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**Introduction.** The peptic ulcer disease (PUD) is an uncommon condition in paediatric surgical practice, more than half of cases are diagnosed predominantly when complicated. However, complications of PUD, particularly the perforation of the gastric or duodenal ulcer, are life threatening surgical emergency in this age group.

**Aim:** The aim of our study was to analyse the clinical features, diagnosis and management of perforated peptic ulcer (PPU) in children.

**Materials and methods.** The data of children diagnosed with PPU at Institute of Emergency Medicine, Moldova were reviewed. The patients' age, sex, anamnesis, clinical features, examination results, operative findings and methods, medication therapy and outcomes were assessed. Statistical analysis was performed using the  $\chi^2$ , Student t test, and multivariate logistic regression for possible risk factors.

**Results.** There were 18 boys aged 15 to 17 years (mean age 16.5 years  $\pm$  0,17 (95% CI: 16,15- 16,85)) included in the study. Fifteen patients (83.33%) were admitted in the first six hours after their abdominal pain started. Five patients had co-existing clinical events before PPU. All of the patients manifested acute abdominal pain. Physical examination revealed positive peritoneal signs in thirteen patients (72.22%). Radiography showed subdiaphragmatic free air in 8 patients (44.44%); this was the most important tool for establishing diagnosis. Thirteen patients (72.22%) underwent laparotomy (30.76% of them were covered with an omental patch, 61.53% were repaired with Judd, 1 patient with resection) and 5 were surgically treated with laparoscopic simple suture of the perforation and placement of an omental patch. Three patients (16.66%) had postoperative complications. The average hospital stay was 7,56  $\pm$  0,39 (95% CI: 6,73- 8,37 days (range, 4-11 days). There were no mortalities. All recovered fully.

**Conclusions.** Gastroduodenal perforated ulcer in pediatric age group is an uncommon entity; hence, it is not usually considered in the differential diagnosis of acute abdomen in these patients. PPU should be suspected in adolescents who manifest acute abdominal pain and have peritoneal signs. Laparoscopic repair is safe and should be the gold standard for treatment of perforated peptic ulcer in children.

## LAPAROSCOPIC MANAGEMENT OF PANCREATIC LESIONS IN CHILDREN

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**Background.** This review is the representation of our experience of laparoscopic approach to various pancreatic lesions in series of paediatric patients.

**Material and methods.** 45 children aged from 1 month to 16 years diagnosed with congenital anomalies and acquired lesion of the pancreas underwent surgical treatment with the use of laparoscopic techniques. The following laparoscopic procedures were carried out: excision of gastric ectopic pancreas (n-19); external drainage, fenestration or Roux-en-Y cystojejunostomy of pancreatic cyst (n-8); excision of gastric duplication cyst of the pancreas, pancreatic lymphangioma or pancreatic hydatid cyst (n-4); spleen-preserving distal pancreatectomy or central pancreatectomy with distal pancreaticogastrostomy for solid pseudopapillary tumor (n-4); lateral pancreatojejunostomy for chronic relapsing pancreatitis and pancreatic ductal dilatation (n-3); enucleation of insulinoma (3); 95% near total pancreatectomy for congenital hyperinsulinism (3).

**Results.** In 44 (97,7%) patients the undertaken laparoscopic procedures were successfully completed with no intraoperative complications occurred. The conversion to open distal pancreatic resection was required in 1(2,2%) case when laparoscopic dissection was very much complicated due to massive inflammatory changes in the peripancreatic tissue. Postoperatively, 1 (2.2%) patient developed small bowel obstruction due to Roux-en-Y anastomosis kinking which necessitated open anastomotic reconstruction. In 2 (4,4%) patients pancreatic fistula occurred after insulinoma enucleation and were successfully managed with ocreotide treatment. The rest 41 (91,1%) patients made prompt and uneventful recovery. At follow up, no evidence of recurrent pancreatitis or any associated gastrointestinal symptoms were recorded.

**Conclusion.** Laparoscopic surgery for congenital anomalies and acquired lesions of the pancreas in children is feasible and safe if performed by skilled laparoscopic surgeon who should be experienced in the open complex operations on the pancreas.