

THE EFFECTIVENESS OF SURGICAL TREATMENT OF CHILDREN WITH NON-PARASITIC CYSTS OF THE SPLEEN

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From 2000 to 2017 49 children 2 - 17 years-old with non-parasitic cysts of the spleen sizes from 4 to 16 cm were treated by surgery. Preoperative examination included ultrasonography, multispiral computer tomography, magnetic resonance imaging and angiography. The various types of surgical treatment were used. Thus, 27 children underwent percutaneous drainage of the cyst using ultrasound navigation, deepitelisation was carried out by introducing into the cavity of 95% ethanol with exposure 7 - 8 minutes. In 16 patients was additionally used superselective embolization of the arteries that supply the wall of the cyst. In 2 cases procedure was limited to puncture and alcoholisation of cysts without remain drainage due to small residual cavities. 3 children with subcapsular localization of cysts have been subjected the laparoscopic fenestration with deepitalisation by high-temperature plasma stream. After that procedures the residual cavities was filled with PerClot, which is in contact with the liquid turned into a gel. In the early postoperative period the PerClot was visualized in the form of multiple hyperechogenic inclusions up to 3mm. Within 30 days these acoustic changes have disappeared without the formation of cavities. Among all patients subcapsular hematoma of the spleen after percutaneous puncture was noted in 2 cases (4%), recurrence of the cyst was diagnosed in 1 child (2%).

Conclusion: minimally invasive technologies in surgical treatment of children with non-parasitic cysts of the spleen allow us to completely abandon laparotomy and splenectomy, even at larger sizes cysts.

SLOW TRANSIT CONSTIPATION WITH DOLICHOSIGMOID IN CHILDREN – POSSIBILITIES OF SURGICAL TREATMENT

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Introduction. Chronic constipations in children occupy one of the leading places in pediatric gastroenterological practice. Conservative treatment is effective in 90-92%. Although, children with refractory slow transit constipations caused by dolichosigmoid in case of ineffective medical treatment require other ways to solve the problem, surgery may be one of them.

Aim of the Study. To elaborate effective methods of surgical treatment of dolichosigmoid in children.

Methods. The results of surgical treatment of 61 children with dolichosigmoid aged from 6 to 18 have been analyzed. The children were divided into two groups: I group (n = 32 children) – surgical treatment by means of resection of the sigmoid colon was analyzed; II group (n = 29 children) – the efficacy of the suggested surgery was analyzed, long-term functional results were studied, clinical efficacy of the applied methods was evaluated. Rectal biopsy was performed, irrigoradiographic examinations were estimated, the indices of anosphincterometry were studied.

Results. According to the findings of radiologic examinations dolichosigmoid in children should be classified into isolated and combined with dilation of the rectum. In case of dolichosigmoid with dilated rectum hypogangliosis is found histologically.

Conclusions. During surgical treatment of dolichosigmoid in children with dilation of the rectum the operation of Soave-Boley endorectal pull-through is recommended to be performed. In case of isolated dolichosigmoid in children the operation of sigmoidectomy is indicated with descendorectal end-to-end anastomosis with formation of distal colon ligament.