valuable for assessing lesion extent and therapeutic response. In cases unresponsive to medical management, segmental resection is necessary, with an emphasis on preserving bowel length to prevent short bowel syndrome.

Keywords: gastrointestinal hemorrhage, hemangiomatosis, enteroscopy, propanolol, enterectomy

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IS HEPATIC LOBE TORSION POSSIBLE?

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Introduction

Several anatomical variants of the liver have been described, most of which are identified incidentally. Torsion of a hepatic lobe is an exceptionally rare condition that can lead to a potentially life-threatening surgical emergency.

Case

We present the case of a 6-year-old girl who underwent surgery at birth for an omphalocele containing hepatic tissue and had remained asymptomatic since then. She presented to the emergency department with a 24-hour history of abdominal pain, vomiting, and a palpable mass in the right hypochondrium and flank. Laboratory tests revealed leukocytosis, elevated lactate and CRP levels, coagulation abnormalities, and increased transaminases. Abdominal ultrasound and CT scan identified the gallbladder and what appeared to be the left hepatic lobe in an abnormal position, teardrop-shaped and located caudally to the right lobe, with signs of diffuse ischemia and absence of portal, arterial, and suprahepatic blood flow.

Urgent laparotomy revealed a completely separated and torsioned hepatic mass, corresponding either to a lobulated segment IV or a variant of Riedel's lobe, twisted around its vascular pedicle. The left hepatic lobe was nearly absent, and intestinal malrotation was observed. Detorsion and resection of the necrotic mass were performed after meticulous dissection of the pedicle, preserving the vascularization and biliary tract of the remaining right liver.

Conclusion

Although extremely rare, hepatic lobe torsion is a possible and important differential diagnosis in cases of acute abdomen with a palpable mass

Patients with congenital midline defects may present with hepatic fixation and morphological anomalies that predispose to this mechanism.

Keywords: Hepatic lobe torsion, Accessory liver lobe, Segment IV liver, Riedel's lobe, Pediatric acute abdomen, Omphalocele, Liver anatomical variants

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SURGICAL PLANNING WITH 3D MODELS FOR SLIDE TRACHEOPLASTY AND TRACHEAL TRANSLOCATION: A CASE REPORT

Diana Romero, Carolina Zuluaga, Martha Velazco, Laura Suárez, Federico Núñez, Miguel Sánchez, Otto González, Maria Eugenia Gamma, Paul Yuseph Benavides, Emily Angélica Villanueva

Clínica Shaio

Introduction

Complex congenital airway and vascular anomalies present significant diagnostic and surgical challenges, particularly in neonates with syndromic associations. Precise anatomical understanding is essential for successful corrective surgery. Three-dimensional (3D) anatomical models can enhance preoperative planning and improve surgical outcomes in selected cases.

Case Presentation

A male neonate weighing 1,970 grams at birth, diagnosed with VACTERL association due to anorectal malformation and a horseshoe kidney, underwent colostomy at 24 days of life. During orotracheal intubation for the procedure, significant difficulty was encountered, requiring dilation and placement of a size 2.5 uncuffed endotracheal tube. Postoperatively, the infant developed progressive stridor, episodes of desaturation, and feeding difficulties, raising suspicion of a congenital airway malformation.

Bronchoscopy with intraoperative bronchography revealed stenosis of the cervical, middle, and distal trachea, with preservation of the first and second tracheal rings, as well as congenital bronchial stenosis due to an anomalous origin of the right main bronchus. Angio-CT with 3D reconstruction confirmed a pulmonary artery sling, agenesis of the right upper lobe, hypoplasia of the right middle and lower lobes, and rightward mediastinal shift. Given the complexity of the anomalies, 3D-printed anatomical models were created to assist with surgical planning.

The patient successfully underwent slide tracheoplasty and tracheal translocation with intraoperative extracorporeal membrane oxygenation (ECMO) support for 2 hours and 40 minutes. Follow-up bronchoscopy demonstrated an intact anastomosis with no dehiscence and patent origins of both main bronchi, without evidence of tracheal or bronchial malacia.

Conclusion

This case highlights the value of 3D anatomical models in preoperative planning for neonates with complex tracheovascular anomalies. When meticulously planned, slide tracheoplasty and tracheal translocation can be performed safely, even in low-weight patients. A multidisciplinary approach, combined with advanced imaging and modeling techniques, plays a critical role in achieving successful surgical and airway reconstruction outcomes.

Keywords: Surgical planning, 3D models, slide tracheoplasty, tracheal traslocation, extracorporeal membrane oxygenation

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HOW TO REDUCE LATE REFERRAL OF HALSAN (HIDDEN AND LIFE THREATENING SURGICAL ANOMALIES IN NEONATES)

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Introduction: We are drawing attentions of paediatric surgeons to the solution of a very important issue of late referral of neonates having life threatening surgical anomalies. Gross congenital anomalies are immediately picked at birth places and refereed in time to Pediatric surgeons and managed. Some hidden and life threatening surgical anomalies are picked, referred and managed late. This delay adds to morbidity and mortality. Delay in picking is mainly due to less awareness of these anomalies in medical community. Paediatric surgeons are most relevant to take responsibility of bringing awareness.

Objectives: Develop consensus on some modifications in teaching to bring awareness about hidden life threatening surgical anomalies of neonates.

Methodology: Teaching of undergraduates and nurses may be targeted because they are involved in majority deliveries. Following modifications in teaching are proposed.

1. These are four anomalies, neonatal intestinal obstruction, tracheoesophageal fistula, diaphragmatic hernia and biliary atresia. For the purpose of awareness, we suggest grouping these anomalies under one heading and coin an acronym HALSAN; Hidden And Life threatening Surgical Anomalies in Neonates.

2. “Signs of HALSAN” may easily be highlighted in a single page figure. These are four signs (abdominal distension, scaphoid abdomen, cyanosed newborn with frothing and yellow eyes at birth). Two more signs (Polyhydramnios and oligohydramnios) may be added. We may insist to check every new born for “Signs of HALSAN” and flyers may be displaced at birth places.

Expected Outcomes: If we develop consensus on teaching of HALSAN, complaint of late referral, high morbidity and mortality may significantly be reduced. It will highlight the soul of Paediatric surgery.

Keywords: HALSAN, Hidden, Life threatening,

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DUODENAL INTESTINE RUPTURE, MESENTERIC ARTERY INJURY AND TRAUMATIC THROMBOSIS OF THE RENAL ARTERY. A CASE REPORT OF CHALLENGING AND HIGH-RISK NATURE OF ABDOMINAL TRAUMA IN PEDIATRIC PATIENT.

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Introduction. Child abuse includes physical, emotional, sexual abuse, and neglect, often occurring within families. Despite affecting over 1 billion children annually, it's frequently underrecognized. Medical staff face challenges due to vague symptoms, unclear histories, and lack of training in detection. A rare and severe case of abdominal trauma in a child is presented, with suspected familial abuse.

Case presentation. A 2-year-old girl was admitted to the emergency department due to impaired consciousness, with suspected sepsis, intoxication, and head injury. Due to the unknown medical history, abdominal trauma was not initially considered. However, an abdominal ultrasound and CT scan were later performed, revealing hemoperitoneum, bowel rupture, and kidney infarction. The patient underwent urgent surgery. Intraoperatively, a complete tear of the distal part of the duodenum was identified, along with mesenteric rupture and active bleeding from the superior mesenteric artery. Approximately 50 cm of the jejunum showed mild signs of ischemia; however, resection was deferred at that time, and duodenojejunostomy was performed. The kidney was not removed, and thrombectomy was not feasible. On postoperative day four, a relaparotomy was performed due to clinical deterioration. Bowel necrosis was identified, and resection with primary end-to-end anastomosis was carried out. A left nephrectomy was also performed due to persistent renal artery thrombosis and renal necrosis. The patient's condition gradually improved thereafter, and she was discharged home after 33 days. An investigation by the authorities revealed that the child had been abused by her mother's boyfriend, who was subsequently convicted.

Conclusion: This case highlights the complexity and severity of pediatric abdominal trauma, involving multiple organ injuries and vascular complications. In the presence of an unclear medical history, abdominal trauma should always be considered—especially when child abuse is suspected. Prompt diagnosis, timely surgical intervention, and meticulous postoperative management were critical to the patient's recovery.

Keywords: child abuse, abdominal trauma, duodenal rupture

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LAPAROSCOPIC-ASSISTED ANORECTOPLASTY AND VAGINAL RECONSTRUCTION FOR RECTOVESTIBULAR FISTULA WITH MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME

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Introduction

Complete vaginal agenesis in association with uterine agenesis or hypoplasia is usually known as the Mayer–Rokitansky–Kuster-Hauser Syndrome (MRKH). The most common type of anorectal malformation in female patients is a rectovestibular fistula, but concomitant with MRKH it appears to be rare. We describe 2 cases of 2-month-old girls with rectovestibular fistula with MRKH in whom we chose to leave the native rectovestibular fistula to function as a neovagina during laparoscopic-assisted anorectoplasty.

Case Report

2 two-month-old girls were admitted to our hospital due to imperforate anus with rectovestibular fistula. Perineal examination revealed only two openings in the introitus with an absent anus. Abdominal ultrasound revealed absent uterus and vagina. Both ovaries were normal. Hence, the diagnosis of MRKH concurrent with rectovestibular fistula and imperforate anus was made. We chose to leave the rectovestibular fistula in situ for vaginal reconstruction and to perform indocyanine green (ICG) guided laparoscopic-assisted anorectoplasty. Rectosigmoid colon was transected at the level of peritoneal reflection preserving mesenteric vessels of distal part of the rectum, thus native recto-vestibular fistula was left as a neovagina. And final length of the neovagina was approximately 6-8 cm. The operation was completed in approximately 2 hours without complication. Perineum had a very natural appearance with orifices of neovagina and neoanus.

Discussion

For MRKH with anorectal malformation, surgical reconstruction is aimed at creation of a functional neovagina and neoanus with preservation of fecal continence. Laparoscopic-assisted anorectoplasty and vaginal reconstruction was more convenient with less damage and a better cosmetic outcome for the reconstructed perineum. Although the neovaginal function for sexual purposes was hard to evaluate because the patients were too young, we believe performing the anorectoplasty and vaginal reconstruction in a single procedure would help to avoid the fibrosis and scarring created by repeated surgery.

Keywords: Laparoscopic, Anorectoplasty, Vaginal Reconstruction, Rectovestibular Fistula, Mayer-Rokitansky-Kuster-Hauser syndrome

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HEPATOPULMONARY FUSION IN RIGHT CONGENITAL DIAPHRAGMATIC HERNIA: CAN CONSERVATIVE APPROACH WIN?

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Introduction:

Hepatopulmonary fusion (HPF) is a rare malformation associated with right-sided congenital diaphragmatic hernia (CDH). Preoperative diagnosis is uncommon and often made intraoperatively. The optimal management strategy remains controversial.

Case Presentation:
We present the case of a term newborn from a twin pregnancy, with a prenatal diagnosis of right-sided CDH, poor prognostic indicators, and congenital heart disease. The patient was intubated at 3 minutes of life and placed on conventional mechanical ventilation with good initial response. The prenatal findings were confirmed postnatally, and further imaging studies were conducted.
On day of life (DOL) 2, clinical deterioration necessitated escalation of ventilatory support, with consideration for ECMO, which was ultimately not feasible. At DOL 9, exploratory laparotomy revealed a large diaphragmatic defect with extensive HPF and no identifiable surgical dissection plane. Surgical repair was aborted, and further anatomical characterization was pursued. Angio-CT demonstrated features consistent with HPF and multiple vascular shunts.
Given the high mortality associated with extensive HPF and vascular anomalies, a multidisciplinary team opted for conservative, non-surgical management. The patient showed progressive clinical improvement, was extubated on DOL 50, and discharged on DOL 110 on 2 L/min nasal oxygen and nighttime BIPAP. At three years of age, the child remains off ventilatory support and shows gradual psychomotor development.

Conclusion:
HPF associated with right-sided CDH carries a high perioperative mortality (approximately 40%). The extent of fused parenchyma and associated vascular anomalies are emerging as critical prognostic markers. Hemodynamic compromise due to altered vascular dynamics may contribute to poor post-operative outcomes, highlighting the potential role for conservative management in selected cases. This case supports the feasibility of non-surgical treatment with favourable long-term outcomes. Long-term follow-up is essential to monitor vascular dynamics and consider interventions such as embolization if necessary.

Keywords: Hepatopulmonary fusion, Congenital diaphragmatic hernia, Conservative

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TREATMENT OF KAPOSIFORM LYMPHANGIOMATOSIS IN A CHILD HARBORING NRAS Q61R MUTATION USING COMBINED TARGETED THERAPY: A CASE REPORT AND LITERATURE REVIEW

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Kaposiform lymphangiomatosis (KLA) is a rare and aggressive lymphatic anomaly characterized by multifocal proliferation of malformed lymphatic vessels and life-threatening hemorrhagic complications. We report a case of a 3-year-old boy presenting with recurrent chylothorax, hemorrhagic pericardial and pleural effusions, coagulopathy, and thrombocytopenia. Imaging and pathology confirmed the diagnosis of KLA. Genetic testing revealed an NRAS p.Q61R somatic mutation. Despite initial therapy with sirolimus and vincristine, the disease progressed. Following the addition of the MEK inhibitor trametinib, and surgical interventions including mediastinal mass resection and pleural decortication, the patient's condition improved significantly. Histopathological examination and immunohistochemistry supported the diagnosis. This case highlights the clinical utility of trametinib as a targeted therapy in NRAS-mutated KLA and underscores the importance of a multimodal, individualized treatment strategy in managing complex pediatric vascular anomalies.

Keywords: Kaposiform lymphangiomatosis; NRAS mutation; trametinib; targeted therapy; pediatric lymphatic anomaly

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EXTENDED CRICOTRACHEAL RESECTION AS TREATMENT FOR A PATIENT WITH LARYNGOTRACHEAL CLEFT, CONGENITAL TRACHEOESOPHAGEAL FISTULA, AND SEVERE SUBGLOTTIC STENOSIS: A CASE REPORT

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Introduction

Airway and upper digestive tract malformations are rare, with an incidence of 1:10,000- 1:20,000 live births. The coexistence of multiple malformations is even less common. Retrospective studies report that among patients with tracheoesophageal fistula (TEF), 1.4% present with laryngomalacia, 6.7% with vocal cord paralysis, 8.3% with laryngeal cleft, 4.2% with subglottic stenosis, and 12.1% with tracheomalacia. We present the case of a patient with three simultaneous congenital aerodigestive malformations in the absence of a genetic syndrome.

Case Presentation

We report a 2-month-old female with diagnosis followed a hypoxic-ischemic event at birth and multiple failed extubation attempts requiring tracheostomy. The infant presented with 99% congenital and acquired subglottic stenosis, congenital tracheoesophageal fistula in the posterior wall of the first tracheal ring, and grade II laryngotracheal cleft. The patient underwent extended laryngotracheal reconstruction, LT-mold placement, and TEF (tracheoesophageal fistula) closure in a single surgical procedure. Multidisciplinary management determined optimal surgical timing, antibiotic therapy, intraoperative strategy, and rehabilitation. The patient recovered well, achieving fistula closure, and improving airway function. Decannulation is pending until full airway healing.

Conclusion

The rarity of these malformations complicates management. Previous studies have described isolated cases of multiple anomalies, but none identical to this case. One series found that 62% of 139 tracheoesophageal fistula patients had upper airway abnormalities, highlighting the need for multidisciplinary care. Triple endoscopy optimizes diagnosis, while single-stage extended cricotracheal resection appears to be a viable approach prioritizing aspiration prevention, regardless of patient age. A multidisciplinary approach is essential for optimal preoperative and postoperative care.

Keywords: Airway and digestive malformations, tracheoesophageal fistula, congenital and acquired subglottic stenosis, laringotracheal cleft, extended cricotracheal resection

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BILATERAL CHONDROMESENCHYMAL HAMARTOMA OF THE CHEST WALL IN CHILDREN: A CASE REPORT AND SURGICAL STRATEGY

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Background:

Chondromesenchymal hamartoma (CMH) of the chest wall is an exceptionally rare benign tumor originating from ribs, predominantly affecting infants and young children. This lesion typically presents with thoracic tension syndrome and progressive skeletal deformities, including scoliosis. Surgical resection, while necessary, invariably requires rib removal and poses significant challenges in chest wall reconstruction.

Case Presentation:

We report the 15th documented case of bilateral CMH in pediatric patients worldwide. Our multidisciplinary team performed a three-stage surgical resection due to bilateral involvement and continued postoperative tumor growth. The surgical approach incorporated:

- Advanced 3D modeling and printing for preoperative planning and intraoperative navigation
- Novel chest wall reconstruction using xenograft pericardial patches
- Custom-designed prosthetic rib implantation

Results:

The staged surgical intervention achieved complete tumor resection while maintaining thoracic integrity. The combination of xenograft materials and prosthetic rib implantation demonstrated excellent biocompatibility and structural support during follow-up. This approach effectively addressed the dual challenges of radical tumor excision and prevention of thoracic deformity progression.

Conclusion:

This case highlights several critical considerations in pediatric CMH management:

1. Bilateral presentation requires staged surgical intervention
2. 3D technologies significantly enhance surgical precision in complex chest wall cases
3. Hybrid reconstruction using xenograft pericardium and prosthetic ribs offers a viable solution for thoracic stability
   The presented surgical strategy may serve as a paradigm for managing extensive benign chest wall tumors in growing children.

Keywords: chest wall reconstruction, children, chondromesenchymal hamartoma, prosthetic rib, thoracic surgery, xenograft pericardium

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LASER COAGULATION OF AN ACCESSORY BRONCHUS IN A 5-YEAR-OLD GIRL: A RARE CASE REPORT

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Introduction

Accessory bronchi are rare congenital anomalies of the tracheobronchial tree, often presenting with subtle, recurrent respiratory symptoms. Their infrequent occurrence and nonspecific manifestations frequently delay diagnosis.

Case Presentation

A 5-year-old girl presented with intermittent coughing from infancy, recurring every 2–3 weeks and unresponsive to medical therapy. Initial workup was inconclusive. Bronchoscopy suggested a possible broncho-esophageal fistula, prompting a treatment plan involving laser coagulation under simultaneous bronchoscopy and gastroscopy. During the procedure, a probing maneuver of the suspected bronchus excluded fistula formation. An accessory bronchus was confirmed via prior CT imaging, and laser coagulation of its lumen was performed. The procedure was uneventful. Postoperatively, the patient had complete resolution of symptoms with no recurrence during follow-up.

Conclusion

This case illustrates the importance of considering congenital bronchial anomalies in persistent pediatric respiratory complaints. It also highlights the diagnostic challenges when such anomalies mimic other conditions, like bronchoesophageal fistula. Combined use of flexible endoscopy and imaging allowed for accurate diagnosis and effective treatment via endoscopic laser coagulation. Such intervention led to excellent clinical outcome with minimal invasiveness.

Keywords: Accessory Bronchus, Laser Coagulation

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HEPATOPULMONARY FUSION IN RIGHT DIAPHRAGMATIC HERNIA: SURGICAL EXPERIENCE AND OUTCOMES IN A RESOURCE-LIMITED SETTING -A CASE SERIES

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Sudan Medical Specialization Board

Background: Hepatopulmonary fusion (HPF) is a rare congenital anomaly most often associated with right-sided congenital diaphragmatic hernia (CDH). It involves herniation of the liver into the thoracic cavity with partial or complete fusion to hypoplastic lung tissue. This fusion disrupts normal pulmonary development, impairs gas exchange, and contributes to pulmonary hypertension. Surgical management is particularly challenging due to the variable nature of the fusion, which may range from fibrovascular connections to true parenchymal fusion.

Objective: To describe the surgical management and outcomes of three HPF cases associated with right-sided CDH, emphasizing the fusion variants and the tailored operative strategies employed.

Results: All three cases were managed by a multidisciplinary team comprising pediatric and hepatobiliary surgeons. In Case 1, 60% of the liver was herniated and fused to a rudimentary hypoplastic right lung, with additional herniation of the transverse colon and jejunum. Case 2 involved 40% liver herniation fused to the lung, along with the right kidney and small bowel. In Case 3, complete fusion of the liver to the lung was noted. Postoperatively, Cases 1 and 2 required mechanical ventilation for 4 and 5 days, respectively, and nasogastric feeding was initiated on postoperative day 2. Both were discharged in stable condition and remain on follow-up. Case 3, however, succumbed to respiratory failure two hours after surgery.

Conclusion: HPF presents significant surgical challenges, and outcomes are closely tied to the degree of lung hypoplasia and fusion extent. Successful management requires individualized surgical approaches and close multidisciplinary collaboration, especially in resource-limited settings.

Keywords: Hepatopulmonary fusion, Congenital diaphragmatic hernia, Lung hypoplasia, Pediatric surgery

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CLOSING/CLOSED GASTROSCHISIS: THE CHOICE OF SURGICAL TACTICS IN CONDITIONS OF UNIQUE ANATOMY. A SERIES OF CLINICAL CASES.

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Introduction

Children with complicated forms of gastroschisis, characterized by the presence of associated intestinal abnormalities. The most severe form of this condition is closing/closed gastroschisis (CGS), which occurs in about 6% of cases of gastroschisis. There is no currently accepted treatment strategy for CGS patients, who often require step-by-step surgery, as well as a timing of each surgical stage remains unclear.

Materials and Methods

We present five clinical cases of patients with CGS who have been treated at our clinic over the past two years. Two patients had CGS type B, one had CGS type C, one had CGS type D and else one had unclassified form (C?).

Results

The 2/3 patients, who had antenatal signs of intestinal obstruction after the 30th week of gestation, had viable intestinal loops after birth (type B CGH). In 2/2 patients with necrotic eviscerated intestine (type C and D), we noted an earlier appearance of signs of intestinal obstruction (16 and 19 weeks of gestation). In 2/2 patients with type B CGS we performed staged surgical treatment which allowed to preserve all parts of gastrointestinal tract. Children with CGS type C and D remain a severe group of patients with short-bowel syndrome.

Conclusions

The appearance of antenatal signs of intestinal obstruction in the second trimester could be a predictor of a high risk of further development of significant disruption of blood supply to the eviscerated intestine. Staged surgical treatment in patients with CGS type B allows to save the maximum bowel length.

Keywords: Closed gastroschisis; closing gastroschisis; complex gastroschisis; short-bowel syndrome

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MANAGEMENT OF FOCAL AND DIFFUSE FORMS OF CONGENITAL HYPERINSULINEMIC HYPOGLYCEMIA: TWO CASE REPORTS

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Objective: Congenital Hyperinsulinism (CHI) is the most common cause of persistent hypoglycemia in infants unresponsive to standard hypoglycemia therapy and is associated with a high risk of neurodevelopmental complications. The first step in the etiological differential diagnosis of CHI is evaluating the response to diazoxide. In cases unresponsive to diazoxide, the second step is to determine whether the anomaly in pancreatic insulin regulation is focal or diffuse. Although both forms of CHI present with similar clinical features, they originate from different pathophysiological mechanisms and are managed differently. This study presents the management approaches of two cases who underwent pancreatectomy in our clinic with the diagnosis of focal and diffuse CHI.

Case 1: A term infant weighing 3160 g presented to the emergency department with convulsions on the 5th postnatal day. Blood glucose was measured at 13 mg/dL. The patient initially received intravenous glucose infusion and phenobarbital. Due to lack of response to diazoxide initiated for hyperinsulinemic hypoglycemia, genetic analysis was performed and revealed a paternally inherited ABCC8 gene mutation. [18F]-DOPA PET-CT showed a suspicious area in the pancreatic tail suggestive of focal hyperplasia. Partial pancreatectomy was performed. The patient was discharged on postoperative day 13 in a normoglycemic and uneventful condition.

Case 2: A term infant born to consanguineous parents and a gestational diabetic mother, weighing 4270 g, was admitted to the neonatal intensive care unit due to respiratory distress. During follow-up, blood glucose was found to be 53 mg/dL. Hyperinsulinemic hypoglycemia resistant to diazoxide was detected, and genetic analysis revealed a homozygous ABCC8 gene mutation, consistent with diffuse CHI. As no response was achieved with octreotide and lanreotide, a 95% subtotal pancreatectomy was performed. The patient was discharged on postoperative day 22, normoglycemic and without complications.

Conclusion: This case report highlights the diagnostic and therapeutic differences between focal and diffuse CHI. In diffuse CHI, advanced preoperative imaging is generally unnecessary, and subtotal pancreatectomy is the treatment of choice when medical therapy fails. In cases with suspected focal CHI or inconclusive genetic analysis, [18F]-DOPA PET-CT is indicated. Excision of the localized lesion or partial pancreatectomy is sufficient in such cases.

Keywords: newborn, hypoglycemia, hyperinsulinemia, pancreatectomy

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BRONCHIAL ARTERY EMBOLIZATION IN MASSIVE HEMOPTYSIS

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Introduction: Hemoptysis is a rare but often life-threatening condition in pediatric patients. Massive hemoptysis can easily lead to asphyxia, respiratory failure, shock, and even death. If left untreated, massive hemoptysis is associated with a mortality rate higher than 50%. The most common causes of severe hemoptysis are lower respiratory tract infection, vascular malformation, and bronchial foreign body. We present an unusual case of massive hemoptysis caused by malformation of the bronchial artery.

Case Presentation: An 14-year-old girl was admitted to the hospital with mild hemoptysis. She did not report any discomfort, such as fever or chest pain. Neither patient had any lung or systemic disease such as Cystic Fibrosis or history of previous AC infection. Her complete blood count and coagulation function were normal. Endoscopy is performed by the gastroenterology department. Respiratory arrest develops. Then she is intubated and admitted to intensive care. She extubated the next day, has no hemoptysis in his 8-day follow-up and she discharged. She applied to the emergency room 1 month later with complaints of hemoptysis again. 3 times a day, with a 400 mL of blood loss over 24 hours. Endoscopy and bronchoscopy were performed on the patient who was consulted to our department. No pathology was seen in endoscopy. Bronchoscopy showed a clot in the right lower medial lobe and petechiae in both main bronchi. No active bleeding area was seen. Angiography was performed and due to right bronchial artery bleeding embolization was performed. The patient was discharged after no hemoptysis was observed during the 4-day ward follow-up. The patient's 9-month follow-up showed no pathology.

Conclusion: Massive hemoptysis is an acute disease with high mortality and is difficult to diagnose and treat. Vascular malformations of the pulmonary and bronchial arteries are one of the most important causes of hemoptysis. The experience with bronchial arterial embolization in childhood is very limited; only a few case reports with short-term follow-up have been reported. Patients should immediately receive hemostatic treatment and undergo bronchial arteriography, bronchial artery embolization and bronchoscopy according to their condition. Rapid identification of the etiology and symptomatic treatment are critical to saving the lives of children.

Keywords: Massive hemoptysis, bronchial arterial embolization, pediatric

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ASPIRATION OF HORDEUM MURINUM: AN EXTREMELY RARE CASE REPORT

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Introduction

Foreign body aspirations, particularly in young children, are a critical emergency with a 2.5% mortality rate and significant comorbidities. Bronchoscopy is generally required for diagnosis and treatment, although some cases may necessitate thoracotomy. This report presents a rare case of Hordeum murinum aspiration observed in our clinic. Due to the plant's high tissue penetration capability, it was undetectable during bronchoscopy and required thoracotomy.

Case Presentation

A 10-month-old male patient was referred to our clinic with recurrent cough and sputum complaints. Initial examination revealed decreased breath sounds in the left lung. Bronchoscopy did not detect a foreign body. However, persistent clinical symptoms led to thoracic ultrasound and CT, which identified a foreign body in the lower lobe of the left lung, necessitating thoracotomy. During surgery, the foreign body was found between the diaphragm and the left lower lung lobe and was removed. The patient was discharged without complications after completing antibiotic therapy.

Conclusion

Foreign body aspiration is a significant cause of morbidity and mortality in children. Hordeum murinum, due to its high tissue penetration ability, can migrate from the bronchus to the pleura or skin, making it undetectable during bronchoscopy. Thus, in cases suspected of aspiration of this plant, more invasive diagnostic and therapeutic methods should be considered.

Keywords: foreign body aspiration, hordeum murinum, bronchoscopy, thoracotomy

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RARE VARIANTS OF URETHRAL DUPLICATION IN BOYS: CLINICAL CASES

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Objective: to present an examination algorithm and treatment tactics for patients with rare types of urethral duplication in boys

Materials and methods: patients with different types of urethral duplication are presented. Classification used is Effmann (1976) and Williams-Kenawi (1984).

Case №1. Patient of 11 years old. Complaints of urine leaking from the anus. When contrast is injected into the bladder (methylene blue), contrast is released in the perianal region.

Case №2. Patient of 8 months old, had an episode of acute paraproctitis that required emergency drainage, and after release from hospital suffered dysuria and unpleasant urine odor. During urethrocystography – contrast of the fistula passage.

Case №3. Patient of 17 years old, complaints of urine leakage from the accessory meatus on the dorsal surface of the penis, double jet injection.

Case №4. Patient of 13 years old, complaints of recurrent urinary tract infections, pyelonephritis. Both urethras shared common meatus on the ventral surface of the penis. The accessory urethra had the appearance of a blind diverticulum.

The diagnostic algorithm included: ultrasound of the urinary tract, excretory urography, microvascular cystourethrography, cystoscopy, MRI of the pelvic organs, rarely - CT of the pelvic organs, methylene blue sample, fistulography.

Results: the first two clinical observations are regarded as II2A Y-type of urethral doubling (Effmann), the third observation is type IIA 1 (Effmann 1976), the fourth is type III (Effmann 1976) or as incomplete doubling of the urethra by type of hypospadias (Williams-Kenawi). Surgical treatment in all cases consisted of radical extirpation of the doubled urethra with plastic correction.

Conclusions: duplication of urethra is a complex congenital anomaly with variable clinical manifestations, which can cause difficulties in making a diagnosis. We consider it important to publish rare clinical observations in order to gain clinical experience in the treatment of this pathology.

Keywords: urethral duplication, clinical cases, children

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LAPAROSCOPIC EXTRAVESICAL MANAGEMENT OF SINGLE-SYSTEM ECTOPIC URETERS IN CHILDREN: A CASE SERIES OF FOUR PATIENTS

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Background:
Single-system ectopic ureter (SSEU) is a rare urological anomaly, frequently misdiagnosed due to its subtle and nonspecific clinical presentation in children. Early and accurate diagnosis is essential to preserve renal function and prevent long-term complications. The laparoscopic extravesical ureteral reimplantation technique has emerged as a promising minimally invasive surgical option in pediatric urology.

Objective:

To evaluate the diagnostic challenges and surgical outcomes of laparoscopic extravesical management in four pediatric cases of single-system ectopic ureter.

Methods:

Between 2019 and 2025, four children (2 girls, 2 boys) aged between 9 months and 15 months were diagnosed with SSEU based on a combination of ultrasound, VCUG, MRU, and renal scintigraphy. All patients underwent laparoscopic extravesical ureteral reimplantation under general anesthesia. Operative time, intraoperative findings, postoperative complications, and follow-up data were analyzed.

Results:

All procedures were completed successfully without conversion to open surgery. The mean operative time was 250 minutes. No intraoperative complications were noted. Postoperative recovery was uneventful in all cases, with hospital discharge occurring within 48–72 hours. At 6 to 12 months of follow-up, all patients were continent, and renal function was preserved or improved. Imaging confirmed satisfactory positioning of the reimplanted ureters and resolution of hydronephrosis when present.

Conclusion:

Laparoscopic extravesical reimplantation is a safe, feasible, and effective technique for managing single-system ectopic ureters in children. It provides excellent functional outcomes with minimal morbidity. This case series highlights the importance of early diagnosis and supports the use of minimally invasive approaches in pediatric urologic surgery.

Keywords: Single-system ectopic ureter ,Pediatric urology , Laparoscopic ureteral reimplantation , Extravesical approach , Minimally invasive surgery, Congenital urinary tract anomalies , Renal preservation ,Diagnostic delay ,Case series

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"LAPAROSCOPIC REPAIR OF VESICOVAGINAL FISTULA IN A CHILD: A RARE PEDIATRIC CASE AND SURGICAL CHALLENGE"

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Background:

Congenital vesicovaginal fistula (VVF) is an extremely rare urogenital anomaly in pediatric patients, with few cases reported in the literature. It results from an embryological defect in the urogenital sinus or mesonephric duct development. Management requires a precise surgical technique that ensures complete closure while minimizing the risk of recurrence and preserving continence.

Case Presentation:

We report the case of an 8-year-old girl presenting with lifelong continuous urinary leakage since infancy, without any history of trauma, surgery, or infection. Physical examination and imaging—including ultrasound, voiding cystourethrogram, and cystoscopy—confirmed a congenital vesicovaginal fistula located at the posterior bladder wall, without any associated genitourinary anomalies.

Surgical Management:

The patient underwent laparoscopic transperitoneal fistula repair. Dissection was performed predominantly on the **vaginal side**, allowing precise identification and mobilization of the fistula tract. After complete excision of the tract, both bladder and vaginal walls were closed separately in two watertight layers using absorbable sutures. A **peritoneal flap was interposed** between the two suture lines to reduce the risk of recurrence. A transurethral Foley catheter and suprapubic catheter were left in place.

Outcome:

The postoperative course was uneventful. The catheters were removed on postoperative day 14. At 3- and 6-month follow-up, the patient remained fully continent, with normal voiding and no recurrence of leakage. Follow-up cystoscopy confirmed complete healing.

Conclusion:

Congenital vesicovaginal fistula is a rare but treatable condition in children. **Laparoscopic repair with vaginal-side dissection and peritoneal interposition** is a safe and effective approach, offering excellent visualization, minimal morbidity, and optimal long-term outcomes in pediatric patients.

Keywords: Congenital vesicovaginal fistula, Pediatric urology, Laparoscopic repair, Peritoneal interposition, Minimally invasive pediatric surgery, Urinary incontinence, Urogenital anomaly

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CASE OF THE MISSING LIVER

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Walter Sisulu University

Introduction

Developmental anomalies of the right hepatic lobe are exceedingly rare and are defined as a volume reduction or the absence of liver tissue of the right lobe without previous disease or surgery. Right liver lobe anomalies are typically incidental findings on ultrasound (US) or computed tomography (CT) while investigating other pathologies. As with other developmental anomalies, right liver lobe may be part of a spectrum of other associated abnormalities such as right diaphragmatic hernia, anomalous gallbladder or portal hypertension. We report a case of right hepatic lobe agenesis associated with portal hypertension.

Method

Case review

Results

Case presentation

3year old boy presented with progressive abdominal distention, passing normal stool and no haematemesis. He had a normal vaginal delivery with an uneventful neonatal period. No previous surgical history of note. On examination, he was anicteric, had a distended abdomen with no distended abdominal vein. He had a palpable splenomegaly and an associated reducible inguinal hernia. Haematological findings showed a HB 7.3g/dl with platelets 81, normal liver function. Negative TORCH screen on serology. US abdomen showed a massive splenomegaly with no caudate or right liver lobe and blind ending portal vein. Bowel loops were also noted in the right hemithorax suggesting a right diaphragmatic hernia. CT abdomen revealed a hypertrophied left liver lobe with a dilated portal vein with no filling defects, a non-dilated biliary system and no visualisation of the right liver lobe. A surveillance oesopho-gastroscope was performed which revealed grade 2 oesophageal varices. He is currently on propranolol.

Conclusion

With developmental anomalies of the right liver lobe, other associated anomalies must be actively investigated so that early management can be initiated

Keywords: Hepatic agenesis

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CONGENITAL BRONCHOBILIARY FISTULA IN AN INFANT: FIRST REPORTED CASE IN SUDAN

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Introduction:

Congenital bronchobiliary fistula (CBBF) is an extremely rare anomaly, first described in 1952. We report the first documented case in Sudan, highlighting diagnostic challenges and the significance of clinical suspicion in infants with bilious respiratory symptoms.

Case Presentation:

An 11-month-old female presented with a chronic cough productive of copious yellowish sputum since the neonatal period, initially misdiagnosed as pneumonia and pertussis. Despite multiple antibiotic regimens, symptoms continued. Key findings included yellow-stained sputum/tongue, respiratory distress, and MRCP demonstrating a 2–5 mm fistulous tract between the left hepatic lobe and right main bronchus. HIDA scan was negative. Laparotomy with intraoperative cholangiography confirmed the fistula, which was adequately ligated. Postoperative course went uneventfully with complete resolution of symptoms.

Conclusion:

CBBF needs high clinical suspicion, specially in infants with bilious sputum and refractory respiratory symptoms. MRCP is critical for diagnosis when conventional tests (e.g., HIDA scan) are inconclusive. The definitive treatment remains surgical repair. This case emphasizes the need for awareness of rare anomalies in differential diagnoses to avoid delayed management.

Conflict of Interest:

The authors declare no conflict of interest.

Keywords: Congenital bronchobiliary fistula, bilious sputum, neonatal respiratory distress, MRCP diagnosis, surgical ligation

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GASTRIC PNEUMATOSIS: AN UNUSUAL COMPLICATION OF NONINVASIVE VENTILATION

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Introduction: Gastric pneumatosis (GP) is a rare clinical entity, particularly in neonates. It may result from various underlying conditions such as neonatal sepsis, gastritis, pyloric stenosis, gastric involvement in necrotizing enterocolitis (NEC), malpositioned nasogastric tubes, and complications from non-invasive positive pressure ventilation. Prompt recognition and management of the underlying etiology are critical for optimal outcomes. This study aimed to highlight gastric pneumatosis as an important differential diagnosis in cases of suspected pneumoperitoneum

Case report: We report the case of a preterm neonate who developed acute respiratory distress syndrome within 10 minutes of birth, necessitating both invasive and non-invasive mechanical ventilation, and admission to the neonatal intensive care unit. During hospitalization, the patient developed progressive abdominal distension, which led to reintubation. An abdominal radiograph revealed significant pneumoperitoneum, raising concern for gastrointestinal perforation. However, exploratory laparotomy revealed isolated gastric pneumatosis without evidence of perforation.

Conclusion:

Gastric pneumatosis is an uncommon form of pneumatosis intestinalis and can mimic pneumoperitoneum on radiographs. A lateral abdominal X-ray can aid in differentiating between true pneumoperitoneum and gastric wall gas. Multidisciplinary evaluation and conservative management can lead to favorable outcomes.

Keywords: Gastric pneumatosis, Neonate, Noninvasive ventilation, Abdominal distension

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SURGICAL MANAGEMENT OF COMPLEX PEDIATRIC HERNIAS: WHEN TO CONSIDER MESH REINFORCEMENT?

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Introdution:

Inguinal hernia repair in children is classically performed without mesh, given their growth potential and lower recurrence rates compared to adults. However, in complex or recurrent cases, standard approaches may fail, raising the question of mesh reinforcement. We report two cases illustrating the role of Vicryl mesh in pediatric inguinal wall reconstruction.

Cases' presentation:

The first case involved a 9-year-old albino boy with bilateral inguinal hernias. Initially operated at age 5 due to painful, disabling symptoms, he experienced four early recurrences (within 2 to 4 weeks postoperatively), despite multiple high sac ligations combined with muscular and ligamentous reconstruction, all performed without mesh. Given the repeated failures, mesh reinforcement using Vicryl mesh, inspired by the Lichtenstein technique, was performed. At one-year follow-up, no recurrence was observed. The second case concerned a child with metastatic nephroblastoma (testis and inguinal lymph nodes). During surgery for inguinal tumoral recurrence, the tumor was found extending into the peritoneal cavity and infiltrating the anterior aponeurosis of the external oblique muscle. An oncologic en-bloc resection, including the involved aponeurosis, was necessary. Abdominal wall reconstruction was achieved using a Vicryl mesh. Postoperative recovery was uneventful, with no eventration after one month, and the abdominal wall remained structurally solid. A third patient, with hydrocephalus and a ventriculo-peritoneal shunt, presented with large bilateral inguinal hernias recurrent after standard repair. Mesh placement was planned, but the patient died before the procedure.

Conclusion:

These cases highlight that Vicryl mesh can be a valuable option in selected pediatric patients with complex inguinal hernias or large abdominal wall defects, providing effective reinforcement without immediate complications. Longer follow-up and broader studies remain necessary to evaluate long-term outcomes and safety of mesh use in children.

Keywords: Pediatric inguinal hernia, Vicryl mesh, Recurrent hernia repair, Abdominal wall reconstruction

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PELVIC CYST OR MULLERIAN ANOMALY? A CHALLENGING DIAGNOSIS IN THE PREPUBERTAL PERIOD

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Introduction

Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome is a rare condition within the spectrum of Müllerian anomalies. Most cases present after puberty with cyclic pelvic pain or dyspareunia. However, with the increased use of detailed antenatal ultrasonographic (USG) evaluations, prepubertal diagnoses have become more frequent. Despite this, reported infant cases remain limited, and no gold standard surgical approach has been defined for this age group.

Case Report

A9-month-old girl with antenatally diagnosed right renal agenesis was referred due to a cystic mass compressing the rectum on postnatal USG. Abdominal and external genital exams were normal. In lithotomy position, rectal examination revealed a mass on the anterior wall. USG showed a 38×39 mm cystic lesion posterior to the bladder. Pelvic MRI revealed a well-defined, purely cystic, non-enhancing 60×50×40 mm lesion in the presacral area, displacing the rectum posteriorly and bladder anteriorly. The uterus appeared normal. Tailgut cyst and cystic sacrococcygeal teratoma were considered. Laboratory results were unremarkable. Due to progressive fluid accumulation, laparotomy revealed a cystic structure inseparable from the vagina and a uterus didelphys. The cyst was marsupialized to the abdominal wall. Fluoroscopy via a catheter inserted into the vaginal introitus revealed a separate second vaginal canal, confirming OHVIRA diagnosis. In a second session, the vaginal septum was excised with electrocautery, uniting both hemivaginas. Postoperative USG was normal.

Conclusion

Although OHVIRA syndrome occurs in 0.1–3.8% of cases, prepubertal diagnosis is rare. Maternal estrogen-induced vaginal secretions may cause obstructive symptoms in infancy. OHVIRA should be considered in the differential diagnosis of pelvic cystic masses. Conservative surgery involving vaginal septum excision relieves symptoms and prevents long-term complications (e.g., endometriosis, infections, infertility). In uncertain intraoperative diagnoses, a tissue-sparing approach followed by definitive surgery after further evaluation is a safe option.

Keywords: OHVIRA syndrome, obstructed hemivagina, renal agenesis, infant diagnosis, pelvic cyst, prepubertal gynecology.

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NON-ISCHEMIC PRIAPISM IN PEDIATRICS: A RARE CASE MANAGED WITH SELECTIVE EMBOLIZATION

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Introduction:

Priapism in children is a rare urological emergency, classifiable as ischemic, non-ischemic (arterial), or stuttering. Non-ischemic priapism is particularly uncommon in the pediatric population and typically follows perineal trauma. Its management remains non-consensual due to the scarcity of cases. We report a case of post-traumatic non-ischemic priapism in an 11-year-old boy and propose a diagnostic and therapeutic approach.

Case Presentation:

An 11-year-old boy, with no significant medical history, presented with priapism evolving for 48 hours following minor perineal trauma. Clinical examination revealed a painless, semi-rigid erection with a soft glans and normal penile skin coloration. Laboratory studies, including complete blood count and coagulation profile, were normal. Cavernosal blood gas analysis demonstrated a pH of 7.52 and oxygen saturation of 100%, consistent with non-ischemic priapism. Color Doppler ultrasound confirmed increased arterial inflow and identified two arterio-cavernosal fistulae within the proximal left and right corpus cavernosum. Conservative measures, including cavernosal aspiration, intracavernosal norepinephrine injection, direct fistula compression, local cooling, and bed rest over four days, resulted in only partial detumescence. Definitive management with bilateral selective embolization of the internal pudendal arteries achieved complete resolution. At 3-month follow-up, no recurrence was observed.

Conclusion:

Non-ischemic priapism in children is a rare entity that does not require urgent invasive intervention. Conservative management should be prioritized initially, while embolization offers an effective treatment in persistent cases. Further prospective studies are necessary to establish standardized guidelines regarding the optimal timing for intervention and the role of early embolization.

Keywords: Non-Ischemic Priapism, Pediatric Urology, Embolization, Conservative Management, Urological Emergency

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A COLORECTAL ENIGMA: RARE COMBINATION OF ANAL STENOSIS, HIRSCHSPRUNG DISEASE AND PRESACRAL TAILGUT CYST

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Introduction

Association between anorectal malformation and Hirschsprung disease (HD) is rare; anal stenosis (AS) has incidence <1%, with excellent functional prognosis when adequate anal caliber is ensured. We present a case of bowel obstruction in which AS with presacral mass initially hindered the HD diagnosis.

Case presentation

A 20-day-old male presented to emergency department with bowel obstruction. Born at term (weight 3365 g) with normal spontaneous emission of meconium, he subsequently had been passing minimal stools with failure to thrive and abdominal distension. He was admitted and underwent evaluation of perineum (EOP) diagnosing AS needing dilations (from 3 to 9mm Hegar) and laparotomy, noting homogeneous intestinal dilation without further mechanical obstructions. MRI demonstrated a presacral mass. A month later, patient again required EOP due to severe bowel obstruction, highlighting persistent AS requiring dilations up to 10mm and copious transanal irrigation. Laparotomy was performed again: transition zone at proximal sigmoid was detected, thus requiring colonic mapping and ileostomy. Histology showed HD in specimens distal to middle sigmoid. Reconstructive surgery for classical HD was performed with laparotomy, aganglionic tract mobilization, resection of presacral mass, coccygectomy; for perineal stage, an innovative technique was implemented by intussuscepting the aganglionic tract into the anus and performing extracorporeal Swenson dissection. Histology confirmed HD on resected sigmoid and ganglia on descending colon, diagnosing tailgut cyst for presacral mass. At 8 months, AS was addressed with Heinecke-Mikulicz strictureplasty obtaining 14mm calibre, which remained stable; stoma was then reversed. Subsequently, patient underwent intrasphincteric botulinum injection for mild obstructive symptoms. At outpatient clinic, patient demonstrated regular bowel actions and appropriate weight gain.

Conclusion

This case highlights the complexity of managing combined colorectal anomalies. We believe that a stepwise, individualized approach guided by detailed anatomical assessment is critical in planning and executing appropriate surgeries aiming at optimal long-term outcomes.

Keywords: Hirschsprung disease, anal stenosis, presacral mass, tailgut cyst

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RISK FACTORS OF CAUSTIC AGENT INGESTION IN CHILDREN REFERRED TO MOFID CHILDREN'S HOSPITAL IN TEHRAN

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Background: Despite efforts to minimise accidental exposure to chemical substances, caustic ingestion in children remains a significant medical issue. The aim of this study was to identify factors associated with caustic agent ingestion in children.

Method: This case-control study was conducted among 123 children (under 18 years of age). Cases were children with caustic substance ingestion (n=57) referred between 2016 and 2022 to Mofid Children's Hospital. The controls were a random sample of children hospitalised for reasons other than oesophageal burns (n=68). Socio-demographic variables were assessed using a validated checklist. Statistical analysis was performed using SPSS version 25.

Results: The median age of cases was 29.5 months (IQR: 20.75–48 months), and 40.7% of cases were girls. The most common age for these accidents was between one and five years. The parent's education level in both groups was predominantly diploma or below. Family income in 44.9% of cases and 60.3% of controls ranged between 10 and 30 million Iranian Rials (IRR). Acidic agents were ingested in 57.4% of cases; 76.3% of incidents occurred in the child's home. In 90.2% of cases, parents were present at the time of the accident. Child-resistant safety caps were absent in 92.5% of cases, and in 60.4% of cases, the caustic agents were stored in their original containers.

Conclusion: The incidence of accidental caustic agent ingestion was higher in children under five years old and more common in boys. Additionally, the ingestion of acidic substances was more frequent than alkaline substances. Prevention protocols, strict regulations, and educational programmes are recommended to reduce the occurrence of this devastating issue.

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THE ENIGMA OF PEDIATRIC DISTAL ESOPHAGEAL PERFORATIONS: A CASE SERIES

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Introduction: Pediatric distal esophageal perforation has high morbidity and its management depends on prompt diagnosis, patient's hemodynamic stability and nutritional status.

Methods: Through four patients of distal esophageal perforations, this study highlights its varied aetiology and management options.

Results: Four cases were observed - a 7 year old with caustic ingestion, 8 year old with penetrating trauma, 11 year old with iatrogenic trauma and 25 day old child with hiatal hernia induced ischemia. The older children had perforations at 2-3 cm from gastroesophageal junction (GEJ) and in neonate at GEJ itself. In the first case, the child developed pneumothorax post caustic ingestion requiring intercostal drainage (ICD) .The patient also underwent delayed failed Video Assisted Thoracic Surgery. The second child had lower thoracoabdominal trauma, for which a negative laparotomy with ICD insertion was done. On feed extravasation, Self Expanding Metallic Stent placement and a feeding jejunostomy was done. The stent however migrated into the stomach. The third child had empyema for which repeated ICD insertions were done followed by food extravasation through it . All patients presented to our institute with malnutrition and empyema, initially managed with total parenteral nutrition and ICD drainage. To avoid chest adhesions, laparotomy with hiatal exploration was done with creation of gastrostomy and feeding jejunostomy. Fundoplication was also done in the first child. Postoperatively, all three patients had decreased ICD leaks and were afebrile with positive weight gain. The fourth case involved a neonate undergoing surgery for hiatal hernia where an ischemic perforation at GEJ was found and repaired, followed by uneventful initiation of feeds on postoperative day 5.

Conclusion: Delayed diagnosis of esophageal perforations impacts the nutritional status of the patient. In infected cases, establishing distal feeding and performing fundoplication are crucial to prevent gastric reflux and further nutritional decline. Multidisciplinary approaches involving surgical interventions and nutritional support are essential for successful outcomes and patient recovery.

Keywords: Pediatric, distal esophageal perforation

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NINE MONTHS WITH A PIN: THORACOTOMY AFTER REPEATED BRONCHOSCOPIC FAILURES IN A 16-YEAR-OLD WITH HIJAB SYNDROME - A CASE REPORT

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Objective: Inhalation of sharp foreign bodies, such as pins, is typically managed with bronchoscopic procedures. However, failure of endoscopic retrieval presents a significant clinical challenge. This case highlights a surgical approach in the context of unsuccessful bronchoscopies.

Case Report: A 16-year-old girl presented after accidentally inhaling a pin. Multiple bronchoscopic attempts failed to retrieve the foreign body, which was lodged in the middle lobe of the right lung. Definitive management was achieved via thoracotomy.

Conclusion: This case emphasizes the importance of timely escalation to surgical intervention when bronchoscopic retrieval fails. We discuss the rationale for surgical removal of retained sharp foreign bodies and propose criteria for transitioning from endoscopic to open surgical management. These insights are crucial for guiding multidisciplinary teams and effectively communicating the treatment plan to patients and families.

Keywords: Foreign Body Aspiration, Bronchoscopy, Thoracotomy, Hijab Syndrome, Sharp Object Inhalation

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POSTOPERATIVE INTESTINAL OBSTRUCTION DUE TO MORGAGNI HERNIA IN A KNOWN CASE OF ANORECTAL MALFORMATION IN A DOWN'S SYNDROME INFANT: A RARE PRESENTATION

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Introduction: Morgagni hernia is a rare form of congenital diaphragmatic hernia, accounting for approximately 1–5% of cases. While often asymptomatic and discovered incidentally, its prevalence is higher in individuals with Down's syndrome. Postoperative presentation leading to intestinal obstruction is exceptionally uncommon.

Case Presentation: An 8-month-old male infant with Down's syndrome was referred from Afghanistan for definitive surgical management of imperforate anus. He had previously undergone a sigmoid colostomy for a pouch colon during neonatal period. Preoperative imaging and echocardiography were unremarkable. The patient underwent exploratory laparotomy, pouch colon resection, ileostomy formation, and posterior sagittal anorectoplasty. The immediate postoperative course was uneventful; however, on the second postoperative day, he developed significant abdominal distension , tachypnea and increased nasogastric output. Radiographs indicated herniated bowel loops in chest. Conservative management failed to resolve the obstruction, necessitating reoperation. Intraoperatively, viable small bowel loops were found herniating through an anterior diaphragmatic defect consistent with a Morgagni hernia. The hernia was reduced, and the defect was repaired.

Discussion: This case highlights an atypical presentation of Morgagni hernia, undetected on initial imaging and becoming symptomatic only after major abdominal surgery. The delayed manifestation may be attributed to postoperative anatomical shifts and the inherent connective tissue fragility associated with Down's syndrome. Similar cases have been reported following cardiac or neurosurgical interventions, suggesting that surgical manipulation can unmask previously subclinical defects.In summary we have presented an unusual presentation of a Morgagni hernia manifesting as postoperative acute intestinal obstruction a patient of Down's syndrome.

Keywords: Keywords: Morgagni hernia, Down's syndrome, Anorectal malformation, Intestinal obstruction, Pediatric surgery, Diaphragmatic hernia

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THE DIAGNOSTIC DETOUR: BLADDER DIVERTICULUM MASQUERADING AS PELVIC INFLAMMATORY DISEASE (PID) IN AN ADOLESCENT GIRL- A CASE REPORT AND LITERATURE REVIEW

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Background:

Bladder diverticulum is a rare urological anomaly in children, often asymptomatic or presenting with non-specific urinary symptoms. It is especially uncommon in adolescent females and may mimic other conditions, such as pelvic inflammatory disease (PID), leading to misdiagnosis and delayed treatment.

Case Presentation:

We report the case of a 13-year-old girl with a long-standing history of recurrent hospital visits for urinary-related complaints, including lower abdominal discomfort. She was admitted with fever and persistent suprapubic pain and initially treated empirically for PID, despite the absence of sexual activity. Routine investigations showed elevated inflammatory markers, but pelvic ultrasound and CT scan were unremarkable. After partial symptom improvement on intravenous antibiotics, persistent pelvic pain prompted referral to the paediatric and adolescent gynaecology team. A repeat pelvic ultrasound performed before and after bladder emptying revealed an 8.2 x 4.3 cm cystic lesion posterior to the bladder, which disappeared post-void, consistent with a bladder diverticulum. This finding had been previously missed due to imaging not being timed with bladder filling. The diagnosis was revised, and the patient was referred to urology for further evaluation with CT urogram and cystoscopy.

Conclusion:

This case illustrates how bladder diverticulum may be overlooked in adolescents, particularly when presenting with non-specific pelvic pain. A detailed clinical history of recurrent urinary symptoms and appropriate imaging, ideally with a full and post-void bladder are essential for accurate diagnosis. A multidisciplinary approach ensures timely intervention and avoids mislabeling young patients with inappropriate diagnoses such as PID.

Keywords: Bladder diverticulum, adolescent, pelvic pain, ultrasound, urinary symptoms, pelvic inflammatory disease mimic, case report.

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MULTIDISCIPLINARY MANAGEMENT OF EXTENSIVE FLAME BURNS IN A PEDIATRIC PATIENT: A CASE REPORT

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Introduction

Severe thermal injuries involving a high percentage of total body surface area (TBSA) in children are associated with significant morbidity and mortality. These cases require rapid resuscitation, complex surgical strategies, and long-term rehabilitation to optimize outcomes.

Case Presentation

We report the case of a 13 year old male admitted in critical condition with 55% TBSA (deep partial- and full-thickness), sustained following a flame injury. Affected regions included the thorax, abdomen, upper and lower extremities, and gluteal areas. The patient underwent immediate airway stabilization, mechanical ventilation, fluid resuscitation, and initiation of broad-spectrum antibiotics. Circumferential injuries to the limbs necessitated urgent fasciotomies to preserve distal perfusion. Serial necrectomies were performed, followed by staged allogeneic and autologous skin grafting. Limited donor site availability necessitated the repeated use of previously harvested areas. Postoperative management was complicated by massive fluid shifts, anemia requiring transfusions, and pleural effusion requiring thoracic drainage. To enhance epithelialization and manage chronic wound areas, platelet-rich fibrin (PRF) membranes and subdermal injections of autologous plasma were employed. Intensive rehabilitation included early mobilization, physiotherapy, and orthotic use. At four months post-injury, the patient demonstrated improved functional capacity despite persistent flexion contractures, hypertrophic/keloid scarring, and gait disturbances.

Conclusion

This case highlights the critical role of early surgical intervention, creative grafting strategies, and interdisciplinary care in the management of extensive pediatric burns. Adjunctive regenerative techniques such as PRF and autologous plasma therapy may be beneficial in managing difficult-to-heal wounds when donor sites are limited. Long-term rehabilitation remains essential for functional recovery and reintegration.

Keywords: flame burns, total burn surface area, autodermoplasty, skin grafts, platelet-rich fibrin, plasma

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LATE-ONSET ISOLATED SCROTAL CYST AND TESTICULAR GERM CELL APLASIA FOLLOWING ORCHIOPEXY: A CASE REPORT

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Introduction:
The concurrent occurrence of late-onset, testis-independent scrotal cystic lesions and germ cell aplasia after orchiopexy is an extremely rare condition.

Case Presentation:

A 15-year-old male patient had previously undergone surgery for bilateral undescended testes seven years earlier and for recurrent right undescended testis six years ago. In 2025, he developed a cystic lesion approximately 2 cm in diameter in the right scrotal region. The lesion was initially drained at an outside center but subsequently recurred. A 3×2×2 cm cyst was completely excised, and a testicular biopsy was performed. Histopathological examination revealed that the cystic structure was consistent with a hydrocele, while the biopsy from the testis demonstrated features consistent with germ cell aplasia (Sertoli cell-only syndrome).

Conclusion:

This case is notable for the coexistence of an isolated scrotal cyst and testicular germ cell aplasia in a patient with a history of bilateral and recurrent undescended testis surgery. It highlights the importance of long-term follow-up in patients with cryptorchidism and suggests that recurrent scrotal cystic lesions may be associated with underlying testicular dysgenesis.

Keywords: scrotal cystic lesions, germ cell aplasia

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A CASE OF TYPE 2A-Y URETHRAL DUPLICATION MIMICKING PERIANAL FISTULA

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Introduction:

Urethral duplication is a rare clinical condition. In type 2A-Y duplications, the open part of the penile urethra that opens to the perineum is rudimentary is very rare and less than 40 cases have been reported in the literature.

Case Presentation:

A male case of Syrian origin, aged eight years. He applied to our clinic with a complaint of discharge from a hole next to the anus. It was learned from the anamnesis that the family noticed this condition when he was 2 years old and that the clinics they applied to recommended surgery with the diagnosis of anal fistula, but the family did not accept it. The patient applied to our clinic because his complaints increased over the years. On physical examination a fistula mouth was detected in the lithotomy position at 01 o'clock in the region close to the anus. Fistulography was performed. In fistulography, it was determined that the fistula tract went to the bladder neck and there was retrograde opaque material passing into the bladder. Penil urethra was normal calibration Thereupon, it was diagnosed as a rare type of urethral fistula, Type IIA-Y urethral fistula. Surgical treatment was planned for the case. Cystoscopy was performed first in the operation. Although the apparent fistula mouth was not seen, abnormal tissue thickening was seen on the posterolateral surface of the posterior urethra. When methylene blue was injected from the fistula, it was determined that the methylene blue filled the bladder from this area. The bladder was catheterized with 10 Fr silicone foley. Following the suspension sutures placed at the fistula mouth, the duplicated urethra was released without disrupting its integrity. And the duplicated urethra was excised by tying it with silk sutures.

Conclusion:

Type 2A-Y urethral duplication fistula cases in which the penile urethra is normal are very rare. Perineal fistula mouths may open outside the midline around the anus. This may cause false diagnosis. Treatment is simpler than other Type 2A-Y and excision of the fistula is sufficient.

Keywords: Urethra, duplication, urethral duplication, treatment, diagnosis

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A NEW SURGICAL TECHNIQUE: URETEROCYSTOPLASTY WITH A VASCULAR PEDICLED URETERAL SEGMENT IN A SINGLE SYSTEM MEGAURETER

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3-day-old baby girl. She was referred to the neonatal unit from an external center with a diagnosis of renal failure. Emergency ultrasonographic examination revealed multicystic dysplastic kidney on the right and hydroureteronephrosis on the left. Bladder was very small. A left percutaneous nephrostomy catheter was placed. Creatinine level decreased to 0.35-0.52 mgr/dl in the patient by nephrostomy. Left ureterocutaneostomy was performed at the 3rd month of age. Although the bladder was exercised with regular daily bladder flushes to increase the bladder volume in the patient, no improvement was achieved. Antireflux operation was planned after bladder capacity increase by anastamosis of the ureter to the bladder.

Surgical Technique: For this purpose, the bladder was explored by Phannensteil incision. The ureter was freed from the left ureterocutaneostomy area. However, when the anatomical structure of the ureter was examined in detail, it was seen that the artery structure leading to the tip and the returning vein structure were very suitable for flap preparation from the tip. The vascular structure of the 5-6 cm ureter at the tip was preserved and a vascular ureter flap was created by separating it from the dilated ureter. The ureter with normal circulation was opened and a detubularized ureter segment was created. Then, the bladder was opened on the midline and the ureter was sutured to the bladder and ureterocystoplasty was performed. Then, dilated ureter was tapering by preserving the vascular pedicle. Ureteroneocystostomy was performed by extravesical approach. The 8 Fr feeding tube catheter placed in the ureter was withdrawn 15 days postop. No postop problem was experienced.

Conclusion: In the follow-up, it was found that the frequency of voiding gradually decreased and urine retention was comfortable for at least 4 hours. We concluded that ureterocystoplasty with this technique in appropriate ureters can be performed.

Keywords: Bladder augmentation, ureterocystoplasty, surgical tecnique

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PEDIATRIC PSEUDO-MEIGS' SYNDROME SECONDARY TO A SERTOLI-LEYDIG CELL TUMOR WITH ELEVATED CANCER ANTIGEN 125 AND ALPHA-FETOPROTEIN: A CASE REPORT

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Introduction: Pseudo-Meigs' syndrome is described as the triad of a pleural effusion, ascites, and pelvic or abdominal tumor that is not an ovarian fibroma or thecoma. To our knowledge, this is the first reported pediatric case of pseudo-Meigs' syndrome secondary to a Sertoli-Leydig cell tumor (SLCT).

Case Presentation: A 12-year-old female with a past medical history of asthma and obesity (body mass index of 37) presented to the emergency department with complaints of abdominal pain, loss of appetite, irregular menses, and shortness of breath for one month. An abdominal ultrasound was obtained which showed a very large echoic heterogeneous structure involving the entire abdomen and moderate perihepatic and pelvic ascites. Computed Tomography (CT) imaging showed a large right pleural effusion with collapse of the right lower lobe, partial collapse of the right middle and upper lobes, and a 21.6x21.3x14.6 cm complex cystic mass in the abdomen. Tumor markers were significant for an elevated Cancer Antigen-125 (CA-125) of 1,227 U/mL and alpha-fetoprotein (AFP) of 2,385 ng/mL. She subsequently underwent right pleural thoracentesis, right tube thoracostomy, exploratory-laparotomy, and left salpingo-oophorectomy. Surgical pathology was consistent with a poorly differentiated SLCT.

Conclusion: Pseudo-Meigs' syndrome secondary to a SLCT in an adolescent is an exceedingly rare diagnosis. Multidisciplinary care for these patients consisting of pediatric surgery, general pediatrics, and pediatric hematology/oncology services is critical for management.

Keywords: Pseudo-Meigs' syndrome, Sertoli-Leydig cell tumor, pleural effusion, abdominal pain, ascites, case report

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NOVEL USE OF A BILIARY STENT FOR REFRACTORY ESOPHAGEAL STRICTURE FOLLOWING ESOPHAGEAL ATRESIA REPAIR- A CASE STUDY

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Abstract

Background:

Esophageal stricture is a common and challenging complication following esophageal atresia (EA) repair, particularly in low-birth-weight premature neonates. Serial esophageal dilations are the primary treatment; however, refractory strictures often necessitate alternative management approaches.

Case Presentation:

We report the case of a 1.7 kg male neonate born at 33 weeks of gestation with type C EA and a significant gap between atretic segments. Post-surgical repair with tensioned anastomosis was complicated by prolonged ventilation due to pulmonary atelectasis and pneumonia. The infant developed a tight anastomotic stricture, requiring feeding gastrostomy and multiple esophageal dilations, which were hindered by recurrent infections and airway reactivity.

To manage the refractory stricture, a 4 cm fully covered biliary stent was endoscopically placed. Although initial symptom relief was achieved, the stent migrated distally, necessitating removal. Following stent removal, the patient progressively tolerated oral feeding and required only two additional dilations over the next year, ultimately thriving on a weaning diet.

Discussion:

The use of biliary stents in pediatric esophageal strictures offers a novel approach to address refractory cases, providing constant radial pressure to maintain luminal patency and minimize the need for repeated interventions. While commonly used in adults, their application in children remains limited due to the lack of pediatric-specific stents.

Conclusion:

This case highlights the successful use of a biliary stent as an alternative for refractory esophageal stricture in a neonate, demonstrating its potential to reduce the frequency of dilations and improve outcomes. Further research is warranted to establish standardized protocols and long-term efficacy of biliary stents in pediatric patients.

Keywords: esophageal stricture, biliary stent, esophageal atresia repair

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HERNIATION FROM ANTEROLATERAL DIAPHRAGMATIC DEFECT AND ITS ACCOMPANYING DEXTROCARDIA: A NEW TYPE OF DIAPHRAGMATIC HERNIA, OPPOSITE OF BOCHDALEK

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Introduction: Anterolateral diaphragmatic hernia developing from a defect in the pars costalis part of the septum transversum has been reported very rarely. Here, it is aimed to draw attention to the association of anterolateral congenital diaphragmatic hernia (CDH) and dextrocardia by presenting three very rare cases.

Cases presentation: 1.Case-Male born at 38th-week to a-38-year-old mother with prenatal diagnosis of bilateral central CDH, 22p11 deletion and double-outlet right ventricle with dextrocardia. He was intubated at birth, underwent bilateral CDH repair on postnatal-day-3, but died on the 12th postoperative day due to severe pulmonary hypoplasia.

2. Case- A-male born to a-34-year-old mother at 37-week of gestation with suspected prenatal left CDH/ Diaphragmatic Eventration had spontaneous recovery from initial respiratory distress. Echocardiography revealed dextrocardia, patent foramen ovale and patent ductus arteriosus. He was discharged on the 4th day. Two-mount-later, stomach and intestinal gases were seen in the left hemithorax on X-ray. The left anterolateral hernia was repaired.

3. Case-Female born at 39th-week to a 26-year-old mother with prenatal left CDH diagnosisn was intubated due to respiratory distress at birth. Echocardiogram revealed dextrocardia, patent foramen ovale and ductus arteriosus. Left anterolateral CDH was repaired on postnatal-day-5.

Suspicion of dextroposition/dextrocardia was confirmed as dextrocardia by postnatal-echocardiography. Preliminary diagnosis was Bochdalek hernia, but during the operation anterolateral diaphragmatic defect were determined along anterolateral costal margins from the sternum. The left lobe of the liver, stomach, spleen and small intestines were herniated into the thorax in a-sac. The hernia sacs were removed and primary repair was performed. The first-case died at 15-day-old, and the other-two had uneventful follow-ups for two years.

Conclusion: Mediastinal shift and dextroposition are expected conditions in CDH. It should be kept in mind that the presence of dextrocardia may indicate anterolateral CDH.

Keywords: Central, Congenital Diaphragmatic Hernia, Dextrocardia, Cardiac Abnormalities

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ENDOSCOPIC DRAINAGE FOR ESOPHAGEAL SUBMUCOSAL ABSCESS

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Introduction

To explore the safety and efficacy of endoscopic examination and treatment of esophageal submucosal abscess.

Case Reports

Case 1, an 11-year-old boy, was admitted to our hospital with fever and sore throat for more than a week and progressive dyspnea for more than a day. He had suspicious history of esophageal foreign body incarceration. Hematological investigations showed abnormally high white blood cell count and C-reactive protein levels. Contrast-enhanced computed tomography showed a low-density area with enhancement in the mediastinum, especially around the esophageal wall. Endoscopy was performed that revealed a laceration in the esophageal mucosa 14 cm from the incisors. No foreign bodies were detected in the esophagus. Considering the large abscess cavity, it was drained by endoscopic mucosal incision and a negative-pressure drainage tube. The tracheal intubation was removed on the 1st day after operation. The drainage tube in the abscess cavity was removed on postoperative day 20, and oral feeding resumed on postoperative day 23.

Case 2, a 7-year-old boy, was admitted to our hospital because of intermittent fever for 8 days and labored breathing for 2 days. He did not remember swallowing a foreign body. Hematological investigations showed similar changes to case1. Enhanced CT demonstrated suspected double-barreled esophagus sign. Esophagography revealed that water soluble contrast agent reached the mediastinum without no diffusion. Endoscopy revealed a laceration in the lower esophageal mucosa and no foreign bodies. The submucosal abscess was drained by endoscopic mucosal incision. Oral intake was started on postoperative day 2.

Both patients were discharged without any complications.

Conclusion

It is relatively difficult to diagnose esophageal submucosal abscess, but the symptoms are dangerous and develop rapidly. Endoscopic examination facilitates timely diagnosis and intervention. Endoscopic mucosal incision combined with drainage of abscess cavity is feasible and less-invasive for the treatment.

Keywords: Endoscopic Drainage, esophageal submucosal abscess

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CONGENITAL RIB ABSENCE WITH LIVER HERNIATION: A CASE REPORT

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Introduction: Congenital intercostal liver herniation is an extremely rare condition. Only a few cases have been reported, and most of them have been associated with Poland syndrome.

Case Presentation: We report a case of congenital intercostal liver herniation secondary to the congenital absence of ribs—an 11-day-old female neonate presented with a right lower chest bulge since birth. Chest examination revealed a 4 x 5 cm round mass in the right lower anterolateral chest, with absent ribs. The diagnosis was made through clinical examination and confirmed with three-dimensional computed tomography (3D-CT) reconstruction imaging. The patient is currently on conservative management and doing well.

Conclusion: Congenital intercostal liver herniation with absent ribs is an extremely rare condition and can be managed conservatively in most cases. We recommend 3D-CT reconstruction as an effective complementary tool to confirm the absence of multiple ribs.

Keywords: Case Report, absent ribs, intercostal liver hernia

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UNUSUAL CAUSES OF PNEUMOPERITONEUM IN ADOLESCENTS: THINK GASTRIC ULCER!

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Background

Gastric ulcer is a rare condition in the pediatric population, and its perforation is even more uncommon. It often mimics other causes of acute abdomen, which can delay diagnosis. Here, we report two cases of gastric perforation in previously healthy adolescents, each presenting with different clinical features but sharing the same underlying pathology.

Case Presentations

Case 1: A 13-year-old boy presented with acute epigastric pain and vomiting, following a one-month history of ulcer-like symptoms. He was hemodynamically stable with localized epigastric tenderness. Chest X-ray revealed bilateral pneumoperitoneum. Diagnostic laparoscopy revealed a 0.5 cm prepyloric anterior perforation, which was sutured after biopsy. The postoperative course was uneventful. The patient was discharged under Helicobacter pylori eradication therapy.

Case 2: Another 13-year-old boy presented with generalized abdominal pain, vomiting, and signs of hypovolemic shock. On examination, he had diffuse peritonitis. Abdominal radiography showed free air. After resuscitation, laparoscopy revealed purulent peritonitis without an evident source. Conversion to laparotomy identified a small perforation on the greater curvature of the stomach. The ulcer was sutured and biopsied. The patient recovered well and was discharged on quadruple anti-H. pylori therapy. Histopathological analysis confirmed ulceration in both cases.

Conclusion

Gastric ulcer perforation in adolescents may present different clinical features with variable severity. While rare, it should be considered in the differential diagnosis of acute abdomen. Prompt imaging, surgical management, and targeted medical treatment are key to achieving favorable outcomes.

Keywords: gastric, ulcer, pneumoperitoneum

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A RARE CASE REPORT OF NEONATAL IMMATURE ADRENAL TERATOMA

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Introduction:

Adrenal teratomas are rare tumors that occur sporadically in the neonatal period, with most reported cases being mature teratomas. Immature variants are even less common and carry higher risks of recurrence and malignant transformation. To date, only one case of a perinatally diagnosed neonatal immature adrenal teratoma has been documented in the English literature. In this study, we aim to present the second reported case.

Case Report:

We present the case of a female neonate born at term with normal antenatal imaging findings. A right adrenal mass was incidentally detected on routine postnatal ultrasonography. Further imaging revealed a heterogeneous, predominantly cystic lesion with calcifications and mass effect on adjacent structures. Tumor markers, including alpha-fetoprotein (AFP), were within age-appropriate reference ranges. Surgical resection was performed at two months of age. Intraoperatively, a large adrenal mass displacing nearby organs was completely excised without complications. Histopathological examination confirmed a Grade 2–3 immature teratoma. The patient was scheduled for follow-up every three months by a multidisciplinary tumor board, including clinical, radiological, and biochemical surveillance. The patient is currently at the 6th postoperative month, with no evidence of recurrence during follow-up.

Conclusion:

This case represents the second reported neonatal immature adrenal teratoma and highlights the diagnostic challenges associated with such rare tumors. It underscores the importance of including adrenal teratomas in the differential diagnosis of perinatal suprarenal masses, particularly those that fail to regress.

Keywords: Neonatal adrenal teratoma, Adrenal germ cell tumor, Immature teratoma

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SIDE-TO-SIDE LENO-RENAL SHUNT (MITRA SHUNT) IN MANAGEMENT OF EHPVO: A SINGLE CENTRE EXPERIENCE

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Introduction:

Extrahepatic portal vein obstruction (EHPVO) is the commonest cause of portal hypertension presenting with gastrointestinal bleeding and splenomegaly in India. Endotherapy is the mainstay of treatment for acute variceal bleed control and has also been used extensively for secondary prophylaxis till variceal eradication is achieved. More than one major bleeding episode, hypersplenism, splenomegaly, presence of fundal varices, growth retardation, portal biliopathy are the main indications for shunt surgery.

Materials and Methods:

Patients under the age of 18 years operated for EHPVO who underwent side-to-side leno-renal shunt in the past 2 years were included in this study.

Results:

9 patients of EHPVO with age range of 2 – 18 years were managed at our centre in whom Mitra shunt done. The patients were evaluated with an ultrasound doppler of the hepato-biliary and portal system and with a CT Portogram for assessing anatomy. The splenic size was 10.5 to 16 cm (mean 13.4cm), splenic vein measured 4 – 9mm (mean 6.6mm) and left renal vein 4 – 12 mm (mean 7.1mm). A side-to-side leno-renal (Mitra) shunt was performed in all case of size range 8-15mm (mean – 11.6). The shunt was patent in all case at the time of discharge and follow up at 1 and 3 months.

Conclusion:

Leno-renal shunt surgery is an essential modality in the treatment of EHPVO. Side-to-side (Mitra) shunts is an ideal option for the surgical management of symptomatic portal hypertension in patients with small diameter splenic vein.

Keywords: Portal vein obstruction, hypersplenism, Mitra shunt, spleen preserving procedure

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LAPAROSCOPIC CHOLECYSTECTOMY FOR GALLSTONE DISEASE IN CHILDREN

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Background:

Pediatric gallstone disease has become increasingly recognized due to improved imaging and rising risk factors such as obesity and hemolytic disorders. Laparoscopic cholecystectomy is now the standard surgical treatment. This study aims to evaluate the indications, operative outcomes, and postoperative course in a cohort of pediatric patients undergoing laparoscopic cholecystectomy.

Methods:

A retrospective review was conducted on children who underwent laparoscopic cholecystectomy between 2017 and 2024 in our pediatric surgery department.

Results:

Among the 95 patients, 50 were female (52.6%) and 45 were male (47.4%), with a mean age of 11.2 years (range: 4–17). The most common presenting symptoms were right upper quadrant pain (72%), nausea/vomiting (40%), and fever (18%). Underlying risk factors included obesity (31%), hemolytic anemia (14%), and familial predisposition (10%).

All procedures were completed laparoscopically. Intraoperative cholangiography was performed in 6 cases (6.3%) due to suspicion of common bile duct stones. No conversions to open surgery were necessary. Postoperative complications occurred in 6 patients (6.3%), including wound infection (n=2), bile leak (n=1), and transient ileus (n=3). The average hospital stay was 5.4 days.

Conclusion:

Laparoscopic cholecystectomy is a safe and effective approach for pediatric gallstone disease, with low morbidity and excellent recovery outcomes. Careful patient selection and management of underlying risk factors are essential to optimize results. Our experience supports its use as the standard treatment even in younger patients.

Keywords: Cholelithiasis, cholecystectomy, risk factors

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A RARE CASE OF RECURRENT ECTOPIC PANCREATITIS WITH JEJUNAL DUPLICATION AND MALROTATION: A CASE REPORT

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Introduction: Ectopic pancreas and gastrointestinal (GI) duplication are rare congenital anomalies. The occurrence of acute pancreatitis due to ectopic pancreatic tissue within a GI duplication is extremely uncommon.

Case presentation: We report the case of an 8-year-old boy with a history of recurrent pancreatitis who was referred for further evaluation. An upper GI series suggested intestinal malrotation. Ultrasound revealed a thickened mesentery with free fluid in the pelvis. During surgical exploration, multiple small bowel adhesions were found, and the duodenojejunal flexure (DJF) was abnormally located to the right of the spine. A 2.5 cm × 2.5 cm ectopic glandular tissue was noted on the jejunal wall, along with a 9 cm × 5 cm tubular duplication distal to the DJF, followed by resection and anastomosis. Histopathological examination confirmed benign pancreatic tissue in the ectopic site and nonspecific inflammatory changes in the duplicated jejunal segment. The patient had an uneventful postoperative recovery.

Conclusion: This case illustrates the rare combination of jejunal duplication cyst, malrotation, and ectopic pancreatic tissue in a pediatric patient. Surgical management is crucial for both therapeutic and diagnostic purposes.

Keywords: ectopic pancreas, malrotation, duplication, recurrent pancreatitis, pediatric surgery

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NAVIGATING THE RISKS: CARDIOVASCULAR INJURIES FOLLOWING PEDIATRIC BLUNT THORACIC TRAUMA

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Introduction

Trauma related cardiovascular pathologies represent the second most common cause of death following intracranial hemorrhage. Blunt thoracic traumas due to traffic accident or fall from height may conceal the degree of the underlying injury, leading underestimation of the true clinical picture.

Case Presentation

Two pediatric poly-traumatized male patients (3 and 16 y) were admitted to the emergency room following traffic accidents. First patient was overrun by a motor vehicle and seemed to be doing well in ICU when all of a sudden, he developed heart failure with hemodynamic instability on day 14. Transesophageal and color flow Doppler echocardiography demonstrated an acquired 10 mm ventricular septal defect with left-to-right shunting into right pulmonary artery. Second case demonstrated left sided hemo-mediastinum and hemo-pneumothorax, spleen, liver and kidney injury following motorcycle accident. Radiology further revealed an image suggesting thoracic aortic transection.

Initial case underwent a successful repair of the ventricular septal defect via open cardiac surgery, discharged on day 35 with neurological rehabilitation program. A transcatheter aortic stent graft was successfully placed in the second case, discharged on the 16th postoperative day. No significant problems were encountered during subsequent follow-ups.

Conclusion

Although it is rare, in severe thoracic trauma we must be aware of the possibility and search for the presence of a silent cardiovascular or intracardiac injury, as it may be fatal in origin requiring rapid intervention.

Keywords: Trauma, thoracic aortic transection, interventricular septal rupture, pediatrics

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RARE PEDIATRIC PRESENTATION OF FRANTZ TUMOR: COMPLETE RESECTION AS PROGNOSTIC KEY

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Introduction:

Solid pseudopapillary neoplasm (SPN) of the pancreas, also known as Frantz tumor, is a rare pancreatic tumor of low malignant potential. It primarily affects young women around 25 years of age, with pediatric cases being exceptional. Radiologic imaging is essential for diagnosis. Surgical resection remains the cornerstone of the treatment and directly determines prognosis.

Case Presentation:

We report the case of a 9-year-old girl presenting to the emergency department with worsening paroxysmal abdominal pain evolving over one month, associated with food vomiting, without fever or other symptoms. Clinical examination revealed overweight status, significant abdominal tenderness in the epigastric and right hypochondriac regions, without palpable mass or jaundice. Laboratory investigations showed normal findings except for elevated serum amylase (8× normal) and transaminases (3× normal). Abdominal ultrasound followed by CT scan revealed a well-defined, 15 cm iso-dense pancreatic head mass with a discontinuous fibrous capsule and necrotic-hemorrhagic areas. The lesion showed heterogeneous contrast enhancement, without upstream Wirsung duct dilation or bile duct invasion. There was mass effect on the stomach and superior mesenteric vein, which remained patent. No lymphadenopathy or distant metastasis were detected. SPN was suspected. Surgical management involved a cephalic duodenopancreatectomy with uneventful postoperative recovery after a 2-years follow-up. Histopathological examination confirmed the diagnosis.

Conclusion:

Solid pseudopapillary neoplasm of the pancreas is a rare pediatric tumor with distinct clinicopathological features. Its excellent prognosis depends entirely on complete surgical excision. Early diagnosis and referral to specialized centers are essential to optimize outcomes.

Keywords: Solid pseudopapillary neoplasm, Frantz tumor, Pediatric pancreatic tumor, Duodenopancreatectomy

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IS SURGERY ALWAYS NECESSARY? MANAGING BENIGN PNEUMOPERITONEUM IN INFANCY

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Introduction:

Pneumoperitoneum is typically considered a surgical emergency, often resulting from gastrointestinal perforation or barotrauma, especially in neonates. However, benign pneumoperitoneum—a rare entity in older infants—can mimic surgical emergencies but may not require operative intervention. We report a rare case of idiopathic non-neonatal pneumoperitoneum in a 4-month-old infant, aiming to highlight the diagnostic challenges and therapeutic strategies in this unusual clinical scenario.

Case Presentation:

A 4-month-old boy, recently operated for tetralogy of Fallot, was admitted to the intensive care unit for postoperative care. After progressive weaning from mechanical ventilation, the patient developed sudden and severe abdominal distension, impairing ventilation and causing lower limb collapse. Abdominal radiography revealed a massive pneumoperitoneum. Given the hemodynamic instability and clinical suspicion of gastrointestinal perforation, an urgent exploratory laparotomy with Kocher maneuver was performed. Intraoperatively, the entire gastrointestinal tract was found intact without any perforation or congenital anomaly. Postoperatively, the patient showed rapid clinical improvement: ventilatory support was discontinued within 24 hours, and oral feeding resumed on postoperative day two. The clinical course was uneventful.

Conclusion:

Idiopathic pneumoperitoneum is a rare and often misunderstood condition outside the neonatal period. Distinguishing benign from surgical pneumoperitoneum remains challenging, particularly in non-neonatal patients, leading to potential overtreatment. This case underscores the need to refine diagnostic criteria and therapeutic guidelines for pneumoperitoneum, integrating clinical presentation, radiological findings, and etiology. Establishing absolute surgical indications and clear criteria for conservative management could prevent unnecessary surgeries and improve outcomes in selected patients.

Keywords: Idiopathic pneumoperitoneum, Infant, Exploratory laparotomy, Diagnostic challenge, Conservative management

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LATE-PRESENTING DIAPHRAGMATIC AND HIATAL HERNIAS IN CHILDREN: A REPORT OF TWO CASES

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Introduction

Congenital diaphragmatic (CDH) and hiatal hernias are uncommon beyond infancy and can present diagnostic challenges when symptoms emerge later in childhood. While congenital diaphragmatic hernias typically manifest in neonates with respiratory distress, late presentations may mimic other thoracoabdominal pathologies or remain undiagnosed despite prior imaging. Similarly, large hiatal hernias are rare in children. We present two pediatric cases with delayed and atypical presentations—a congenital diaphragmatic hernia initially misidentified as eventration, and a large hiatal hernia masquerading as a thoracic cyst—emphasizing the importance of maintaining a broad differential diagnosis and the role of timely surgical intervention.

Case 1: A 15-year-old male with known neurofibromatosis type 1 presented with signs of gastric volvulus. Although prior imaging in childhood indicated diaphragmatic eventration, he had been asymptomatic and was managed conservatively. Intraoperatively, a CDH with gastric volvulus was identified. The stomach was viable and reduced into the abdomen, followed by gastropexy and primary repair of the hernia. The postoperative course was uneventful.

Case 2: A 10-year-old male with a history of premature ventricular contractions under cardiology follow-up presented with retrosternal chest pain. Initial imaging showed a cystic thoracic lesion; further cross-sectional imaging revealed a large hiatal hernia containing the stomach and duodenum. Laparoscopic reduction and hernia repair were performed. Although the patient required a relook procedure postoperatively, he recovered well and remains asymptomatic.

Conclusion

These cases highlight the diagnostic complexity of late-presenting diaphragmatic and hiatal hernias in the pediatric population. Both conditions can masquerade as more benign or unrelated thoracoabdominal findings, leading to delays in definitive treatment. Surgical repair, even in cases initially managed conservatively, can result in favorable outcomes. Clinicians should remain vigilant for atypical hernia presentations in older children, particularly in the presence of unexplained chest or abdominal symptoms, regardless of past imaging or medical history.

Keywords: Congenital diaphragmatic hernia, hiatal hernia, Gastric volvulus, Late presentation

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RECURRENT BILATERAL OVARIAN TERATOMA WITH WILMS TUMOR COMPONENT: A RARE CASE REPORT AND LITERATURE REVIEW

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Background: Ovarian teratomas are the most common germ cell tumors of the ovary, typically benign and unilateral. Bilateral and recurrent forms are rare, particularly in pediatric patients. The presence of Wilms tumor (nephroblastoma), a renal malignancy of childhood, within an ovarian teratoma is exceptionally rare and poses diagnostic and management challenges.

Case Presentation: We report a case of a 12-year-old female with a history of bilateral mature ovarian teratomas, initially treated at age 8 with laparoscopic surgery converted to open bilateral oocyte-sparing ovarian cystectomy. Five years later, she presented with recurrent pelvic pain. Imaging revealed bilateral ovarian masses, and she underwent surgical excision with bilateral enucleation and ovarian preservation.

Histopathology confirmed recurrent mature teratomas. Unexpectedly, microscopic examination revealed components consistent with Wilms tumor within the teratomatous tissue. Immunohistochemistry was positive for WT1 (nuclear, focal), PAX8 (diffuse), AE1/AE3, and CD56, and negative for markers including SALL-4, glypican-3, AFP, and others, confirming the diagnosis.

Two management approaches were discussed: the European protocol recommending 10 weeks of single-agent vincristine for Stage I Wilms tumor, and the North American approach favoring observation after complete resection with no adverse histology. The family chose the surveillance strategy. The patient is currently followed with abdominal ultrasound every three months and is also under adolescent gynecology care.

Conclusion: This rare case underscores the importance of considering Wilms tumor as a possible component within ovarian teratomas, particularly in recurrent or bilateral cases. Thorough histopathological and immunohistochemical analysis is essential to guide diagnosis and treatment. Close follow-up remains crucial due to the rarity and unpredictable behavior of this entity.

Keywords: Ovarian teratoma, Bilateral teratoma, Recurrent teratoma, Wilms tumor, Extrarenal nephroblastoma, Germ cell tumor,

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MALIGNANT GASTRIC TUMORS IN CHILDHOOD: TWO CASE REPORTS AND A REVIEW OF THERAPEUTIC APPROACHES

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Introduction

Malignant gastric tumors in children are exceedingly rare and differ considerably from adult cases in clinical presentation, histology, and management. Diagnosis is often delayed due to vague symptoms such as abdominal pain or gastrointestinal bleeding. Among these tumors, gastrointestinal stromal tumors (GISTs) typically follow a less aggressive course, whereas desmoplastic small round cell tumors (DSRCTs) are highly aggressive and require multimodal therapy. We present two adolescent cases to highlight the clinical variability and treatment considerations of pediatric gastric malignancies.

Case Reports

Case 1: A 16-year-old girl presented with abdominal pain, melena, and a palpable epigastric mass. Imaging revealed a centrally necrotic 80×100 mm lesion from the lesser curvature with increased FDG uptake on PET/CT. Histopathology confirmed DSRCT (PanCK+, WT-1+, CD99+, FLI-1+, CD117–, DOG-1–, Ki-67: 85–90%). Subtotal gastrectomy, Roux-en-Y gastrojejunostomy, and liver metastasectomy were performed. Despite initial improvement, the patient died from progressive disease during chemotherapy in the second postoperative year.

Case 2: Another 16-year-old girl with a two-year history of anemia and recent GI bleeding was found to have a 70×50 mm centrally necrotic mass at the corpus-antrum junction. Biopsy confirmed epithelioid GIST. Immunohistochemistry showed CD117(+), DOG-1(+), Desmin(–), S-100(–), Ki-67: 10–15%. Subtotal gastrectomy and Roux-en-Y reconstruction were performed. At the sixth postoperative month, she remains asymptomatic and under regular oncologic follow-up.

Conclusion

Although rare, pediatric gastric malignancies pose diagnostic and therapeutic challenges. While complete resection is often sufficient for GISTs, aggressive tumors like DSRCT require multimodal treatment. Early diagnosis supported by immunohistochemistry and molecular profiling is essential to improve outcomes.

Keywords: Pediatric, gastric tumors, management

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PRENATAL HEPATIC HILAR CYST: CHOLEDOCHAL CYST OR CYSTIC BILIARY ATRESIA?

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Introduction

Prenatal hepatic hilar cysts present a diagnostic challenge in differentiating choledochal cysts from cystic biliary atresia, due to their distinct surgical timing and outcomes.

Case Presentation

A female neonate born full-term at a district hospital was prenatally diagnosed at 32 weeks with a hepatic hilar cyst (18.5 × 17.8 mm). Postnatally, she was followed up in the outpatient neonatal service with a suspected diagnosis of a choledochal cyst. She breastfed well and gained weight until two weeks of age, when the parents noted stool discoloration and mild jaundice.

Laboratory tests showed elevated AST (154 U/L), ALT (95 U/L), γGT (682 U/L), total bilirubin (7.5 mg/dL), and direct bilirubin (6.3 mg/dL), with normal ALP. She was referred to our tertiary center for further evaluation.

Ultrasound on day 20 revealed a 22 × 17 mm hilar cyst with a thickened wall, continuous with a beaded gallbladder that was non-contractile. Increased periportal echogenicity was noted, without a triangular cord sign. MRCP showed an elongated gallbladder communicating with a 21 × 22 mm cystic lesion, suggestive of a type I choledochal cyst, without intrahepatic duct dilation. The intrapancreatic bile duct was not seen.

Due to inconclusive imaging and worsening liver tests, an intraoperative cholangiogram and liver biopsy were performed on day 30. Contrast injection outlined a cystic lesion with irregular, atretic intrahepatic ducts (cloudy pattern) and no opacification of the common bile duct or duodenum, consistent with cystic biliary atresia. A Kasai portoenterostomy was performed, and biopsy confirmed the diagnosis. Jaundice resolved postoperatively, with direct bilirubin falling to 0.2 mg/dL by four months.

Conclusion

Intraoperative cholangiography and liver biopsy are the gold standards for diagnosing biliary atresia and should be promptly performed when diagnosis is uncertain due to time-sensitive treatment outcomes.

Keywords: hepatic hilar cyst, choledochal cyst, cystic biliary atresia, intraoperative cholangiography, Kasai portoenterostomy

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PANCREATIC FISTULAE AS A RARE PRESENTATION OF PANCREAS DIVISUM IN YOUNG CHILDREN: CASE REPORT

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Fundacion Cardioinfantil

Pancreas divisum is the most common congenital pancreatic malformation; however, its clinical significance remains uncertain. Most patients are asymptomatic, but some may develop clinical manifestations such as recurrent pancreatitis.

We present the case of an eight-month-old girl who was admitted to our institution with bilateral inguinal hernia. One week prior, she experienced diarrhea managed as amebic dysentery. During laparoscopic hernia repair, hematic ascites was observed, with omentum covering the transverse colon without perforation, but with mesenteric edema. These findings were linked to her recent history of dysentery. The ascites recurred, presenting with hematic features, poor oral intake, and abdominal pain.

A laparotomy revealed a small perforation in the transverse colon mesentery and in the head of the pancreas, with elevated amylase levels in the peritoneal fluid. Pancreas divisum was suspected, associated with pancreatic fistulae. An endoscopic papillotomy was attempted but was unsuccessful; consequently, a roux-en-y pancreatojejunostomy was performed to cover the fistula. Postoperatively, the patient's symptoms improved, including oral intake and nutritional status. At two-year follow-up, she had no recurrence of ascites, abdominal pain, or vomiting, and maintained adequate nutritional status.

Pancreatic fistula due to pancreas divisum is a rare manifestation of this condition. Endoscopic management can be attempted; however, given the young age and potential need for multiple stent placements, roux-en-y pancreatojejunostomy may offer a more definitive solution.

Keywords: pancreatic fistula, pancreas divisum

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A RARE CASE OF ORGANOAXIAL GASTRIC VOLVULUS IN THE SETTING OF OMPHALOCELE AND BECKWITH-WIEDEMANN SYNDROME

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Introduction: Gastric volvulus (GV) is a rare condition characterized by abnormal stomach rotation, and classified as organoaxial, mesenteroaxial, or mixed. Its association with omphalocele is exceedingly rare, with only one case previously reported in the literature.

Case presentation: We present a preterm male neonate (35+1 weeks gestation) with prenatal diagnosis of Beckwith-Wiedemann syndrome and omphalocele, delivered via cesarean section due to worsening maternal preeclampsia (birth weight: 2050g). Within the first 24-hours of life, omphalocele's primary closure was successfully performed. Bowel transit was established, and oral feeding initiated uneventfully by postoperative day (POD) 10. On POD 27, developed intermittent episodes of respiratory distress, necessitating non-invasive mechanical ventilation. Notably, these were exacerbated postprandially and associated with epigastric distension. Sepsis and pulmonary workups were unremarkable. Abdominal radiograph showed a distended stomach with an atypical rounded contour. Upper gastrointestinal contrast study demonstrated an antrum superiorly rotated and fundus inferiorly displaced, consistent with organoaxial GV. Exploratory laparoscopy confirmed the diagnosis and identified absent gastric fixation ligaments. As liver-abdominal wall adhesions limited safe port placement, laparotomy conversion was performed. Gastropexy was achieved with three sutures: one between the gastric fundus and diaphragm; two between the anterior gastric wall and anterior abdominal wall. Oral feeding resumed on POD 1 post-gastropexy with initial irregular tolerance, associated with discomfort and abdominal distension, attributed to non-invasive ventilation. After ventilatory optimization, full feeds were achieved. At reporting time, remains hospitalized for respiratory support unrelated to the surgical intervention.

Conclusion: This case illustrates a rare association of GV with omphalocele in a neonate with Beckwith-Wiedemann syndrome. It highlights the diagnostic challenge of nonspecific postoperative respiratory symptoms and emphasizes considering GV in cases of postprandial respiratory distress and epigastric distension, especially in neonates with abdominal wall defects. Prompt imaging and surgical management are crucial to avoid ischemic complications and improve outcomes.

Keywords: Gastric Volvulus, Omphalocele, Beckwith-Wiedemann syndrome, Organoaxial

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MEDIAL DUODENAL PERFORATIONS IN EARLY INFANCY: A CASE REPORT AND REVIEW OF DIAGNOSTIC PITFALLS

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Introduction:

Infantile pneumoperitoneum most commonly results from necrotizing enterocolitis. Spontaneous duodenal perforations are exceptionally rare in this population. We present two fatal cases of duodenal perforation in 2-month-old infants who were initially treated for pneumonia.

Case Presentation:

Case 1:

A 2-month-old male baby, born at term via cesarean section, presented in medical emergency with respiratory distress and was treated for pneumonia for 4 days. On day 5, he developed acute abdominal distension. Imaging revealed pneumoperitoneum. Emergency laparotomy identified a 3mm perforation on the posteromedial surface of the second part of duodenum, just above the ampulla. Primary repair with 5-0 PDS sutures and feeding jejunostomy was done. Despite intensive care the patient developed refractory septic shock and expired 24 hours postoperatively.

Case 2:

A two months old baby born at 35 weeks via cesarean section was admitted in medical ward for complicated lower respiratory tract infection. On day 7 of treatment, he developed abdominal distention that worsened over the day. Imaging showed massive pneumoperitoneum. Exploration revealed a 2mm perforation on posteromedial aspect of second part of duodenum above ampulla. Primary repair with feeding jejunostomy was done. Despite surgical intervention, sepsis worsened, and patient could not survive.

Conclusion:

Duodenal perforation should be considered in infants with sudden pneumoperitoneum, even without obvious history of trauma or vigorous resuscitation. The anatomical proximity of the duodenum to other structures makes surgical repair particularly challenging in infants. Pneumoperitoneum in pre-existing pneumonia carries extremely high mortality. The cases emphasize the need for heightened vigilance for abdominal complications in babies receiving respiratory support.

Keywords: Duodenal perforation, infantile Pneumoperitoneum, Sepsis

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JEJUNOJEJUNAL INTUSSUSCEPTION CAUSED BY INTESTINAL METASTASIS OF OSTEOSARCOMA IN AN ADOLESCENT PATIENT

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Case Report: Jejunojejunal Intussusception Caused by Intestinal Metastasis of Osteosarcoma in an Adolescent Patient

Introduction

Osteosarcoma is a high-grade malignant bone tumor affecting the long bones in adolescents and young adults. The lungs are the most common site for distant metastases. Extrapulmonary metastases are rare and typically appear late in disease progression. Small bowel metastases are exceptionally uncommon. Intussusception in adolescents is also rare and usually has a pathological lead point such as lymphoma, gastrointestinal stromal tumors, or rarely metastatic malignancies. This case highlights a rare presentation of jejunojejunal intussusception caused by metastatic osteosarcoma.

Case Presentation

A 17-year-old female presented with a 10-day history of intermittent abdominal pain, nausea, vomiting, and low-grade fever. Her medical history included a diagnosis of high-grade osteosarcoma of the left femur three years prior, treated with wide excision and adjuvant chemotherapy. She developed pulmonary metastasis 18 months after diagnosis, managed with left lower lobectomy, and a year ago, had a metastatic lesion surgically removed from the left ventricle of the heart.

On presentation, vital signs were stable; abdominal exam showed tenderness in the right lower quadrant without peritoneal signs. Laboratory tests were normal. CT imaging revealed a 10 cm jejunojejunal intussusception with a suspected intraluminal lesion at the lead point.

The patient underwent urgent exploratory laparotomy. The intussusception was confirmed and manually reduced. A firm, well-circumscribed 5 cm mass was palpated in the jejunum. Segmental small bowel resection with primary anastomosis was performed. Postoperative recovery was uneventful, and the patient was discharged on day 3.Histopathology confirmed metastatic osteosarcoma.

Conclusion

This case demonstrates the rare event of osteosarcoma metastasis causing jejunojejunal intussusception. New gastrointestinal symptoms in osteosarcoma patients should prompt evaluation for metastases. Surgical resection provides both treatment and diagnosis. Early diagnosis and intervention improve outcomes in complex oncologic cases.

Keywords: Jejunojejunal intussusception, osteosarcoma Small bowel metastasis, pathological lead point, Case report

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PERIANAL AND PERINEAL EMBRYONAL RHABDOMYOSARCOMA (ERMS) MIMICKING CONDYLOMA ACUMINATUM: A RARE CASE REPORT IN EARLY INFANCY

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Introduction:Rhabdomyosarcoma (RMS) is a malignant neoplasm of mesenchymal origin.Perianal and perineal RMS (PRMS) are rare tumors that are often misdiagnosed and have a poor prognosis.Embryonal rhabdomyosarcoma (ERMS),the most common histological subtype, predominantly affects children under 10 years of age.However,its occurrence in neonates and early infancy is rare,comprising only 0.4–2% of reported cases.In this population,ERMS may mimic benign perineal lesions,complicating early recognition and diagnosis.

Case Presentation:A two-month-old female infant,born at term via cesarean section to a mother with gestational diabetes mellitus,presented with a perineal mass noted since birth.The family resided adjacent to a gas processing facility during pregnancy.The mass had increased in size,accompanied by urinary straining and decreased activity.Gynaecological examination showed abnormal vaginal tissue protruding through the vagina introitus and anus in the form of a “grape bunch” appearance which also resembled cauliflower,measuring approximately 10 cm in diameter.The mass is pale pink,soft to firm on palpation,suspected to contain fluid,and malodorous with surface ulceration and contact bleeding.Laboratory results showed anemia (Hb 8.6 g/dL),leukocytosis (13.64 × 10^3/μL),thrombocytosis (758 × 10^3/μL),and hypoalbuminemia (2.7–3.4 g/dL).Peripheral blood smear revealed microcytic, hypochromic anisopoikilocytosis with target cells.Viral serologies for CMV and HSV types I and II were non-reactive.Surgical excision of the mass was performed. Histopathological analysis showed round to spindle-shaped tumor cells with hyperchromatic nuclei. Immunohistochemical staining was positive for vimentin,desmin,and myogenin,confirming the diagnosis of embryonal rhabdomyosarcoma.Bone marrow aspiration and cerebrospinal fluid analysis showed no evidence of metastasis.The patient was initiated on a chemotherapy regimen consisting of ifosfamide,vincristine,and dactinomycin.

Conclusion: Embryonal rhabdomyosarcoma, although rare in early infancy, should be considered in the differential diagnosis of congenital perineal masses.Accurate diagnosis requires comprehensive clinical, histopathological, and immunohistochemical evaluation to guide timely and appropriate treatment.

Keywords: Condiloma acuminatum, Embryonal rhabdomyosarcoma, Malignant, Perianal and perineal masses

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CLEAR CELL HIDRADENOMA OF THE BREAST IN A PEDIATRIC MALE: A RARE CASE REPORT

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Introduction: Clear cell hidradenoma (CCH) is a rare adnexal tumor, typically occurring in the head, neck, and extremities. Breast involvement is exceedingly rare, with most reported cases in middle-aged or elderly women. We present the youngest male case of CCH in the breast reported in the literature.

Case Presentation: A 6-year-old male presented with a non-healing, ulcerated, hyperemic lesion under the left nipple. Ultrasonography revealed a 23x15 mm subcutaneous nodule with cystic components. Initial excision revealed CCH with positive margins, prompting re-excision. Histopathology showed polyhedral and clear cells, confirming CCH.

Discussion: CCH, previously misclassified as carcinoma, arises from sweat glands or breast ducts. While typically benign, incomplete excision can lead to recurrence (5%). Malignant transformation, though rare, necessitates complete resection. Only 34 breast cases have been reported, with just nine in males; our case is the youngest. Diagnostic challenges include mimicking intraductal papilloma or benign cysts, emphasizing the need for histopathological confirmation.

Conclusion: This case highlights CCH as a rare differential diagnosis for pediatric breast masses. Complete surgical excision is critical to prevent recurrence. Awareness of CCH in younger populations can aid timely diagnosis and management.

Keywords: Clear cell hidradenoma, pediatric breast tumor, adnexal neoplasm, rare case

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BENIGN BUT FAST-GROWING: PEDIATRIC LIPOBLASTOMA AND THE ROLE OF COMPLETE EXCISION

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Introduction:

Lipoblastoma is a rare benign mesenchymal tumor arising from embryonic fat, resulting from the postnatal proliferation of immature adipose cells. It can occur anywhere in the body, although the trunk and extremities are the most common sites. Despite its benign nature, its rapid growth and large size can be concerning.

Objective:

To describe the epidemiological, clinical, and therapeutic features of pediatric lipoblastoma.

Materials and Methods:

This is a retrospective review of 14 cases of lipoblastoma managed over an 18-year period in our pediatric surgery department.

Results:

The cohort included 8 boys and 6 girls, aged between 7 months and 9 years. The most common presenting symptom was a painless soft tissue mass (12 cases), while 2 patients presented with abdominal pain. Imaging studies suggested the diagnosis, which was confirmed by histopathology. Tumor locations were diverse: mediastinum (1), thighs (2), buttocks (2), inguinoscrotal region (2), greater omentum (2), latissimus dorsi region (3), cervical (1), and axillary (1). Lesion size ranged from 5 to 15 cm. Complete surgical excision was achieved in all cases. The mean follow-up duration was 35 months, with no cases of recurrence observed.

Conclusion:

Lipoblastoma should be considered in the differential diagnosis of rapidly growing soft tissue masses in children. Although benign, its potential for local recurrence necessitates complete surgical excision and long-term follow-up.

Keywords: Lipoblastoma, Surgical excision, histopathology, recurrence

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SAME ORGAN, SAME DIAGNOSIS, THREE DIFFERENT SURGERIES

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Purpose:

Pancreatic tumors are exceedingly rare in the pediatric population and are typically benign. Among them, solid pseudopapillary tumors (SPTs) are the most common type observed in adolescent females. Due to their rarity and variable localization, optimal surgical strategies remain a matter of discussion. To present a case series of three adolescent patients with pancreatic SPTs who underwent different surgical approaches and to evaluate surgical outcomes and treatment considerations.

Methods:

This retrospective case series includes three 17-year-old female patients treated for pancreatic masses. The surgical approach was determined based on tumor location. One patient underwent a pancreaticoduodenectomy (Whipple procedure) for a mass in the pancreatic head, another underwent central pancreatectomy for a mid-gland tumor, and the third had a distal pancreatectomy with splenectomy for a lesion in the pancreatic tail. All tumors were confirmed as solid pseudopapillary tumors on histopathology.

Results:

Postoperative recovery was uneventful in all cases, with the exception of a transient pancreatic fistula in the Whipple patient, which resolved spontaneously. No recurrence or metastasis was observed during a mean follow-up of three years. All patients remain disease-free with preserved pancreatic function.

Conclusion:

Surgical resection is the cornerstone of treatment in pediatric patients with pancreatic SPTs. Tailored surgical approaches based on tumor location can provide excellent outcomes with minimal morbidity. Despite their rarity, awareness of SPTs and appropriate surgical planning are essential for optimal pediatric pancreatic tumor management.

Keywords: Pancreatic tumor, Solid pseudopapillary tumor, Pediatric surgery, Whipple procedure, Distal pancreatectomy, Central pancreatectomy

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TORSION OF PEDUNCULATED HEPATIC HEMANGIOMA IN A 2-MONTH-OLD BOY.

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Introduction: Hemangiomas are most common benign hepatic tumors. In the world published English literature, only 39 cases of pedunculated liver hemangiomas are described, with only one case in a child.

Aim: To present a clinical case of torsioned pedunculated hepatic hemangioma in an infant and to show the difficulties we faced with during diagnosis.

Materials and methods: A 2-month-old boy admitted with stool retention, abdomen tense and complaints on discomfort. He was hospitalized with suspected intestinal intussusception. The diagnostic stage included laboratory tests, X-ray, ultrasound, CT of the abdomen.

Results: Severe anemia (Hb=68g/L) and hypoproteinemia (total protein=39.2g/L, albumin=22.4g/L) were diagnosed. On plain abdominal X-ray signs of bowel obstruction were seen. On US of the abdomen in the left hypochondriac region a mass 60x19mm with single pixels of blood flow was visualized (conclusion:mass lesion of the spleen). Abdominal CT: in left subphrenic space ovoid shape tumor mass of size 45x48x42mm, with heterogeneous structure and mild contrast enhancement was diagnosed. Diagnostic laparoscopy was performed: torsion and necrosis of the accessory spleen was suspected. Conversion to left subcostal oblique laparotomy was made. A mass lesion on thin torsioned peduncle coming from left lobe of the liver was seen. Using US-dissector a peduncle was transected. Drain tube was placed in the abdomen. The postoperative diagnose was: liver mass lesion torsion. Postoperative period was uneventful, the drainage was removed on POD2, the child was discharged on POD6 in satisfactory condition. Histological examination verified hemangioma with total hemorrhagic necrosis and massive hemorrhages.

Conclusion: A rare form of liver hemangioma, complicated by torsion, in an infant is presented. The cause of abdominal pain syndrome could be verified only intraoperatively despite the complex of examinations performed. This is the second described case in the World of torsioned pedunculated liver hemangioma in an infant.

Keywords: Hemangioma, liver, hepatic, torsioned, pedunculated, infant, acute abdomen, mass lesion

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LEFT-SIDED GASTROSCHISIS IN A NEONATE: A RARE PRESENTATION

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Introduction:

Gastroschisis is a congenital abdominal wall defect, characterized by herniation of intra-abdominal structures through an abdominal wall defect with most cases occurring to the right of the umbilical cord. Left-sided gastroschisis is exceptionally rare with only 31 cases reported till date and sparse literature on its management and outcomes. This case highlights an atypical presentation managed with primary closure

Case presentation:

A full-term neonate presented at 12 hours of life with abdominal contents outside the abdominal wall. The herniated bowel showed no signs of ischemia or atresia. Primary reduction was achieved, and the abdominal wall was closed surgically without requiring a silo. Postoperatively, patient developed nosocomial chest infection. Enteral feeds were initiated by day 3, but baby's respiratory infection worsened. Unfortunately, patient could not overcome the sepsis and expired on 5th post operative day

Conclusion:

Left sided gastroschisis can present as an isolated congenital anomaly. Associated anomalies like situs inversus and cardiac defects should be looked for. Management protocol involves primary closure or staged reduction whatever is safe for that index child.

Keywords: Gastroschisis, Neonate, rare anomaly, Primary closure

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UTERINE ARTERY EMBOLIZATION FOR CONTROL OF LIFE-THREATENING UTERINE BLEEDING

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Introduction: Abnormal uterine bleeding (AUB) is defined as amenstrual bleeding of unpredictable timing and variable amount. Acute AUB is a single episode of severe bleeding that requires immediate intervention to prevent further blood loss. Therapy for AUB should be initiated based on the suspected etiology and the acuity of the problem. Surgical management is rarely necessary. Uterine artery embolization is a method that can be used to prevent hysterectomy in patients who cannot achieve hemodynamic stability. We aim to analyze a case of heavy uterine bleeding in adolescence caused by an arteriovenous malformation (AVM).

Case: An 11-year-old girl is experiencing hypotensive attacks after her first vaginal bleeding. She had been bleeding for 6 pads/day for 11 days before her application. She has no known disease, bleeding disorder, trauma history, coitus history, and no oral contaceptive or medication use. Tachycardia was present during the patient's examination. Abdominal examination was normal except for diffuse minimal tenderness. There was active vaginal bleeding. Genital examination was normal. Despite 2 times of ES replacement, the patient's Hb value was 6.4 g/dl and USG and MRI examinations were performed. Hematometrocolpos was observed. Vaginoscopy was performed. It was seen that there was annular hymen and active bleeding from the cervical os. Angiography was performed considering bleeding from the uterus. Vascular malformation was detected in the bilateral uterine artery. The patient underwent bilateral embolization.

Conclusion: When a patient presents with acute uterine bleeding and demonstrates signs or symptoms of severe anemia or hemodynamic compromise uterin arter embolisation should be considered only as a life saving measure and a last resort to avoid hysterectomy. The long-term effects of this procedure on future fertility are not yet clear. Studies are required to determine the best embolic agents, effect on fertility, and outcome of pregnancies following this procedure.

Keywords: Abnormal uterine bleeding, Heavy uterine bleeding, Uterine artery embolization

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PRUNE BELLY SYNDROME AND MEGAPHALLUS: A RARE ASSOCIATION

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Purpose: To describe the clinical presentation, surgical technique, treatment outcomes, and to provide a review of the literature.

Materials and Methods: A newborn, 2 days old, was admitted for urinary retention. Clinical examination showed a moderately altered general condition, a massively distended abdomen with a lax abdominal wall, and on palpation, two enlarged kidneys. The penis was wide, swollen, deviated downward, with exaggerated curvature during erection, an apical urethral meatus, dribbling urination, penile swelling during urination, and bilateral undescended testes.

Main Results: Laboratory tests revealed impaired renal function. Urine culture was positive for *E. coli*. Ultrasound showed bilateral ureterohydronephrosis with significant thinning of the renal parenchyma, more pronounced on the right.Initial management included antibiotic therapy for the urinary tract infection and bilateral pyelostomy to improve renal function, along with abdominal bandaging.Further investigations included a voiding cystourethrogram, which revealed high-grade bilateral vesicoureteral reflux, and renal scintigraphy showed a non-functioning right kidney.Secondary treatment of the megaurethra was performed at 3 months of age by urethroplasty using the Nesbitt technique. Postoperative outcomes were favorable.

Conclusions: The combination of prune belly syndrome with megaphallic presentation is rare but recognized. The prognosis depends largely on the extent of renal impairment. Management is complex and aims to preserve both renal and bladder function, while achieving good cosmetic and functional outcomes for the penis and abdominal wall.

Keywords: Prune belly, megaphalus, UTI

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APHALLIA IN A NEWBORN: A RARE CASE REPORT AND SURGICAL APPROACH

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Introduction

Aphallia is an extremely rare congenital anomaly, occurring in 1 in 10 to 30 million live births. Diagnosis includes absent penis, normal scrotum, palpable testes, normal testosterone levels and an XY karyotype. Management of this rare disorder has been controversial.

Case Presentation

A one-day-old male infant presented with congenital absence of the penis.

On physical examination, the patient was found to have bilaterally descended testes in the scrotal sac, absence of the penis, and was passing urine through the anus.

At five months of age, the child underwent an MRI, which confirmed the absence of the corpora cavernosa with a normal upper renal tract, bladder and urethral canal. The urethra was however found to be opening into the anterior wall of the rectum.

For social and cultural reasons, the child underwent Bianchi scrotal flap phalloplasty.The urethra was disconnected from the rectum and repositioned as a perineal urethrostomy at the same sitting. The future plan includes a two-stage buccal mucosa urethroplasty within the next six months to one year. If necessary, a radial forearm flap phalloplasty will be performed during adolescence.

Conclusion

Traditionally female sex reassignment used to be the norm however it has its own attendant endocrinological and psychological issues.

Recently, the approach has been shifted to not doing any gender reassignment or delaying it until the patient is old enough to understand their own gender identity and make informed decisions.

Staged phalloplasty is the recommended treatment in infancy as done in our patient. Scrotal flap phalloplasty is a minimally invasive, straightforward, and reproducible technique used to construct a temporary neophallus in prepubertal boys with aphallia, serving as a bridge until definitive reconstructive surgery can be performed after puberty.

In the global south social stigmas may prevent proper management and these children are lost to further follow up.

Keywords: aphallia, phalloplasty, perineal urethrostomy

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CAUDAL DUPLICATION SYNDROME IN A YOUNG GIRL: A COMPLEX CASE OF GASTROINTESTINAL AND GENITOURINARY DUPLICATION WITH SPINAL DYSRAPHISM

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Introduction:

Caudal Duplication Syndrome (CDS) is an exceedingly rare congenital anomaly characterized by duplication of the distal gastrointestinal, genitourinary, and neural structures. We present a complex case of a 6-year-old female, diagnosed at birth with classical features of CDS and managed by us.

Case Presentation:

Initial findings included omphalocele, lumbosacral swelling (myelomeningocele), duplicated anus and urinary openings, and double vagina which were 6 cm apart. Imaging and surgical exploration confirmed duplication of the bladder, urethra, colon, and vaginal structures. Associated anomalies included rectovesical fistula, tethered cord, diastematomyelia, malrotation of midgut, thoracolumbar hemivertebrae. Multiple staged interventions were performed, including lipomeningocele repair, bladder unification, left colectomy, omphalocele closure, and left urethral occlusion. Despite these, persistent urinary dribbling from a left urethral fistula and neurogenic bowel remains a major issue to be addressed. Patient has no voluntary bladder or bowel control, continuous urinary leakage and risk of renal system deterioration especially on left side proved by recent renal scan and MCUG. She has para paresis with grade 2 power and walks with support.

A detailed management including Clean Intermittent Catheterization (CIC), and anticholinergics is going on. If needed in future depending on bladder dynamics, bladder augmentation ± Mitrofanoff and left urethral fistula closure is in planning. Bowel management and potential MACE, along with evaluation by pediatric gynecology and physiotherapy, are part of ongoing care.

Conclusion:

This case underscores the importance of individualized, multidisciplinary care in CDS to preserve renal function, achieve continence, and improve quality of life.

Keywords: Caudal duplication syndrome, genitourinary anomalies, Lower GIT Duplication, spinal dysraphism, omphalocele

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TREATMENT OF PEDIATRIC DISPLACED INTRAARTICULAR OLECRANON FRACTURES WITH RESORBABLE POLY-L-LACTIC-CO-GLYCOLIC ACID (PLGA) PINS AND POLYDIOXANONE (PDS) LOOPS.

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Pediatric olecranon fractures, which involve a break in the bony prominence of the elbow, are relatively rare but can be serious. Treatment options typically depend on the type and severity of the fracture. Displaced, intraarticular fractures require surgical intervention, where resorbable implants are becoming a promising alternative to traditional metal hardware. Methods: Our prospective, single-center, single-arm case series evaluates three pediatric olecranon fracture patients treated by resorbable poly-L-lactic-co-glycolic acid (PLGA) pins and polydioxanone (PDS) loops between Jan 2022 and January 2023 at the Department of Pediatrics, University of Pécs, Clinical Complex. Results: All patients achieved complete radiological healing with excellent functional recovery and no implant-related complications at one-year follow-up. Conclusion: Resorbable PLGA pins and PDS loops provide a promising alternative to conventional metallic fixation in pediatric olecranon fractures, abolishing the need for a second, implant removal surgery while maintaining stability and biocompatibility. Our findings support the child-friendly nature and growing role of biodegradable materials in pediatric fracture management.

Keywords: pediatric, elbow, olecranon, fracture, resorbable, PLGA, PDS, implant

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COSTLESS TECHNIQUE FOR GASTROSCHISIS SILO

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Aim: In gastroschisis, primary closure is not possible in the presence of large diameter of the defect, meconium-stained and edematous bowel loops; therefore the silo method is used. Access and cost of industrial materials used for silos are problems. Here, we propose a method that is simple, inexpensive and can be applied in every hospital.

Method and Results: After the patient is taken to the neonatal care unit postnatally, a nasogastric and bladder catheter is inserted. At bedside the diameter of the gastroschisis defect is measured. The 0.9% NACI solution bag is opened sterile and the lower edge of the bag is cut in the sterile area. After the connector of the intubation tube appropriate for the baby's birth week is removed, a circle shape is made with a diameter 1 cm wider than the measured defect diameter. The circular tube prepared on the lower edge of the serum bag is inverted to the inner surface of the bag and continuously sutured with 2/0 silk. Since the intubation tube tends to return to a straight position due to its structure, sufficient tension is provided under the bag. The organs are placed at the bedside into the prepared silo, and the circular tube at the lower border of the bag is placed into the abdomen with the help of a Farabeuf retractor. The upper end of the bag is hung on the bed. Daily, the bag is rubbed from top to bottom and wrapped with tape.

Two patients with large defects and meconium staining were followed up without any problems with Silo. On the 4th postnatal day, the entire intestine was placed in the abdomen and both patients were discharged without complications after surgical gastroschisis repair.

Conclusion: This method we use is applicable because it is cheap, simple and effective.

Keywords: gastroschisis, Silo

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CLOACAL MALFORMATION VARIANT; CASE REPORT

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Cloacal Malformation Variant; case report

Introduction: Cloaca malformation is a rare entity and We are reporting a very rare case of cloacal malformation variant in a 13-month-old female who presented with abnormal perineum swelling, absent anal opening along with two orifice at perineum from where passage of urine and meconium took place at birth and then colostomy done at neonatal age.

Case report: A 13 months old female patients presented with a huge swelling at perineum along with two parallel orifice apart from each other on both side and split folds , mass was soft and hang over the both orifices , also anal opening is absent. Colostomy was done at neonatal age and passing stool with no other major abnormality.

Contrast study was done which show colonic path but could not well highlight other orifices, ultrasound documented all structures well at pelvis, and MRI lower spine could not show any abnormality.

Cystoscopy/vaginoscoy done which show all both external orifices combine at 2 cm from centeral and 5 cm from lateral orifice then divide into vagina, urethra with high colon ending.

Then reconstruction was plan and full repair was done from perineum, Posterior sagittal anorectalplasty urethroplasty and vaginoplasty with good recovery.

Conclusions: The essential technical point for repair is to work as team, like along with pediatric urologist and gynecologist. Cloaca presentation is some time challenging and full reconstruction is very difficult.

Keywords: Cloaca, Posterior sagittal anorectoplasty urethro-vaginoplasty (PSARUVP).

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A RARE CASE REPORT OF CONSECUTIVE CYST-DIVERTICULUM OF DUODENUM AFTER REDUCTION OF TWO DUODENAL CYSTS IN 1-YEAR-OLD MALE

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Introduction: A duodenal diverticulum is a commonly encountered entity in gastrointestinal pathology with a wide variety of appearances and in fact it represents a second most common location for a diverticulum to form, after the colon itself. These duodenal diverticula (DD) are often found incidentally and rarely require intervention. We present a rare case of duodenal duplication cyst after previous reduction of the duodenal cysts, located in the second portion of the duodenum necessitating surgical correction.

Case presentation: A 1-year-old boy, with CT and RTG previously confirmed, surgically treated and biopsied two duodenal cysts, was referred to our department via pediatrician, due to abdominal difficulties and general weakness. After the initial clinical exam and due to clinical and laboratory tests, imaging investigations such as ultrasound, and computer tomography were indicated. Ultrasound investigation was normal, while CT scan of the abdomen showed cyst mass (48 mm) in duodenum with clearly delineated wall itself. The mass pushed the duodenum medially and gallbladder laterally altogether with portal vein and retroperitoneal towards the liver. Immediate indication for surgical treatment was indicated and the child was operated in General Endo-tracheal anesthesia. With medial laparotomy, with its exploration, a cystdiverticulum located in pylorus was found and a total resection of the cyst was made altogether with omentopexy. 5th postsurgical day an Gastroduodenography was made with no extravasation of the contrast outside of the alimentary tract. Post-operative checkups were regularly done without any pathological findings.

Conclusion: In recent years, surgical management has been restricted to patients with significant complicated sequels, such as perforation, abscess, or fistula formation. The importance of imaging methods are essential towards the right and precise diagnose protocol of the pediatric patients. Adequate management and modern approach to the duplication cyst of the duodenum means multi-disciplinary approach and better outcome for the patients.

Keywords: cyst-diverticulum, duodenal cysts, pediatric surgery, management

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RARE CASE OF CERVICAL ESOPHAGEAL ATRESIA WITH TRACHEO ESOPHAGEAL FISTULA HOW TO DIAGNOSE AND HOW TO MANAGE

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Harapan Kita Woman and Children Hospital Jakarta Indonesia

Introduction

Type C is most common type of Esophageal Atresia (EA) with Tracheo Esophageal Fistula (TEF) according to Gross Clasification of EA. Repair of EA is usually performed by thoracic approach in type C. Case of EA type C located in high posistion (Cervical) is a rare case, however, the alternative apporach is cervical. This Case is reporting EA with high level of TEF and using Cervical aproach

Case Presentation

A term female neonate was delivered to a healthy 28-year-old primigravida with no history of substance use or pregnancy-related complications. The neonate presented with hypersalivation, and an orogastric tube could not be advanced into the stomach, suggesting possible esophageal obstruction. Radiologic examination showed that tube stop at first Thoracal vertebra with presence gas in the abdomen. We diagnosed as EA with TEF. Esophagography demonstrated a blind-ending proximal esophageal pouch, with contrast entering the trachea and passing through a distal tracheoesophageal fistula, thereby opacifying the distal esophagus. The location of fistula was close to proximal pouch esophagus. Preoperative bronchoscopy was performed to identify the tracheoesophageal fistula, which was subsequently marked at the cervical level. Given the clear location of the fistula, a cervical surgical approach was chosen. A transverse incision was made in the left cervical supraclavicular region, and the sternocleidomastoid muscle along with the carotid sheath was retracted posterolaterally. We successfully identified proximal Esofagus and TEF. The fistula was divided, the tracheal defect was closed, and an end-to-end esophageal anastomosis was performed.

Conclusion

We should be aware the presence of EA with cervical TEF. The reliable methods for detecting the location of the distal TEF are preoperative bronchoscopy and contrast study. Transcervical repair is a feasible and effective approach for case like this.

Keywords: Cervical EA with TEF

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USE OF A FULLY COVERED STENT FOR MANAGEMENT OF TRAQUEOESOPHAGEAL FISTULA SECONDARY TO BUTTON BATTERY INGESTION

Santiago Correa, Edgar Salamanca

Fundacion Cardioinfantil

Foreign body ingestion is common in children, with button batteries being among the most dangerous. When lodged in the esophagus, severe complications such as strictures, tracheoesophageal fistulae, mediastinitis, aortoesophageal fistulae, and even death can occur.

We report a case of a two-year-old girl referred to our institution one month after ingestion and removal of a button battery from the upper esophagus. She has sialorrhea and was on parenteral nutrition support, with suspected tracheoesophageal fistula. Initial evaluation with bronchoscopy and endoscopy revealed a large tracheoesophageal fistula and esophageal stenosis. Due to her age and clinical condition, a fully covered billiary stent was placed at the esophagus to cover the fistula, along with a gastrostomy for enteral nutritional support.

During the first days after procedure, the patient developed mild upper respiratory symptoms and was diagnosed with COVID-19, which delayed further surgical intervention. Over the following weeks, her symptoms improved; sialorrhea decreased, and respiratory status solved. After four weeks, endoscopy with stent removal showed complete fistula closure, confirmed by contrast esophagogram. Two months later, esophageal dilatation was performed without evidence of fistula recurrence on endoscopy, bronchoscopy, or contrast studies.

Button battery ingestion remains a significant hazard, with severe complications. The use of fully covered esophageal stents can serve as an effective temporary measure to control tracheoesophageal fistula while planning definitive surgical repair. In some cases, spontaneous closure may occur, as observed in this case report.

Keywords: traqueoesophageal fistula, button battery, stent

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RAPUNZEL SYNDROME CAUSING PANCREATITIS IN A 15-YEAR-OLD GIRL: A RARE CASE REPORT

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Introduction:

Rapunzel syndrome is a rare subset of trichobezoar in which a long tail of hair can extend into the small intestine. Complications associated with this syndrome include cholestasis, obstruction, and even rarer still, pancreatitis. In this case report, we present a 15-year-old girl who presents with pancreatitis secondary to Rapunzel syndrome.

Case presentation:

A 15-year-old girl with past medical history including iron deficiency anemia and alopecia presented with abdominal pain and bilious emesis. Laboratory testing at admission revealed elevated lipase and amylase. Subsequent imaging including magnetic resonance cholangiopancreatography (MRCP) revealed bezoar-like material within the stomach and a mass anterior to the duodenum suggestive of mechanical obstruction with impaired pancreatic and biliary outflow. The patient was taken for exploratory laparotomy which revealed a palpably firm and irregular pancreas consistent with pseudocyst formation. Surgical removal of a large gastric trichobezoar (removed via gastrotomy) and a second trichobezoar (via jejunal enterotomy) was accomplished, in addition to cholecystectomy and feeding jejunostomy tube placement. Postoperatively the patient recovered well with normalization of pancreatic enzymes. The patient was further referred to outpatient psychiatric follow-up for anxiety-related trichotillomania and trichophagia discovered on psychiatric evaluation.

Conclusion:

This case report demonstrates both an extremely rare entity as well as an extremely rare complication. When encountering a patient with history of unexplained iron-deficiency anemia and alopecia who presents with biliary or pancreatic ductal dilatation, it is critical to consider bezoars as a possible source. The timeliness of surgical intervention is key to a successful outcome as was accomplished in this case. As the presenting symptoms can be vague or possibly misleading, this case emphasizes the importance of a high index of suspicion when encountering similar patients.

Keywords: Rapunzel syndrome, trichobezoar, pancreatitis

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PRIMARY EWING SARCOMA OF THE BREAST IN A MALE ADOLESCENT - A CASE REPORT

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Introduction:

Ewing sarcoma of the breast is a rare disease among the extraosseous type with less than 1% of cases reported in literature. There are 16 cases of breast Ewing sarcoma documented worldwide, with only 1 out 16 diagnosed in the pediatric age group. None of the published cases were from the Philippines. This will be the first reported case of Ewing sarcoma of the breast in a pediatric patient from the locality.

Case Presentation:

A 14-year-old male consulted due to a rapidly growing right breast mass. Tissue biopsy revealed malignant round blue cell tumor, immunohistochemical staining positive for CD 99 and NKX2.2 as well as EWSR1 break apart in chromosome 22q12 on fluorescent in situ hybridization (FISH) test, favoring the diagnosis of Ewing sarcoma. Chest computed tomography showed a large, exophytic, right anterior chest wall mass with intrathoracic extension measuring 16.8x18.1x9.5cm, involving 2nd to 6th anterior ribs and multiple enlarged axillary lymph nodes. PET/CT revealed no other metastatic disease. The patient received neoadjuvant chemotherapy using the PNET/Ewing sarcoma protocol. Imaging post neoadjuvant chemotherapy showed a significant decrease of the mass, now measuring 3.9x12.2x6.5cm. This was followed by wide excision of the tumor with en-bloc anterior 5th rib resection, frozen section of margins, axillary lymph node dissection and latissimus dorsi flap reconstruction. The patient tolerated the treatment with no recurrence of the tumor upon follow up post-surgery.

Conclusion:

Ewing sarcoma of the breast is rare, and complete immunohistomorphologic work up including FISH test is necessary to confirm the diagnosis. Current guidelines have not reached a consensus in the treatment of this malignancy due to the scarcity of number of cases reported. A disease more commonly diagnosed in the pediatric age group but conspicuously seen in adults on this specific anatomical location may be of interest for future investigation.

Keywords: breast, ewing sarcoma, pediatric oncology, fluorescent in situ hybridization

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TOO CLOSE FOR COMFORT: FETUS-IN-FETU ENCASING AORTA AND SMA IN AN INFANT

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Introduction:

Fetus-in-fetu (FIF) is a rare congenital anomaly with an incidence of 1 in 500,000 births, characterized by a malformed parasitic twin enclosed within its host, most commonly presenting as an abdominal mass in infancy.

Case Presentation:

We report a case of a 6-month-old male infant with progressive abdominal distension and melena. Imaging revealed a well-encapsulated retroperitoneal mass containing cystic and solid components, including rudimentary long bones and a vertebral axis, closely abutting major vessels such as the abdominal aorta, inferior vena cava, branches of the celiac axis, and superior mesenteric artery, as well as the hepatobiliary structures. The patient underwent laparotomy with meticulous dissection to preserve these vital vessels and biliary channels, resulting in complete excision of the mass. Histopathological examination confirmed mature tissues from all three germ layers, consistent with FIF. The postoperative course was uneventful, and the patient remains well on follow-up.

Conclusion:

Complete surgical excision of fetus-in-fetu involving major vascular structures and the hepatobiliary tree demands meticulous preoperative planning and careful intraoperative dissection to preserve vital anatomy and prevent complications. Close proximity or involvement of these critical structures necessitates the use of advanced imaging modalities and intraoperative tools such as Doppler ultrasound and cholangiography to ensure safe and effective removal. Although prognosis following complete excision is excellent, vigilant postoperative surveillance remains essential due to the rare potential for recurrence or malignant transformation.

Keywords: Foetus in feto, pediatric surgery, abdominal mass

PD - 245

LAPAROSCOPIC FUNDUS-FIRST CHOLECYSTECTOMY IN CHILDREN WITH PRIOR ABDOMINAL SURGERY CASE SERIES

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Universidad Nacional Autónoma de México

Introduction: Gallbladder disease is uncommon in children but is increasingly diagnosed. In some cases, adhesions from prior abdominal surgery may hinder standard infundibular dissection during laparoscopic cholecystectomy. The fundus-first (top-down) technique offers a safe alternative for retrograde dissection in these scenarios.

Case Series: We present five pediatric cases of calculous cholecystitis in patients with complex surgical histories.

· Case 1: 12-year-old female with intussusception and multiple bowel surgeries. Presented with 2 years of colicky pain and vomiting. Underwent fundus-first cholecystectomy (75 min, 40 mL blood loss). Oral intake at 18 hours; discharged after 4 days. No complications, 2-year follow-up.

· Case 2: 6-year-old female with NEC and prior resections. Six-month history of pain and vomiting. Surgery lasted 65 minutes with 20 mL blood loss. Intake at 12 hours; discharged after 3 days. No complications at 3 years.

· Case 3: 16-year-old female with enterocolitis and bowel surgeries. Four-year history of intermittent pain. Surgery lasted 45 minutes, 30 mL blood loss. Discharged after 3 days. No complications at 1 year.

· Case 4: 13-year-old female with Hirschsprung's disease. Three-year history of pain. Surgery lasted 65 minutes, 20 mL blood loss. Discharged after 4 days. No complications at 6 months.

· Case 5: 9-year-old male with pyloric stenosis and mucosal perforation. One-year history of pain. Surgery lasted 75 minutes, 40 mL blood loss. Discharged after 3 days. No complications at 2 years.

Conclusion: Fundus-first laparoscopic cholecystectomy is a safe and effective alternative in pediatric patients with complex surgical histories and limited infundibular access.

Keywords: Laparoscopic cholecystectomy, fundus-first approach, pediatric gallstones, postoperative adhesions, case series

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COMPLETE INTERRUPTION OF THE LEFT HEPATIC VEIN IN A PEDIATRIC TRAUMA PATIENT

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Introduction: We aimed to discuss a 15-year-old with stage 5 liver damage requiring emergent laparotomy.

Case presentation: 15-year-old girl was involved in a minibus accident while walking on the street. Focused assessment with sonography in trauma revealed free intraperitoneal fluid. She underwent contrast-enhanced computed tomography scan and found to have grade 5 liver injury with multiple lacerations on the right anterior lobe and almost all of the left lobe, grade 3 right renal injury and displaced left inferior pubic ramus fracture without any other organ damage. Within an hour, emergent laparotomy was performed due to hemodynamic instability.

We underwent left lateral sectionectomy suturing the left hepatic vein stump, ligated left portal vein and left hepatic artery using clips under Pringle's maneuver. After 48 hours, the patient's acidosis and coagulopathy improved, she was taken to the operating theatre again to perform re-laparotomy. She was discharged on day 28. 1-year follow-ups were uneventful.

Conclusion: Techniques used to control bleeding are closely tied to surgical skills, and they must be suitable for the damage, patient, and available support facilities. Exposure is crucial. It is essential to implement automatic extractors. If there is a lethal triad, damage control surgery should be performed. In cases of intractable, acute hemorrhage, Pringle maneuver may be useful. The surgeon must constantly remember intensive vascular control techniques, if serious liver damage does not respond to packing. Collaboration withexperienced hepatopancreaticobiliary surgeons is crucial for optimal outcomes.

Keywords: Liver; Trauma; Pediatrics

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12-YEARS REVIEW OF THE MANAGEMENT OF IATROGENIC OESOPHAGEAL PERFORATIONS

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Iatrogenic Oesophageal Perforation in children is a rare and severe event. The authors report their experience in the management of this pathology in a country with limited resources.

They recorded and studied all Iatrogenic Oesophageal Perforations (IOP) cases treated over a 12-years period.

A total of 8 cases were collected, representing a frequency of 0.6 case per year. The patients'mean age was 3.6 years. The sex rate was 7.

In 4 cases, the IOT occured after an ingestion of caustic products, in two cases it was an ingestion of batteries and in the other two cases an ingestion of coins. The circumstances of perforation were instrumental dilatations and foreign body extractions in 4 cases.

Conservative treatment was exclusive in 4 patients consisting in antibiotics, thoracic drainage, digestive rest. Two patients underwent oesophageal exclusion followed by coloesophagolasty, while the other two patients benefited from a coloesophagolasty after medical care for stabilisation.

The outcome was favourable in 3 patients, in one patient the oesophageal replacement was complicated by a stenosis of the cervical oeso-colic junction, and a total of 4 patients died.

Mortality remains high in a country with limited resources. Surgical treatment should only be considered once the patient has stabilised.

Keywords: iatrogenic oesophageal perforation, children

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PATIENT WITH CONGENITAL EMPHYSEMA, EXTRAPULMONARY SEQUESTRATION AND BRONCHOGENIC CYST: RARE CASE FROM CHILDREN'S CLINICAL UNIVERSITY HOSPITAL

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Introduction: Pulmonary sequestration accounts for 0.15% to 6.40% of all congenital lung malformations.

Pulmonary sequestration is a condition in which a segment or lobe of dysplastic lung tissue exists with no communication with the rest of the tracheobronchial tree and receives an anomalous systemic vascular supply, separate from the rest of the lung. It is, therefore, a nonfunctional tissue.

This is a rare clinical case – a patient with 3 rare congenital lung malformations – congenital emphysema of the lower lobe of the left lung, left-sided extrapulmonary intrathoracic sequestration and bronchogenic cyst on the diafragm.

Case presentation: The child was born from IV pregnancy, IV delivery, at 39+1 weeks of gestation. Indicated delivery. Antenatal suspicion of cystic adenomatous malformation of the left lung. CT scan of the lungs performed, revealing lobar emphysema of the lower lobe of the left lung.

The child has no respiratory insufficiency. After 6 months, an MRI was performed, which revealed hyperventilation of the S6 and S9 segments of the left lung, against which elongated cystic structures were visible - a finding consistent with the CT scan. A benign cystic formation was also detected on the left side - differential diagnosis between a diaphragmatic cyst and an intradiaphragmatic bronchogenic cyst.

On 8 April 2025, surgical treatment was performed – left-sided thoracoscopy – lower lobe resection; left-sided thoracoscopic extrapulmonary sequestration resection and video-assisted diaphragmatic formation extirpation.

Histological response - lung tissue with emphysematous and atelectatic changes; lung tissue sequestration and bronchogenic cyst.

Conclusions: Despite its rarity, some radiological features are sufficiently suggestive of diagnosis of pulmonary sequestration. Advanced imaging modalities, such as CT and MRI, play a crucial role in accurately diagnosing this condition by identifying the aberrant arterial supply and the sequestered lung tissue. Surgical resection remains the definitive treatment for extrapulmonary sequestration, with the potential for excellent outcomes when appropriately managed.

Keywords: Pulmonary sequestration; bronchogenic cyst; congenital emphysema

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PTCA BALLOON OCCLUSION FOR ESOPHAGEAL-TRACHEAL FISTULAS: CLINICAL APPLICATIONS

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Objective: This study aimed to explore a novel airway management strategy using a percutaneous transluminal coronary angioplasty (PTCA) balloon catheter to occlude the fistula, evaluating its feasibility and advantages in esophageal atresia/tracheoesophageal fistula (EA/TEF) surgery.

Methods: A Type C esophageal atresia patient with a tracheoesophageal fistula, whose fistula is located approximately 1.5 cm from the tracheal carina, underwent preoperative measurement of the fistula size, and an appropriately sized PTCA balloon dilation catheter was selected。Anesthesia induction was performed using esketamine, dexmedetomidine, and sevoflurane with spontaneous breathing. After topical anesthesia with 1% lidocaine under nasal fiberoptic bronchoscopy guidance, both the bronchoscope and PTCA catheter were inserted under videolaryngoscope assistance to locate the fistula and place the balloon for occlusion. Subsequently, an endotracheal tube was inserted, and after confirming proper balloon positioning, controlled ventilation was initiated. The surgery was performed via thoracoscopy in the lateral decubitus position, with intraoperative blood gas monitoring to maintain stable ventilation. Postoperatively, the patient was transferred to the ICU with the endotracheal tube in place

Results: The PTCA balloon catheter successfully occluded the fistula, with no intraoperative gastric distension, reflux, or hypoxemia observed. Ventilation was effective。

Conclusion: The PTCA balloon dilation catheter can effectively seal the fistula, preventing air leakage and gastric distension. Its soft material minimizes the risk of airway compression, thereby reducing post-compression complications. This study provides new insights into the perioperative anesthetic management of tracheoesophageal fistula。

Keywords: Tracheoesophageal Fistula , Anaesthesia , PTCA

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ATTENTION TO MITCHELL-RILEY SYNDROME IN TWO SISTERS WITH PRENATAL GALLBLADDER AGENESIS AND DUODENAL ATRESIA

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Introduction: Isolated gallbladder agenesis can have an uneventful course.In this study, two cases of prenatal gallbladder agenesis and duodenal atresia,born two years apart as sisters,are presented in order to draw attention to Mitchell-Riley Syndrome,characterized by duodenal atresia,gallbladder agenesis,exocrine pancreatic insufficiency,and neonatal diabetes,as well as its fatal course.

Cases Presentation: The first-living-male-child born of a-second-degree consanguineous marriage, aged 3, had Type-1-Diabetes.The second and third female babies had prenatal gallbladder agenesis and duodenal atresia.

The first and second female babies were born at [37+3weeks according to SAT, 27+4weeks according to US, 1230grs by C/S] and [37+5weeks according to SAT, 32+4weeks according to US, 1300grs by C/S], respectively.Hypoglycemia attacks were regulated with fluid therapy in the first postnatal days, and when they were operated on the third-day, both of their livers appeared normal, no gallbladder was observed, and they had annular pancreases.

Type-1(Windsock)duodenal atresia was repaired.After transitioning to full-dose enteral feeding,fasting/feeding hepatobiliary ultrasounds did not show a gallbladder,and no dilation was observed in the intrahepatic bile ducts.Both infants had colic stools,and pancreatic exocrine dysfunction was confirmed with a pancreatic elastase level of 3 mcg/g in the stool.In the first patient,opisthotonus developed on the 20th postoperative day, and in the second,it developed on the 27th day.The cause of opisthotonus could not be determined during neurological evaluations,and both infants were transferred to the pediatric intensive care unit.Both were lost at the fourth month.

Genetic testing of both babies and the father revealed a duplication of approximately 506.8 kb at the Xq27.3 region;this region includes the SPANXN1 gene,and the clinical significance of this finding is uncertain(VUS).

Conclusions: The first brother had Type-I diabetes,prenatal gallbladder agenesis and duodenal atresia,and two sisters had fatal postnatal exocrine pancreas disorder and hypoglycemia attacks,which were consistent with the Mitchell-Riley Syndrome clinic.The risk of recurrence of these rare syndromes increases in consanguineous marriage pregnancies.Prenatal follow-up and genetic counseling are important for early diagnosis.

Keywords: Mitchell-Riley Syndrome, Gallbladder Agenesis, Duodenal Atresia, Pancreatic Insufficiency

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IGG4-RELATED DISEASE PRESENTING AS GASTRIC OUTLET OBSTRUCTION IN A 12-YEAR-OLD: A CASE REPORT AND LITERATURE REVIEW

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Sidra Medicine, Qatar

Introduction:

IgG4-related disease (IgG4-RD) is a rare, systemic fibroinflammatory condition characterized by elevated serum IgG4 levels and infiltration of IgG4-positive plasma cells into various organs. While it affects middle-aged males, pediatric cases are increasingly recognized. Gastric outlet obstruction (GOO) due to IgG4-RD is exceptionally uncommon in children, posing significant diagnostic challenges.

Case presentation:

We report a 12-year-old male with a history of inguinal hernia and a family history of testicular cancer. He presented with a two-year history of progressive abdominal pain, loss of appetite, weight loss, chronic vomiting, malnutrition, and anemia, leading to failure to thrive. Imaging studies, including abdominal CT, revealed a significant duodenal mass causing GOO. Initial upper gastrointestinal endoscopy (OGD) was unsuccessful due to the mass's size. Subsequently, laparoscopy and laparotomy were performed; however, only a biopsy was obtained due to the mass's high vascularity. Intraoperative findings included duodenal perforation, prompting the decision to perform gastrojejunostomy with pyloric exclusion.

Histopathological examination of the biopsy specimen revealed fibrosis, plasma cell infiltration, and a characteristic "cartwheeling" pattern of IgG4-positive plasma cells, confirming the diagnosis of IgG4-RD. Postoperatively, the patient developed significantly elevated liver enzymes, and imaging revealed severe intrahepatic and extrahepatic bile duct dilatation. An external biliary drain was placed by interventional radiology, leading to subsequent improvement in liver function tests.

The rheumatology team initiated treatment with corticosteroids and Rituximab to manage the disease and minimize steroid use. As of the latest follow-up, the patient remains on steroids and Rituximab, with decreasing biliary output and plan is to remove the drain.

Conclusion:

This case underscores the importance of considering IgG4-RD in the differential diagnosis of pediatric Gastric Outlet Obstruction. Early recognition and appropriate steroids and immunosuppressive therapy can prevent irreversible organ damage and obviate the need for invasive procedures.

Keywords: IgG4-related disease (IgG4-RD), Gastric outlet obstruction (GOO)

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CONGENITAL URETHRAL STENOSIS IN A FEMALE INFANT WITH A FUNCTIONAL SOLITARY KIDNEY: A RARE CASE AND REVIEW OF THE LITERATURE

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Introduction:

Congenital urethral stenosis (CUS) in female infants is an exceptionally rare urological anomaly. Its occurrence in conjunction with vesicoureteral reflux (VUR) and solitary functional kidney poses significant diagnostic and therapeutic challenges. Prompt identification and management are crucial to safeguard renal function in such complex cases.

Case presentation:

We describe the case of a 33-month-old girl, born at 26 weeks' gestation, with a complex medical history including omphalocele repair, ventriculitis, retinopathy of prematurity, and a chromosomal anomaly. She experienced recurrent urinary tract infections (UTIs) and progressive hydronephrosis affecting her only functional kidney. Catheterization attempts failed due to an abnormally narrowed urethral meatus. Examination under anesthesia confirmed congenital urethral stenosis. Urethral dilation permitted catheter insertion and voiding cystourethrogram (VCUG), which revealed a diverticular bladder, high-grade VUR, and ectopic ureteral insertion. Owing to persistent UTIs and difficulty performing clean intermittent catheterization, a vesicostomy was performed, leading to clinical stabilization, UTI resolution, and improved hydronephrosis and renal function.

Conclusion:

This case emphasizes the importance of considering urethral stenosis in the differential diagnosis of bladder outlet obstruction in female infants. For patients with a solitary kidney and neurodevelopmental challenges, individualized surgical approaches such as vesicostomy may offer an optimal strategy for preserving renal function.

Keywords: Urology, Child, Urethral obstruction, Vesicoureteral Reflux, Vesicostomy

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CONGENITAL POUCH COLON: ASSOCIATION OF TRIPLE VERMIFORM APPENDIX AND CONGENITAL AUTOAUGMENTATION

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Aim:

A case of a male newborn diagnosed with congenital pouch colon-associated anal atresia, complicated by a fistula connecting to the umbilicus, triplication of the vermiform appendix, and congenital stenosis of the bladder neck, is presented.

Method:

The patient underwent emergency surgery at an external center, where the umbilical fistula was excised, an ileal diversion stoma was created, and a vesicostomy was performed. Postoperatively, functional stool passage from the ileostomy and urine output from the vesicostomy were observed. A roughly 2 cm segment between the urethra and bladder neck was completely closed.

At one year of age, the patient was referred for definitive surgery. A posterior sagittal anorectal pull-through procedure was performed. Three appendices and the pouch colon were excised. The ileostomy was reversed, and a J-pouch was created from the ileum. Anoplasty was done directly in place of the anus with anastomosis. The bladder neck was found completely closed, and the vesicostomy was revised. The presence of a fistula from the bladder to the umbilicus and complete closure of the bladder neck at birth suggested congenital autoaugmentation.

Results:

Congenital pouch colon is an extremely rare congenital condition, with very few cases reported in Turkey. It presents with anal atresia and abdominal distension, often accompanied by constipation and vomiting. Most cases involve fistulas with the urinary system and sometimes, as in this case, appendix anomalies. This condition is serious and may lead to megacolon, intestinal perforation, and early mortality.

Conclusion:

This case is notable for three main reasons: its rarity in Turkey, the coexistence of multiple anomalies including umbilical fistula and appendix triplication, and the unique combination of bladder neck closure with bladder-to-umbilicus fistula, which is first reported here. Proper surgical management is crucial to prevent complications. The congenital autoaugmentation feature distinguishes this case from others in the literature.

Keywords: Congenital pouch colon, colon, pouch, CPC

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LAPAROSCOPIC-ASSISTED RECONSTRUCTIVE MANAGEMENT OF PERINEAL DEFECT DUE TO ECTHYMA GANGRENOSUM

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Introduction

Ecthyma gangrenosum is a rapidly spreading and potentially lethal condition. It usually occurs in patients who are severely immunocompromised. We reported a case of ecthyma gangrenosum in an immunocompromised patient involving perineal lesions, which leaded to severe deformity of perineum.

Case Report

A 6-year-old girl with very severe aplastic anemia was admitted to our hospital with continuous high fever for 2 weeks and anal pain for 1 week. Physical examination showed necrotic lesions and deep ulcerations in the perineal body and perianal area. There was rapidly deterioration in patient's general condition and her perineal area. The lesions progressed to that a floating free-standing anus was noted concomitant with the beginning of necrotic changes in the anal mucosa. An emergency ileostomy and debridement were performed.

After her progressive perianal healing, perineal area was disrupted with scars of the perineal body, loss of the anal sphincters and anal atresia. So laparoscopic-assisted perineal reconstruction wad performed one year later. Laparoscopic mobilization was carried out at the beginning of surgery. Then carefully remove the undesirable scar tissue and assess the loss of the distal rectovaginal septum during the perineal dissection. The posterior vaginal wall was dissected out as needed until enough pliable and redundant tissue is exposed to allow for interrupted suturing. Under direct visualization, the distal rectum is retrieved.

The patient obtained uneventful postoperative recovery, with an acceptable perineal appearance. However, due to severe damage of anal sphincter, the new anus was difficult to control bowel movements, and the ileostomy was not closed.

Discussion

Perianal sepsis with ecthyma gangrenosum is a severe and potentially mutilating complication in immunocompromised children. Diverting colostomy should be performed when an untractable perianal and endoanal ecthyma gangrenosum is present. Although laparoscopic-assisted reconstructive management can get an acceptable perineal appearance, the anal function is difficult to restore.

Keywords: Laparoscopic, Perineal reconstruction, Perineal Defect, Ecthyma Gangrenosum

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INTERNAL HERNIATION-RELATED VOLVULUS AND GASTROJEJUNIAL FISTULAS IN REVERSE ROTATION ANOMALY: A RARE CASE

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Backround:

Reverse rotation anomaly is a rare form of intestinal malrotation characterized by the transverse colon passing posterior to the superior mesenteric artery (SMA). This aberrant anatomical configuration may result in internal herniation, bowel obstruction, and, rarely, spontaneous fistula formation. Case Presentation: A 10-year-old girl presented with a one-month history of colicky abdominal pain. Abdominal CT showed the transverse colon located posterior to the SMA, with anteriorly displaced small bowel loops, suggestive of reverse rotation anomaly. Diagnostic laparoscopy was initiated and followed by laparotomy due to the complexity of findings. Intraoperatively, the transverse colon was found entrapped between the small intestines and SMA. The small bowel exhibited a volvulus-like twist. Two mesocolic defects were identified: one large and one measuring 3x2 cm. A segment of small intestine had herniated through the smaller defect and formed two gastrojejunial fistulas adherent to the stomach. Both fistulas were dissected and primarily repaired. The bowel was reduced and returned to its anatomical location. The mesocolic defects were closed, and an appendectomy was performed. The postoperative course was uneventful. Conclusion: This rare pediatric case highlights reverse rotation anomaly as an unusual cause of internal herniation, volvulus, and spontaneous gastrojejunial fistulas. To our knowledge, this is the first reported case combining all three complications. Early recognition and timely surgical management are essential to prevent life-threatening outcomes.

Keywords: Reverse rotation anomaly, Internal herniation, Volvulus, Gastrojejunial fistulas

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A RARE PRESENTATION OF AN ABORTED DUPLICATION CYST MIMICKING GASTROSCHISIS: A CASE REPORT

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Introduction:

Gastroschisis is a congenital abdominal wall defect typically identified antenatally, requiring prompt postnatal management involving reduction of herniated viscera and abdominal wall closure. The standard of care mandates preservation of viable bowel and delayed closure if primary reduction is not feasible. We report an unusual case of a term neonate with postnatally diagnosed gastroschisis, wherein the exteriorized mass was a non-communicating cystic lesion, ultimately managed with primary excision and closure.

Case Presentation:

A full-term male neonate, delivered vaginally without prior antenatal diagnosis, was noted at birth to have an anterior abdominal wall defect with exteriorized gut-like structure. The baby was hemodynamically stable and explored 8 hours after birth. Intraoperatively, the exposed mass exhibited gut signature and a Meckel's-like projection, yet was non-communicating with the bowel lumen. The lesion was found to arise from the mesentery of the terminal ileum. In deviation from conventional gastroschisis repair protocols, the mass was excised entirely due to its isolated nature, followed by primary rectus sheath repair and umbilicoplasty. Enteral feeds were initiated on postoperative day one, and the neonate was discharged uneventfully by postoperative day four. Histopathological analysis revealed an aborted enteric duplication cyst with complete epithelial sloughing, entrapped keratinous debris, and chronic inflammatory response, likely secondary to prolonged amniotic exposure.

Conclusion:

This case underscores the importance of individualized surgical decision-making in neonates with anterior abdominal wall defects. Though reduction and delayed closure is the norm in gastroschisis, selected cases with non-functional, isolated cystic lesions may benefit from primary excision, enabling early recovery and obviating the need for staged procedures.

Keywords: Gastroschisis, Duplication cyst, Neonatal surgery, Hernia, Anterior abdominal wall defects.

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BUTTERFLY-SHAPED CYSTIC LYMPHANGIOMA OF THE ILEUM IN A CHILD: A RARE CAUSE OF ABDOMINO-PELVIC MASS MANAGED BY LAPAROSCOPY

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Introduction:

Cystic lymphangioma is a rare, benign neoplasm of lymphatic origin, usually presenting as a sporadic, solitary lesion. It typically occurs in the head and neck region but can occasionally develop intra-abdominally. When located in the abdomino-pelvic cavity, it may mimic other cystic masses and present diagnostic and therapeutic challenges. Laparoscopic surgery has become the gold standard for managing intra-abdominal cystic lesions, offering both precise exploration and safe, minimally invasive resection.

Case Presentation:

We report the case of a five-year-old girl who presented with paroxysmal abdominal pain, vomiting, and constipation. Physical examination was unremarkable. Abdominal ultrasound and CT scan revealed a large multilocular cystic mass measuring 125 × 35 × 71 mm, with polycyclic contours molding the intestinal loops, suggestive of a cystic lymphangioma. The patient underwent laparoscopy-assisted surgery, which allowed comprehensive exploration of the abdominal cavity. A multilocular, butterfly-shaped cystic mass extending over 15 cm of the ileum was identified. The mass was carefully externalized through the umbilical port, and an en-bloc resection with 2 cm safety margins was performed, followed by an end-to-end intestinal anastomosis.

Conclusion:

Abdomino-pelvic cystic lymphangioma in children is a rare condition requiring careful evaluation and complete surgical excision to prevent recurrence. Laparoscopy provides a minimally invasive approach with optimal visualization and safe resection. In this case, postoperative recovery was uneventful, and the patient remained asymptomatic with no recurrence after one year of follow-up.

Keywords: Cystic lymphangioma, Abdomino-pelvic mass, Laparoscopic surgery, Pediatric case

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EXCISION OF A RECTAL DUPLICATION CYST IN PROXIMITY TO THE GLOMUS COCCYGEUM - AN UNUSUAL CAUSE OF INTRAOPERATIVE BLEEDING: A CASE REPORT

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Introduction: Rectal duplication cysts are rare congenital anomalies, accounting for approximately four percent of all gastrointestinal duplication cysts. The glomus coccygeum is a vascular structure located around the tip of the coccyx. This case report details an adolescent female with a rectal duplication cyst, where incidental dissection of the glomus coccygeum during surgery resulted in unexpected blood loss.

Case Presentation: A 19-year-old female with a history of anal transposition surgery for an imperforate anus and rectoperineal fistula as a newborn presented to the clinic with a four-month history of an enlarging posterior perianal mass with intermittent drainage. Magnetic Resonance Imaging showed a cystic structure, consistent with a congenital duplication cyst. She subsequently underwent excision of the congenital duplication cyst. A tubular cystic structure approximately 6x2.5 centimeters in diameter was present in the superior perianal area draining gray-brown fluid. Surprisingly, there was about 400cc of blood loss during excision. An incidental finding of a glomus body, consistent with a glomus coccygeum, was found during pathological examination.

Conclusion: Rectal duplication cysts are rare congenital anomalies that require careful excision due to their proximity to the glomus coccygeum. Although the glomus coccygeum is infrequently encountered, it is important for surgeons to be familiar with this anatomical structure to minimize the risk of unexpected bleeding.

Keywords: Rectal duplication cyst, glomus coccygeum, glomus tumor, intraoperative bleeding, case report

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EXTRASKELETAL MYXOID CHONDROSARCOMA OF GLUTEAL REGION MIMICKING INTERGLUTEAL ABSCESS IN A 9-YEAR-OLD GIRL

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Background:

Extraskeletal myxoid chondrosarcoma (EMC) is a rare soft tissue tumor which typically occurs in adults. EMC is rarely seen in children, predominantly arises in the lower extremities, head and neck region. However, gluteal involvement in a pediatric patient has not been previously documented. Herein, a case with ECM arising in the gluteal subcutaneous tissue of a 9-year-old girl, initially thought to be a intergluteal abscess was reported.

Case report:

The patient admitted with a painless subcutaneous mass in the gluteal region. There were no associated systemic complaints. A well-defined, mobile, and elastic subcutaneous mass measuring 4×5 cm was palpated having an intact overlying skin. MRI revealed a well-circumscribed, lobulated mass located in the midline subcutaneous adipose tissue of the gluteal region with a diameter of 45×35×32 mm. The lesion appeared hyperintense on T2-weighted sequences and exhibited heterogeneous enhancement following contrast administration without any infiltration of adjacent musculature or pelvic structures. Surgical exploration revealed an encapsulated mass easily separable from surrounding tissues. The mass was completely excised. Histopathologic examination revealed uniform spindle to oval cells arranged in cords and strands within abundant myxoid stroma. Immunohistochemistry showed diffuse positivity for vimentin and S100, while epithelial and myogenic markers were negative. FISH analysis for NR4A3 rearrangement yielded a negative result. The findings were consistent with diagnosis of EMC. The post-operative PET-CT revealed absence of any detectable metastasis, so adjuvant treatment was not administered. The patient is still under follow-up uneventfully.

Conclusion:

Gluteal localization of EMC has not been previously described in the pediatric population. This case highlights the importance of considering malignant soft tissue tumors in the differential diagnosis of atypical subcutaneous lesions in children. Complete surgical excision remains the cornerstone of treatment.

Keywords: Chondrosarcoma, Myxoid, Soft Tissue Neoplasms, extraskeletal sarcoma

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GLIOMATOSIS PERITONEI IN A CHILD FOLLOWING RUPTURED IMMATURE OVARIAN TERATOMA: A CASE REPORT AND RANAGEMENT INSIGHTS

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Background:

Gliomatosis peritonei (GP) is a rare condition characterized by the presence of mature glial tissue in the peritoneal cavity, typically associated with immature ovarian teratomas. While GP is usually benign and carries a favorable prognosis, malignant transformation has been reported.

Case Presentation:

A 12-year-old girl with no prior medical history presented with abdominal pain and vomiting. Clinical examination revealed a right iliac fossa mass. Imaging showed a large, heterogeneous abdominopelvic mass with calcifications, likely of left ovarian origin, displacing the right ureter and iliac vessels. Tumor markers revealed elevated AFP (2170 UI/L) and negative β-hCG, suggesting an immature teratoma with a yolk sac component. Emergency surgery was performed due to suspected ovarian torsion.

Intraoperatively, a ruptured bilobed left ovarian mass (~20 cm) was found, adherent to the omentum, transverse colon, and small bowel. No ascites, peritoneal nodules, or lymphadenopathy were noted. A left adnexectomy, omentectomy, and peritoneal biopsies were performed. Histology confirmed a ruptured grade 3 immature teratoma without yolk sac elements. Tumor deposits were present in the omentum.

Postoperatively, the patient received three cycles of BEP (Bleomycin, Etoposide, Cisplatin). Despite an initial drop in AFP, follow-up imaging at 3 months showed radiological progression per RECIST 1.1 criteria, with increasing size of subdiaphragmatic, hepatic hilar, and pelvic nodules, and new subcapsular hepatic lesions. PET scan revealed hypermetabolic activity suggestive of viable tumor.

After multidisciplinary review, cytoreductive surgery was performed, including resection of all the nodules from the right hemidiaphragm, hepatic hilum, pelvis, and paracolic gutter. The postoperative course was uneventful, and histopathology revealed mature teratoma tissue, consistent with gliomatosi peritonei

Conclusion:

This case highlights the rare evolution of immature ovarian teratoma into GP in a pediatric patient. Complete surgical resection remains the cornerstone of treatment for mature peritoneal implants. GP should be considered in any child with peritoneal or omental nodules following treatment for immature teratoma, especially in the context of declining AFP and radiologic progression.

Keywords: Immature teratoma, gliomatosis, maturation, multidisciplinary

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A RARE BUT TYPICAL COMPLICATION AFTER SURGERY FOR CHOLEDOCHAL CYST: CASE OF RESIDUAL CYST

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Introduction:

Choledochal cysts may involve both extrahepatic and intrahepatic biliary duct dilation. Complete surgical excision is the goal, but residual cysts can occur, leading to significant morbidity. Residual cysts represent incomplete resection of the cyst, which can be challenging due to the intricate anatomy of the biliary tree, especially with multiple dialation of common bile duct.

Case Presentation:

A 9-year-old male, who underwent surgical resection of choledochal cyst at age 5, presented with a 4-days history of intermittent right upper quadrant abdominal pain, episodes of vomit, and diarrhea. Initial laboratory investigations revealed elevated liver enzymes (AST, ALT, GGT) and bilirubin.

A magnetic resonance cholangiopancreatography (MRCP) demonstrated a residual extrahepatic cystic dilatation in the pancreatic portion of the common bile duct. The residual cyst contained sludge and small stones.

The patient reported experiencing similar episodes of pain over the past two years, which were managed conservatively with antibiotics and analgesics. However, the frequency and severity of these episodes had increased recently.

Surgical planning was complex due to the previous surgery and the location of the residual cyst in the pancreas. After careful evaluation, a decision was made for surgical re-intervention. A robotic-assisted surgery was performed, removing the residual cyst and any stones. The patient recovered well post-operatively, with resolution of symptoms and normalization of lab tests. Follow up ultrasound post-operatively showed no evidence of residual cysts or intrahepatic duct dilatation.

Conclusion:

Residual cysts are a significant complication following choledochal cyst surgery, requiring careful post-operative surveillance.Accurate identification and management of residual cysts are essential to prevent recurrent biliary complications.Surgical re-intervention may be necessary, but it can be technically challenging. Long term follow up is required to monitor for residual cysts, and any complications arising from them.

Keywords: choledochal cyst, residual cyst, robotic-assisted

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NEW TECHNOLOGIES IN LAPAROSCOPIC TREATMENT OF ACQUIRED LIVER CYSTS

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Laparoscopic ultrasound is a method that combines the principles of intraoperative ultrasound and laparoscopy. Due to the impossibility of palpation during laparoscopic operations, which are often accompanied by inflammatory-infiltrative changes and abnormal vessel and duct anatomy, the use of laparoscopic ultrasound allows for the avoidance of iatrogenies and exploratory laparotomies.

Objective of the study: improving the results of laparoscopic treatment of acquired liver cysts by using intraoperative ultrasound navigation

Clinical case of treatment of a 15-year-old girl. Seven months ago, multiport laparoscopic echinococcectomy SVI-SVIII was performed for a large parasitic cyst (980 ml). According to ultrasound and CT data, there is a residual cavity in the right lobe of the liver SVIII (dimensions 100x72x97 mm, volume 350 cm ^ 3). Studies on the recurrence of liver echinococcus are negative. Multiport laparoscopic cystectomy with intraoperative ultrasound navigation with a miniature Arietta 750SE sensor (Fujifilm, Japan) was performed. A cystic formation measuring 6.0 x 10.0 cm in the right lobe of the liver (SVII-SVIII) was detected. Using an ultrasonic scalpel, the cyst was opened, and about 380 ml of yellow-green fluid was obtained. The fibrously altered cyst capsule was excised with the treatment of the walls of the residual cavity. A safety drainage was installed. The use of the proposed intraoperative complementation ensured a significant reduction in the time of the surgical intervention, prevented the development of intra- and postoperative complications, and ensured the patient's safety in the hospital.

Keywords: acquired liver cyst, laparoscopy, intraoperative ultrasound navigation, hydatid cyst, liver, children

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PEDIATRIC BILE DUCT INJURY AFTER LAPAROSCOPIC CHOLECYSTECTOMY: RARE BUT SERIOUS SURGICAL COMPLICATION

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Introduction:

Laparoscopic cholecystectomy is widely regarded as the standard of care for symptomatic gallbladder disease in pediatric populations. Although rare, iatrogenic bile duct injury (BDI) remains one of the most severe complications, with potentially life-threatening consequences. Pediatric data on this topic are scarce, and awareness is limited. We report a series of three major BDIs occurring during laparoscopic cholecystectomy in children, highlighting diagnostic challenges and surgical management strategies.

Results:

Three children (aged 9-11 years) presented postoperatively with signs suggestive of bile duct injury. The initial postoperative course was marked by nonspecific symptoms including abdominal distension, persistent bilious drainage, vomiting, and in one case, acholic stools. Imaging studies ultrasound and CT scans revealed significant intraperitoneal fluid collections and postoperative changes, suggesting bile leakage or incomplete cholecystectomy. Surgical exploration in all three cases revealed major bile duct injuries. One child had a complete transection of the common hepatic duct, another had a posterior bile duct laceration with residual gallbladder tissue, and the third had a full transection of the common bile duct. Management consisted of biliary-enteric reconstruction in all patients: two underwent Roux-en-Y hepaticojejunostomy with favorable outcomes, while the third, despite prompt surgical intervention, succumbed to postoperative septic complications.

Conclusion:

Major bile duct injuries during pediatric laparoscopic cholecystectomy, although infrequent, pose substantial diagnostic and therapeutic challenges. Clinical vigilance for early warning signs, timely imaging, and prompt surgical intervention are essential for favorable outcomes. This series underscores the critical importance of careful dissection and an in-depth understanding of pediatric biliary anatomy to minimize the risk of iatrogenic injury.

Keywords: Laparoscopic cholecystectomy, complication, mortality

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THE HIDDEN CAUSE OF CONSTIPATION: A PEDIATRIC CASE SERIES ON PRESACRAL MASSES

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Presacral masses are rare, with an estimated incidence of 1.4–6.3 cases annually in adults and even fewer in children. The majority are congenital in origin and represent a wide spectrum of pathologies, including neoplastic lesions such as germ cell and neurogenic tumors, development cysts, and infectious causes. Sacrococcygeal teratomas are the most commonly encountered type in the pediatric population. Diagnosing presacral tumors can be challenging due to their nonspecific clinical presentation, most notably chronic constipation, which often leads to delays in recognition and treatment. We report four pediatric cases of presacral masses presenting with persistent constipation over a one-year period. The underlying diagnoses included an immature teratoma, a mixed germ cell tumor, a ganglioneuroblastoma, and a hydatid cyst. In all cases, diagnosis was delayed due to the absence of externally visible signs and the nonspecific nature of symptoms. Each patient underwent thorough clinical evaluation, imaging, and upfront surgical excision. These cases underscore the importance of maintaining a high index of suspicion for presacral masses in children with refractory constipation. Careful history-taking and physical examination, including digital rectal examination, are critical, as the majority of these masses are palpable despite their deep location. Early recognition and appropriate imaging can facilitate timely intervention and improve outcomes.

Keywords: Presacral mass, retrorectal, saccrococcygeal teratoma, currarino syndrome, constipation

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GIANT MESENTERIC TERATOMA: UN COMMON INTRA-ABDOMINAL MASS OF INFANCY

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Introduction:

Intra-abdominal masses in the neonatal period are quite common, being found in approximately one in every 1000 live births. Germ cells tumors, including teratomas, account for 9% of all intra-abdominal tumors in children. Teratomas are a type of germ cell tumor that contains embryological tissues from all the three germ cell layers. The teratoma sites of predilection are the sacrococcygeal (60–65%), gonadal (10–20%), mediastinal (5–10%), presacral (5%), retroperitoneal, cervical, and rarely the intracranial regions. Rarely, teratomas are localized to abdominal organs accounting for less than 1% of all teratomas.

We report a case of three month-old male infant who was complaining of progressive abdominal distension since birth and non-bilious vomiting. On exploration large mesenteric mass about (20 ×20 × 10 cm) weighing (2.200 kg) arising near the root of mesentery of the small bowel with an ileal segment about 25 cm attached to it. The histopathological examination showed grade II immature teratoma.

Case presentation:

A Three -month-old male infant weighted 7.500 Kg, born at full term caesarian section delivery, presented to the pediatric surgery outpatient department of El-Shatby university Hospital, Alexandria University, Egypt, with progressively enlarging abdominal distension since birth and recurrent attacks of non-bilious vomiting. On examination, the abdomen was markedly distended, no tenderness and a palpable mass occupying almost whole abdomen. An abdominal ultrasound was done revealed a sizable heterogeneous pelvi-abdominal mass 8.8 x14.4 cm showing multiple areas of cystic changes with detected vascularity on color Doppler seen inseparable from left lobe of the liver and minimal free turbid intra-peritoneal fluid. CECT scan showed large solid and cystic mass with internal septations measured 13x 16x13.5 cm displacing small bowel loops. The mass is extending from the epigastrium downward to the pelvis. Features are suggestive of a rare benign intra-abdominal mass of infancy mostly intra-abdominal teratoma.Tumor markers levels showed raised Alfa fetoprotein 80 ng/ml (normal 0–8 ng/ml) and normal β Hcg

Method and results:

Intra-operatively, exploratory laparotomy through extended right transverse incision revealed large mesenteric mass about (20 ×20 × 10 cm) weighing (2.200 kg) arising near the root of mesentery of the small bowel with an ileal segment about 25 cm attached to it, 20 cm from ileocaecal valve. Meticulous dissection and complete resection of the mass from the attached ileal segment without any ileal resection.(Fig.2) The operation went well, the patient started oral feeding in the 2nd postoperative day and discharged after achieving full oral feeding with no problems.

Histopathological examination revealed a mass with multicystic spaces lined with keratinized stratified squamous epithelium with scattered intestinal glands, salivary glands, cystic spaces lined with mucin secreting cells, fat cell and brain tissue with atypia and increased mitotic activity. Features consistent with grade II immature teratoma.

Conclusion:

Teratomas, account for 9% of all intra-abdominal tumors in children. Rarely, teratomas are localized to abdominal organs accounting for less than 1% of all teratomas. In the known literature, only 22 cases of mesenteric teratoma were reported and the youngest patient reported in the literature is a one month old girl by Srivastava and Ghritlaharey in 2011. We believed that this is the only case of such a large size for immature teratoma in a young infant.

Keywords: Mesenteric teratoma, Immature teratoma, Progressive abdominal distension, Case report.

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ANTI-NMDAR ANTIBODIES ENCEPHALITIS MANIFESTING WITH PSYCHOSIS IN AN ADOLESCENT GIRL WITH OVARIAN TERATOMA: CASE REPORT AND SYSTEMIC REVIEW

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Introduction:
Teratoma is a rare type of germ cell tumor containing tissues or organs like muscles, bones, hair, or teeth. It can develop mature or immature anywhere in the body, but mostly in the spine or gonads. Ovarian teratomas constitute the majority of ovarian germ cell tumors, accounting for 95% [1][2].
Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis is defined as an autoimmune disorder represented by neuropsychiatric symptoms, memory disturbances, and neurological deficits, most frequently affecting young women [3]. These symptoms are usually apparent after a nonspecific prodromal phase of headache or flu-like illness [4]. In teratoma-related anti-NMDAR antibodies encephalitis, the neuropsychiatric symptoms manifest if the tumor contains neuronal tissue and anti-MNDAR. Unfortunately, sometimes these symptoms can be mistaken for psychological rather than organic illness, which leads to delayed diagnosis, treatment, and outcome [5].
In this case report, we present a case of psychosis related to teratoma and NMDAR receptors, emphasizing the diagnostic challenges and the necessity of considering paraneoplastic autoimmune encephalitis in patients exhibiting new-onset psychiatric symptoms. A systematic review of similar cases is included in the literature review.

Keywords: Ovarian teratomas, autoimmune encephalitis, psychosis, NMDAR antibodies

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PNEUMOTHORAX REVEALING A HYDATID CYST RUPTURED INTO THE PLEURAL CAVITY

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Introduction:

Pulmonary hydatid disease continues to pose a significant health concern in endemic regions, especially among pediatric populations. When a cyst ruptures into the pleural space, the clinical presentation can mimic other thoracic emergencies, often delaying accurate diagnosis and appropriate management. We report a rare and instructive case of a ruptured hydatid cyst into the pleural cavity in a child, initially misdiagnosed as a complicated pneumothorax.

Case:

An 8-year-old girl with no prior medical history, was referred to our Pediatric Surgery Unit at the Children's Hospital in Tunis, Tunisia for further management of a right-sided total and compressive pneumothorax initially drained in a regional hospital.

Despite the severity of the radiologic findings, she remained clinically stable in ambient air. Laboratory results showed marked inflammation (WBC: 17,000/mm³; CRP: 199 mg/L). A chest CT scan performed on day 7 revealed a large air-fluid cavity (80×50×77 mm) in the right lower lung lobe, communicating with the pleural cavity through a posterior defect, associated with pleural effusion and right lower lobe collapse. Abdominal imaging excluded hepatic or intra-abdominal hydatid disease.

Initial differential diagnoses included ruptured hydatid cyst, congenital pulmonary malformation, or post-infectious pneumatocèle. The patient was discharged under antibiotics, with close outpatient monitoring. A follow-up CT showed a stable cavity with persistent pleuro-parenchymal communication and serpiginous structures.

Surgical exploration confirmed a ruptured and superinfected hydatid cyst of the right lower lobe. A cystectomy with capitonnage and pleural drainage was performed. Postoperative recovery was uneventful. The patient was discharged on albendazole and antibiotics. At 2-year follow-up, the patient remained asymptomatic with no recurrence.

Conclusion:

Pulmonary hydatid cyst rupture into the pleural cavity may initially mimic other pathologies, complicating early diagnosis. High clinical suspicion and appropriate imaging are critical. Early surgical intervention, combined with antiparasitic treatment, ensures favorable long-term outcomes.

Keywords: Echinococcosis, Pulmonary, Pneumothorax, Child, Case report

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THORACOSCOPIC TALC PLEURODESIS FOR RECURRENT PNEUMOTHORAX IN CHILDREN

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Introduction: Recurrent pneumothorax in children, though less common than in adults, presents a significant therapeutic challenge. When conservative measures and chest tube drainage fail to prevent recurrence, surgical intervention becomes necessary. Pleurodesis with talc insufflation is a widely used technique aimed at obliterating the pleural space to prevent further episodes. Aim: To outline the benefits of talc pleurodesis in recurrent pneumothorax therapy. Methods This is a retrospective study examining cases of recurrent pneumothorax in children managed with talc pleurodesis. Results: Two patients underwent talc pleurodesis for recurrent pneumothorax in our department. The first, an 8-year-old boy with no underlying respiratory disease, presented with a total right pneumothorax, managed initially with multiple chest drains, all followed by recurrence. After an unsuccessful thoracoscopy with pleural brushing, a second thoracoscopy revealed a subpleural bulla on the right lower lobe, which was resected. Talc pleurodesis and chest drainage were then performed. The second patient was 11 years old with a medical history of β-thalassemia and bronchiectasis. He had been hospitalized three times for recurrent left-sided pneumothorax. During his fourth hospitalization for right-sided pneumothorax, the patient underwent right thoracoscopy. Intraoperative exploration revealed multiple blebs. Pleural abrasion and talc pleurodesis were performed, followed by placement of a chest drain. The postoperative course was marked by the absence of pneumothorax recurrence in both patients. Conclusion: Talc pleurodesis appears to be an effective and well-tolerated treatment for recurrent pneumothorax in children, particularly when associated with subpleural blebs or bullae. Despite its rare use in the pediatric population, our experience supports its utility in preventing further recurrences after failure of conservative management.

Keywords: reccurent pneumothorax, pleurodesis, talc, Thoracosocpy, efficacy, children

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ENDOVASCULAR THERAPY FOR NEONATAL BUDD-CHIARI SYNDROME

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Background: The Budd-Chiari Syndrome (BCS) is characterized by the hepatic venous outflow obstruction, which is rare in infants or children. Endovascular treatment is possible for managing chronic BCS in children with 2-16 years of age, but no previous reports of successful endovascular therapy in neonates exist.

Case presentation: A 5-day-old male neonate was admitted to the neonatal intensive care unit due to inferior vena cava hepatic segment atresia on prenatal color Doppler ultrasound (CDUS), poor appetite after birth, and postnatal CDUS showing inferior vena cava hepatic segment strong echo. He was diagnosed with Budd-Chiari syndrome and underwent endovascular treatment. On the fourth day after the operation, his liver function indicators returned to normal, and he was healthy at the 1-year follow-up.

Conclusion: The early aggressive endovascular therapy might be feasible in treating neonatal BCS. The short-term efficacy were acceptable, and the long-term efficacy required further follow-up.

Keywords: Budd-Chiari syndrome; endovascular therapy; neonatal; case report.

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EPIGASTRIC HETEROPHAGUS TWIN IN A FULL-TERM NEONATE: EARLY DIAGNOSIS, MULTIDISCIPLINARY SEPARATION, AND FAVORABLE OUTCOME _ A CASE REPORT

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Introduction: Epigastric heteropagus twins are a rare form of asymmetrical conjoined twinning in which a well-developed autosite supports a parasitic twin, typically attached to the upper abdomen. Early diagnosis and multidisciplinary management are critical for optimal outcomes.

Case Presentation: We report the case of a 28-year-old pregnant woman, gravida 3 para 2, who was on regular antenatal follow-up. A twin pregnancy was identified during the first trimester. In late pregnancy, detailed imaging raised suspicion of conjoined twins. Due to a previous cesarean section, delivery was planned and performed via elective cesarean section. The outcome was a live, healthy female infant accompanied by an epigastric heteropagus twin. The parasitic twin presented with a well-developed head and neck but lacked a trunk and limbs. The autosite was admitted to the neonatal intensive care unit for monitoring and comprehensive evaluation. Investigations included full blood count, renal and liver function tests, echocardiography, and computed tomography to assess the extent of internal connections. At 10 days of life, surgical separation was successfully performed by a multidisciplinary team comprising pediatric, plastic, cardiothoracic surgeons, and anaesthetist. The procedure involved careful separation and reconstruction of the anterior abdominal wall. Postoperative recovery was uneventful. Oral feeding was initiated on postoperative day 3, and the infant was discharged in stable condition on postoperative day 7.

Conclusion: This case highlights the importance of prenatal diagnosis, multidisciplinary planning, and timely surgical intervention in managing rare cases of epigastric heteropagus twins. Early coordinated care can lead to excellent surgical and functional outcomes.

Keywords: Conjoined twins, Epigastric heteropagus, Neonatal surgery, Multidisciplinary management, Case report

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APHALLIA: A RARE CASE REPORT BETWEEN MALE AND FEMALE SEX ASSIGNMENT.

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Introduction:

Aphallia is extremely rare congenital malformation with psychological and gender assignment problems, of all English literature in the past 10 years only twenty-three articles were identified of which six were excluded and less than 100 cases reported worldwide . Its prevalence of occurrence estimated to be 1 in 10 to 30 million births. Most children with this disorder of sex development have 46,XY karyotype; however, it may also be seen in patients with congenital adrenal hyperplasia and 46,XX karyotype. Skoog and Bellman have an anatomical classification, based on the position of the ectopic urethra in relation to the anus and the number of associated anomalies. Using this classification, aphallia may be subclassified as pre-sphincteric, post-sphincteric or urethral atresia, with this last being the least common (12% of cases) and uniformly fatal. Evans' prognostic classification, solely based on the presence or absence of major associated anomalies, may be used as well.The treatment of those patients remains debatable, that's why gender reassignment during infancy has been regarded the most suitable option.The staged management including short, intermediate and long-term management.The short-term management includes resuscitation and urinary diversion as necessary, intermediate-term management entails urethrorectal fistula division, urethrostomy and neophallus creation and long-term management results in successful neophalloplasty, urethroplasty, prosthetic implant and continued protection of the upper urinary tracts with a Mitrofanoff. Urethral transposition, bowel vaginoplasty through a posterior sagittal approach as well as scrotoplasty and orchiectomy could be the other choice. All this within a multidisciplinary team ensuring shared decision-making with the patient and their family.

We present a case of a 2-month-old male who was referred due to penile agenesis and a well-developed scrotum

Case presentation:

A 2-month-old Egyptian male infant was referred to the pediatric surgery department at a Nile of Hope children's hospital in Alexandria, Egypt, due to complete absence of Phallus with a well-developed scrotum and passing both urine and stool from the anus. The infant was born at 38 weeks of gestation via uncomplicated normal vaginal delivery and his maternal history included no positive consanguinity and a young maternal age (his mother was sixteen years old).She gave birth to three children including a one healthy male child , a two month old male with sudden infant death, our case and one abortion.

On physical examination, an absent phallus was noted along with normally descended right testis and palpable undescended left testis found in the left inguinal region. Per-Rectal examination revealed small fistula draining urine in the anterior wall of the anal canal about 2 cm from anal verge. Laboratory investigations was revealed normal renal functions, testosterone, Luteinizing hormone (LH) and estradiol. The infant Karyotyping was 46 XY. Regarding radiological investigation, an abdominal sonography revealed minimal ectasia of the left renal pelvis, left testis measuring 0.66 cc located in the left inguinal region. An MRI finding perineal portion of the urethra entering the anterior part of the anal canal, Left sided corpora cavernosa measuring 1.1 cm in length, the right sided one is relatively longer measuring 2.5 cm in length and ending at the base of the scrotum

between the posterior wall of the scrotum and the perineum. Additionally, the left testis located just outside the superficial inguinal ring and normal spinal cord with no sacral anomalies.

The pathogenesis, approach and proposed management of are discussed. The aim of this study is to present such a rare congenital malformation and discussing the staged management including short, intermediate and long-term management. We conclude that optimal short-term management centers on resuscitation and urinary diversion as necessary, intermediate-term management entails urethrorectal fistula division, urethrostomy and neophallus creation and long-term management results in successful neophalloplasty, urethroplasty, prosthetic implant and continued protection of the upper urinary tracts with a Mitrofanoff. All this within a multidisciplinary team ensuring shared decision-making with the patient and their family.

Method and results:

The infant was prepared the greatest reconstruction challenge was urethroplasty. We performed urethral exteriorization via perineal urethroplasty for the urinary division of the urethrorectal fistula.A new external orifice of the urethra, located on the lower scrotum, the urethrorectal fistula was closed and anoplasty was performed. The postoperative course was uneventful, and the patient was discharged 10 days postoperatively. At the 8-month follow-up, the patient had not received prophylactic antibiotics and had no symptoms of urinary tract infection or epididymitis. After discharge, the patient was able to urinate through the newly created urethral external orifice. A MCUG was performed showing normal filling contour with neither VUR nor significant post voiding residual. After explaining the nature ofthe abnormality and management options to the parents, it isanticipated that the patient will undergo nephalloplasty at the time of puberty (age 10–15 years) when he reaches a height of at least 160 cm.

Conclusion:

The embryology of this rare anomaly has been attributed to the failure of the genital tubercle to develop, along with the incomplete separation of the urogenital sinus from the hindgut by the urorectal septum. A typical diagnosis of PA includes a 46 XY normal male karyotype, complete absence of the penis, a normal scrotum, and normal, often undescended testicles. The urethral opening is typically found in the perineal region, often within a foreskin-like skin tag or on the anterior rectal wall. PA must be distinguished from other conditions such as rudimentary penis, micropenis, concealed penis, intrauterine penile amputation, and disorders of sexual development.

PA is generally identified at birth. Historically, infants with PA underwent gender reassignment surgery, which involved bilateral orchiectomy, urethral transposition, vaginal creation, and labial reconstruction. While satisfactory outcomes have been noted, long-term follow-up often reveals a male-typical shift in psychosocial and psychosexual development. Given that gender identity solidifies after the second year of life, several experts recommend masculinizing procedures to avoid psychological distress for both the child and their parents, as was advised in this case.

In summary, managing Aphallia is complex and requires a multidisciplinary approach. The care team should include specialists such as a pediatric urologist, pediatrician, endocrinologist, geneticist, and mental health professional. If patients or parents decline surgical intervention, they should be thoroughly informed about the potential long-term consequences of the anomaly and encouraged to attend regular follow-up appointments with a pediatric urologist.

Keywords: Aphallia, Penile agenesis, Urethrorectal fistula, Case Report.

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RETROCAVAL URETER IN CHILD: A RARE CASE IN URETEROPELVIC JUNCTION AND IT'S LAPAROSCOPIC MANAGEMENT

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Establishment mother child sidi Mabrouk Constantine

Background:

Retrocaval ureter (RCU) is an uncommon congenital anomaly resulting from an aberrant development of the inferior vena cava, leading to the ureter being trapped behind it. Although typically diagnosed in adults, pediatric cases are rare and may present with non specific symptoms such as intermittent flank pain or urinary tract dilation.

Case Presentation:

We report the case of a 12-year-old child who presented with intermittent right flank pain and no history of urinary tract infections. Abdominal ultrasound revealed right-sided hydronephrosis. Further evaluation using magnetic resonance urography confirmed a retrocaval course of the right ureter with obstruction proximal to the ureteropelvic junction. Renal function was preserved

Surgical Management

A laparoscopic transperitoneal ureteroureterostomy was performed. The retrocaval segment was excised, and the ureter was repositioned anterior to the inferior vena cava and re-anastomosed. A double-J stent was placed and removed after 6 weeks

Outcome

The postoperative course was uneventful. At 6-month follow-up, the child was asymptomatic, with complete resolution of hydronephrosis and no evidence of obstruction on follow-up imaging.

Conclusion

Although rare in the pediatric population, retrocaval ureter should be considered in cases of unexplained right hydronephrosis. Laparoscopic correction offers a safe, effective, and minimally invasive solution with excellent functional outcomes

Keywords: Retrocaval ureter Pediatric urology Ureteropelvic junction obstruction Laparoscopic ureteroureterostomy Hydronephrosis Congenital ureteral anomalies Minimally invasive pediatric surgery Inferior vena cava anomaly Case report

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BILATERAL VIDEO-ASSISTED SINGLE-PORT TRANSUMBILICAL GONADECTOMY IN AN EXCEPTIONAL CONDITION: SWYER SYNDROME

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Introduction: Swyer syndrome, or pure 46 XY gonadal dysgenesis, is a rare genetic condition associated with a high risk of gonadal neoplastic degeneration. Our experience with over 3,000 transumbilical video-assisted appendectomies has allowed us to safely extrapolate this technique to other indications. We describe a novel minimally invasive surgical approach for managing an exceptional gonadal pathology.

Case presentation: An 8-year-old female patient with pure gonadal dysgenesis (46 XY) and a normal female phenotype, but without functional gonadal tissue, was diagnosed. Due to the high risk of gonadal malignancy, a bilateral gonadectomy was indicated. A 2 cm infraumbilical fold incision was made, extended in an omega shape, and a wound retractor ring was placed. A 10 mm, 0° endoscope with a 5 mm working channel was introduced to access the peritoneal cavity. Pneumoperitoneum integrity was ensured by adjusting the umbilical port diameter to the endoscope caliber using a continuous purse-string suture at the fascial level. Both gonads were identified, exteriorized through the umbilicus, and excised using bipolar coagulation. The peritoneal-muscular-aponeurotic layer was closed en bloc, and the umbilical incision was reconstructed with skin approximation using acrylic adhesive, resulting in an imperceptible scar. The postoperative course was uneventful, and the patient was discharged 24 hours after surgery. Histopathological analysis revealed a dysgerminoma in the right gonad and a gonadoblastoma in the left gonad. Twelve months postoperatively the patient remains asymptomatic with no evidence of recurrence. Consent was obtained from legal guardians.

Conclusion: Swyer syndrome is associated with a high risk of gonadal malignancy, necessitating timely intervention to prevent malignant progression. This case is particularly notable as one of the youngest patients described in the literature to undergo transumbilical video-assisted gonadectomy. This approach combines the advantages of conventional laparoscopy and open surgery, offering excellent aesthetic outcomes with a single umbilical scar.

Keywords: Gonadectomy, video-assisted surgery, gonadal dysgenesis, minimally invasive surgical procedures.

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WHEN THORACIC TUMORS DECEIVE: PLEUROPULMONARY SYNOVIAL SARCOMA MASQUERADING AS DIAPHRAGMATIC RHABDOMYOSARCOMA

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Introduction:

Synovial sarcoma (SS) of the lungs and pleura is an exceptionally rare entity, especially in young children, posing significant diagnostic challenges. Given its rarity and atypical presentation, SS is often misdiagnosed, particularly when located in unusual thoracic sites. We report a rare case of pleuropulmonary SS initially suspected to be a diaphragmatic tumor.

Case Presentation:

A 3-year-old boy presented with acute respiratory distress requiring intensive care unit admission. Chest imaging revealed multiple (>10) pleura-based masses occupying the right hemithorax. Based on the clinical and radiological findings, a diagnosis of diaphragmatic rhabdomyosarcoma was initially suggested. A transthoracic biopsy was performed. Histopathological examination, supported by immunohistochemistry and FISH analysis, confirmed the diagnosis of synovial sarcoma, characterized by the chromosomal translocation t(X;18)(p11.1;q11.2). Neoadjuvant chemotherapy resulted in a 90% reduction in tumor burden. Surgical management included wedge resection of the lower pulmonary lobe, excision of 40 mm of diaphragm, and resection of multiple pleural nodules. Pathological examination revealed minimal residual viable tumor cells. Postoperative management consisted of adjuvant radiotherapy combined with chemotherapy. The patient remains in complete remission at two-year follow-up.

Conclusion:

Primary pleuropulmonary synovial sarcoma in children is extremely rare and can mimic more common thoracic malignancies such as rhabdomyosarcoma. Diagnosis relies on histopathological evaluation and molecular confirmation of the characteristic t(X;18) translocation. Early recognition and multimodal treatment, including surgery and radio-chemotherapy, are essential for improving outcomes in these unusual presentations.

Keywords: Pediatric Soft Tissue Sarcoma, Thoracic Tumors, Pleura, Misdiagnosis, Multimodal Therapy

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FROM ASYMPTOMATIC CYST TO INTRAOPERATIVE SURPRISE: A CASE OF NEONATAL PANCREATIC CYST AND HIDDEN HEPATIC CIRRHOSIS

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Introduction

Pancreatic cysts are rare in pediatric patients and often present with non-specific or absent symptoms, posing a diagnostic challenge. Compression of the bile ducts may lead to cholestasis and, in severe cases, hepatic cirrhosis.

Case Report

A 2-month-old girl was admitted for evaluation of two intra-abdominal cystic masses identified during prenatal imaging, initially thought to originate from the left kidney. Postnatal ultrasound localized the cysts to the left hypochondrium and suggested possible differential diagnoses including digestive duplication, cystic lymphangioma, or ovarian cysts. Abdominal CT revealed two cystic lesions with a “butterfly-wing” appearance in the left hypochondrium, associated with pancreatic microcysts and intrahepatic bile duct dilation, without dilation of the common bile duct. The caudal pancreatic parenchyma was not clearly visualized, raising suspicion for pancreatic cysts, cystic lymphangioma, or digestive duplication.The patient was asymptomatic. Physical examination revealed a palpable, resilient mass in the left flank; other findings were unremarkable. Laboratory tests showed mild hepatic cytolysis. Surgical exploration via a midline incision confirmed two cysts in the body and tail of the pancreas. The pancreatic head appeared indurated, and the liver was firm, nodular, and suggestive of cirrhosis. An accessory spleen was also identified. A body-tail pancreatectomy including cyst excision was performed, along with biopsy of the right hepatic lobe and removal of the accessory spleen. Postoperative recovery was uneventful. Histopathological analysis revealed pseudocysts with chronic pancreatitis and liver cirrhosis with cholestatic features and thrombotic bile ducts.

Conclusion

Pancreatic cysts in infants are often asymptomatic and may be overlooked. Early diagnosis is essential to prevent complications such as biliary obstruction and secondary hepatic cirrhosis.

Keywords: Pancreatic cysts, Infant, Hepatic cirrhosis, Cholestasis

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FAST ENLARGING IMMATURE GASTRIC TERATOMA IN A PRETERM NEONATE: A RARE AND INTRICATE OCCURRENCE

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Introduction

Gastric teratomas are rare tumors. Ten congenital cases are reported, with 40% complications such as hemorrhage, compartment syndrome, or rupture. The immature variant needs special attention.

Case Presentation

A male neonate was delivered at 32 weeks of gestation via emergency cesarean section due to Doppler signs of fetal distress. The 34-year-old mother, gravida 2:1, had been referred to our center due to prenatal US findings of polyhydramnios and hyperechogenic bowel. Intrauterine MRI showed a large abdominal mass. The newborn (2860 g) presented with respiratory distress and low Apgar scores. Immediately intubated, he was admitted to the NICU for stabilization with mechanical ventilation and inotropic support. At examination, there was marked abdominal distension. Postnatal MRI revealed a large intra-abdominal mass with cystic and solid components and calcifications, compatible with teratoma, displacing abdominal organs and causing elevation of the diaphragm. Laparotomy on day 3 of life identified a huge tumor (400g) originating from the lesser curvature of the stomach, with mostly exogastric growth. A near-total gastrectomy was performed, with complete resection of the tumor and an end-to-end anastomosis between the esophagus and gastric antrum. Histopathology confirmed an immature gastric teratoma (Grade 2). The early postoperative period was uneventful. He was discharged from the NICU on the 45th postoperative day with full oral feedings and went on regular gastroenterologic and oncologic surveillance. At the age of 18 months, he started to present neuroglycopenic symptoms compatible with "late dumping syndrome" as postprandial hypoglycemia (PPH). Contrast studies showed delayed gastric transit and an enlarged gastric antrum. PPH is being managed conservatively.

Conclusion

Due to their rapid fetal growth and potential complications, gastric teratomas require early diagnosis, multidisciplinary perinatal care, and complete surgical excision. Postoperative oncologic and gastroenterologic close surveillance is mandatory. Gastric surgery in children poses a risk of "late dumping syndrome."

Keywords: immature gastric teratoma, intrauterine MRI, gastrectomy, late dumping syndrome

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A VARIANT OF ADOLESCENT BREAST DISEASE: BILATERAL TUBULAR BREAST

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Tubular breast deformity is characterised by asymmetric breast growth, usually during puberty, with an aetiology that has not been fully elucidated and an incidence that is not clearly defined.

This case presents a 17-year-old patient who presented with breast deformity and delayed puberty.

The patient presented with breast asymmetry, pain, and a feeling of tightness in the chest. Cardiological evaluation revealed mild mitral valve prolapse and minimal mitral insufficiency, with electrocardiography findings within normal limits. In the pubertal development history, it was reported that breast development had been present for 3 years, but menarche was delayed, and the first menstruation began irregularly at the age of 15. Hormonal evaluation revealed low IGF-1 levels (SDS: -2.09), LH and FSH levels within pubertal limits, and mild increases in androstenedione and 11-deoxycortisol values. Pelvic ultrasound and MRI showed numerous millimeter-sized cysts in both ovaries and advanced uterine development.

Breast MRI evaluation revealed increased density in bilateral glandular tissue and dilation of retroareolar ducts, consistent with type C parenchymal pattern. The nipples were significantly larger than the breast tissue, with asymmetry more pronounced in the left breast. Based on the current findings, the case was radiologically classified as ACR BI-RADS 2 category.

In conclusion, tubular breast deformities are benign developmental pathologies that can be observed during breast development, do not require surgical intervention, but can cause aesthetic concerns in adolescents, negatively affect quality of life, and require joint follow-up by pediatric endocrinology and pediatric surgery. Reconstructive breast surgery may be needed in adulthood.

Keywords: Tubular breast, Adolescents, breast disease

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CONGENITAL ANTERIOR URETHROCUTANEOUS FISTULA: A CASE SERIES AND SURGICAL INSIGHTS INTO A RARE UROGENITAL ANOMALY

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Background:

Congenital anterior urethrocutaneous fistulas (CAUFs) are exceptionally rare urogenital anomalies that may be isolated or associated with conditions such as anorectal or penoscrotal malformations. Their rarity and potential association with other anomalies can complicate diagnosis and management. Reporting such cases helps expand current knowledge, guide surgical decision-making, and optimize outcomes.

Methods:

We report a series of four pediatric patients with CAUFs managed surgically in our institution. All patients underwent a comprehensive clinical assessment, including urinalysis, ultrasound, and voiding cystourethrogram, to evaluate the anatomy and rule out associated anomalies.

Results:

The patients, aged 18 months to 5 years, presented with ventral penile fistulas visible since birth. One case was isolated; the others were associated with glandular hypospadias, penoscrotal bifidity, or multiple fistulous tracts. In all cases, urinary flow was noted both through the external meatus and the fistulous opening(s). Surgical management was tailored to the anatomical presentation and included primary fistula repair using local tissue flaps, two-layer urethral closure, and, when needed, hypospadias correction. One patient experienced a postoperative recurrence requiring revision surgery, after which a favorable outcome was achieved. No other complications or recurrences were noted during follow-up, which ranged from 6 months to 3 years.

Conclusion:

CAUF is a rare congenital anomaly requiring careful evaluation to confirm diagnosis and identify associated abnormalities. Surgical correction remains the cornerstone of management, and when individualized appropriately, leads to excellent long-term outcomes. Early recognition and tailored intervention are essential to prevent complications and ensure normal urinary function and penile morphology.

Keywords: Congenital, anterior, urethra, fistula, surgery

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BENING BEHAVIOR OF PEDIATRIC APPENDICEAL NETS: IS THERE A NEED FOR ADDITIONAL SURGERY?

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Introduction: Neuroendocrine tumors of the appendix (aNET) are rare in children even though they are considered one of the most common gastrointestinal pediatric neoplasms. Due to their rarity in pediatric population, there is no consensus on treatment and follow-up. We aimed to discuss the management of two patients who were incidentally diagnosed with aNET following histopathological examination after appendectomy.

Case 1: A 16-year-old male presented with 48 hours of right lower quadrant pain. Laboratory tests and abdominal computed tomography (CT) confirmed acute appendicitis, and laparoscopic appendectomy was performed. Histopathological examination revealed a 1 mm, WHO grade 1 aNET in the distal appendix, invading the submucosa. No lymphovascular or mesoappendiceal invasion was noted, and resection margins were clear. No further intervention was required. The patient remains recurrence-free after 8 months of follow-up.

Case 2: A 12-year-old female presented with generalized abdominal pain and signs of acute abdomen. Abdominal CT revealed free air and perihepatic fluid. Due to intra-abdominal adhesions and extensive abscess formation, the procedure was converted to laparotomy, which revealed a perforated appendix. Histolopathological examination revealed a 1,2x0.6×0.7 cm, WHO grade 2 aNET infiltrating into the subserosa, without lymphovascular or perineural invasion. Margins were clear. A PET-CT scan was performed for metastatic evaluation. No additional surgery was planned, and she remains well at 9-month follow-up.

Conclusion: ANETs in children have an excellent prognosis and rarely require surgery beyond appendectomy. Our findings support the benign nature of this tumor and demonstrate that appendectomy alone is sufficient treatment in most pediatric cases; surgery remains the mainstay of management, with tumor size being the most critical factor in determining the extent of surgical intervention. Given the lack of international consensus and large-scale data, collaborative studies and pediatric-specific guidelines are warranted.

Keywords: Neuroendocrine tumors, appendix

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GIANT CONGENITAL THORACIC CYST IN AN 18-MONTH-OLD INFANT: A DIAGNOSTIC AND SURGICAL CHALLENGE

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Background:

Bronchogenic cysts are rare congenital malformations of the foregut that typically present in the mediastinum or lung parenchyma. Antenatal detection is increasing due to routine fetal ultrasound and MRI. However, some cases may pose complex diagnostic and surgical challenges, especially when the lesion is large and its topography is uncertain.

Case Presentation:

We report the case of an 18-month-old male infant who was diagnosed antenatally with a left-sided thoracic cystic mass. Postnatal imaging follow-up showed progressive increase in the volume of the lesion, reaching a diameter of 8 cm, with significant mass effect. Preoperative assessment, including chest CT was inconclusive regarding the exact topography suggesting either a superior mediastinal origin or a left upper lobar pulmonary origin. The patient underwent surgical excision via thoracotomy.

Results:

Complete resection of the cyst was achieved without intraoperative complications. Intraoperative findings confirmed a well-encapsulated cyst, not communicating with the bronchial tree. Histopathological examination confirmed the diagnosis of a **bronchogenic cyst**

Conclusion:

This case highlights the diagnostic difficulties associated with giant congenital thoracic cysts, particularly in distinguishing mediastinal from intrapulmonary lesions when large. Antenatal detection, careful imaging follow-up, and multidisciplinary planning are key. Surgical excision remains the definitive treatment, both diagnostic and therapeutic.

Keywords: Bronchogenic cyst, infant, congenital lung malformation, thoracic mass, antenatal diagnosis, thoracic surgery

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SURGICAL INTERVENTIONS IN PATIENTS ON ECMO: EXPERIENCE IN AN INSTITUTION IN BOGOTA, COLOMBIA

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Fundacion Cardioinfantil

Extracorporeal life support therapy is an additional tool for managing critically ill patients; however, it is generally not a therapy that contributes to the etiological management of the patient's critical condition per se, but rather a bridge therapy while specific medical intervention or management is performed. Despite the high risk of bleeding, some surgical interventions may be required in pediatric patients on ECMO. We present a series of cases of patients who underwent interventions from 2023 to April 2025, totaling 10 patients.

There were 4 cases of congenital diaphragmatic hernia, with tolerance to weaning from therapy; however, 3 had mortality after decannulation associated with pulmonary hypertension. Three patients underwent airway interventions, one for a foreign body, one for congenital tracheal stenosis, one for recurrent tracheoesophageal fistula, all of them surviving. Two patients had interventions for persistent bronchopleural fistulas, with intraoperative bleeding requiring multiple transfusions, but both patients survived and achieved disease control. Lastly, one patient with abdominal sepsis secondary to ascariasis achieved etiological control and survival.

Patients on ECMO support for whom surgical intervention leads to the control of the etiology of the critical condition should be evaluated by a multidisciplinary team, and the intervention should be performed at the optimal time to control the cause and allow weaning from extracorporeal life support.

Keywords: ECMO, Surgery

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ENDOVASCULAR THERAPY FOR KAPOSIFORM HEMANGIOENDOTHELIOMA

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Background: Kaposiform hemangioendothelioma (KHE) is a rare, locally aggressive vascular neoplasm predominantly affecting infants and young children, often associated with Kasabach-Merritt phenomenon (KMP) characterized by thrombocytopenia and coagulopathy. While medical management with sirolimus and corticosteroids is the first-line treatment, endovascular intervention for refractory cases in neonates remains largely unexplored.

Case presentation: A 1-month-old female presented with a hemangioma on the left face and neck, initially treated with oral propranolol. The mass increased progressively, leading to feeding difficulties and respiratory distress three days before admission. CT imaging revealed a 9.0×7.8×5.8cm mass causing nasopharyngeal and oropharyngeal compression. Laboratory findings showed progressive thrombocytopenia consistent with KMP, and airway obstruction worsened. Following diagnosis of Kaposiform hemangioendothelioma, treatment included tracheal intubation, platelet transfusion, methylprednisolone, and sirolimus therapy, followed by transcatheter arterial embolization (TAE) to reduce tumor vascularity. Postoperatively, airway obstruction symptoms gradually resolved, platelet counts stabilized, methylprednisolone was tapered, ventilation was discontinued, and sirolimus dosage was adjusted based on blood concentrations.

Conclusion: Combined endovascular therapy and pharmacological management may be feasible and effective in treating neonatal KHE with KMP and airway compromise. The short-term outcomes in this case were favorable, though long-term efficacy requires extended follow-up evaluation.

Keywords: Kaposiform hemangioendothelioma; transcatheter arterial embolization; Kasabach-Merritt phenomenon; neonate; case report.

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SYNCHRONOUS PRESENCE OF HIGH VAGINAL ATRESIA ASSOCIATED WITH URETHROVAGINAL FISTULA AND A SEPARATE RECTOVESTIBULAR FISTULA: AN UNPRECEDENTED COMBINATION OF CONGENITAL MALFORMATIONS.

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Ippokration General Hospital of Thessaloniki, Greece

Introduction: We present a case of a female neonate with prenatal diagnosis of bilateral hydronephrosis and ascites that constituted a diagnostic and therapeutic challenge when an unexpected combination of congenital malformations was detected.
Case presentation: A female neonate with prenatal diagnosis of ascites and bilateral hydronephrosis was referred to us after the clinical examination revealed a rectovestibular fistula and absence of a vaginal orifice. Cystourethrography demonstrated a high urethrovestibular fistula in conjunction with hydrocoplos and high vaginal atresia, while the low-placed rectum was completely separated from the urogenital tract. MRI further revealed the presence of a septate uterus. Preoperative cystoscopy failed to detect any urethral or vesical fistula. The initial operative procedure was posterior sagittal anorectoplasty. Subsequently, via a transabdominal approach the uterus was accessed and incised longitudinally, permitting septal resection and hydrocolpos drainage. Due to hydrocolpos, the large native vagina was mobilized, pulled down and placed posteriorly to the urethra, without need for replacement. The urethrovaginal fistula was excised, leaving the urethra intact. Finally, a transverse colostomy was performed. Postoperatively, hydronephrosis gradually subsided. Three months later, the colostomy was reversed and so far the patient has had an uneventful course.
Conclusion: There is a wide spectrum of cloacal malformations. However, as far as we know this is the first time such a variant is described, posing a challenge for the surgical management. Individualizing the basic principles of cloacal operating treatment into the exact anatomic variant of the patient can yield satisfactory results and an excellent prognosis.

Keywords: anorectal malformations, vaginal atresia, urethrovaginal fistula

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