



8th WORLD CONGRESS
of PEDIATRIC SURGERY

WOFAPS

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ANTALYA, TÜRKİYE

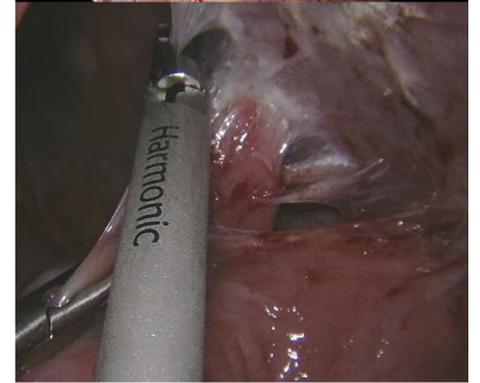
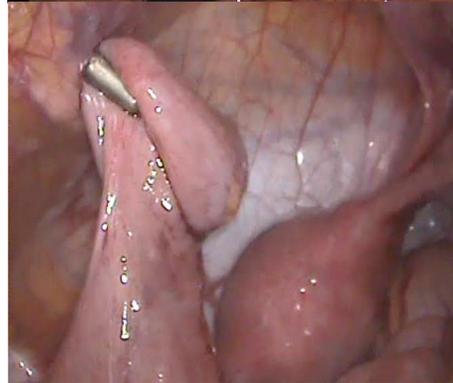
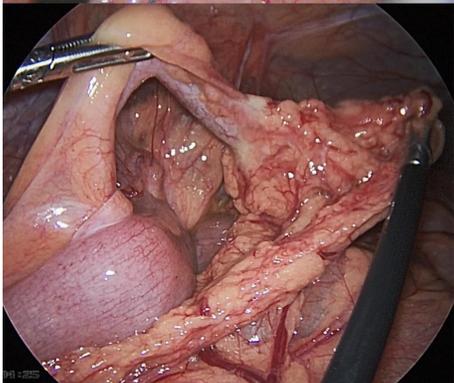
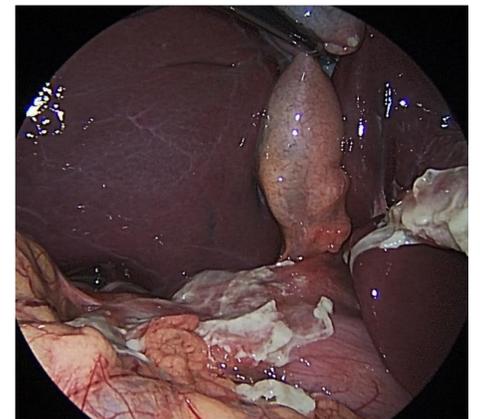
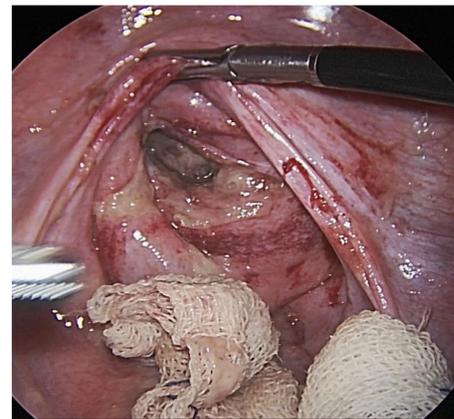
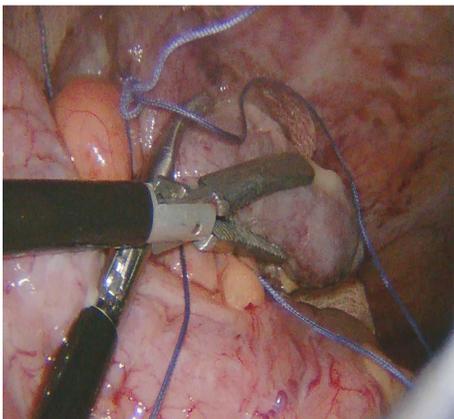


EMERGENCY LAPAROSCOPIC SURGERY IN CHILDREN: A SINGLE-CENTER EXPERIENCE

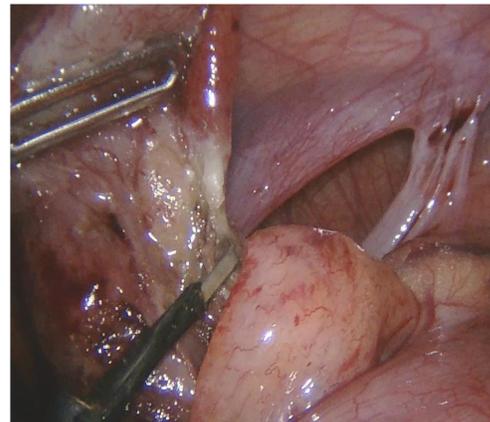
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Purpose: To analyze the outcomes of emergency laparoscopic surgeries in pediatric patients.

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.

