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The problem of the digestive haemorrhage in children's faeces is serious and complicated in respect of diagnostic search. Digestive haemorrhage it is considered a rare cause of bleeding, compared to those of the gastro - intestinal. In case of haemorrhage located in the small intestine, exact location of the lesion is often very difficult, both clinically and endoscopically, which implies the need for additional investigations.

Material and methods. This work contains a retrospective analysis of five patients operated in the last two years.

The cases presented here were carefully selected of a total of twenty patients with inferior digestive haemorrhage treated in our clinic in the last five years, in eleven of them was identified a small bowel pathology.

In all cases, the intraoperative diagnosis revealed an atypical cause of digestive haemorrhage.

Surgical treatment can be characterized as such:

- revision of abdominal cavity, diagnostic enterotomy - 1 case
- segmental enterectomy – 4 cases

Discussions. A rare cause of acute lower digestive haemorrhage to the children is tumore Gist rupture.

Child's surgeon face the problem of the early diagnostics of a digestive haemorrhage and of the determination of an optimal volume of laboratory and instrumental methods of examination of a child. Most patients with inferior digestive haemorrhage require complete digestive tract endoscopic exploration. Endoscopic exploration of the small bowel is very difficult to perform, and the digestive haemorrhage located in small bowel requires emergency operation.

Conclusions:

Digestive haemorrhages localized in the small intestine presents difficulties clinical and endoscopic diagnostic and is a current surgical problem.

The best technique to solve is segmental enterectomy with entero- entero anastomosis.

ENDOSCOPIC TREATMENT OF VESICoureTERAL REFLUX USING POLYACRILATE POLYALCOHOL BULKING COPOLYMER (VANTRIS)

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Purpose. Recently published data on high recurrence rate following successful treatment of VUR has prompted the search for different injectable substances with non- biodegradable nature. We have evaluated an outcome of endoscopic correction VUR utilizing Vantris as a new non- biodegradable tissue-augmenting substance in study.

Material and methods. From 2011 to 2016 331 patients (117 boys and 214 girls) with a mean age of 3.56 years (range 8m – 14 years) were treated with Vantris. VUR was unilateral in 219 and bilateral 112 patients comprising 443 renal refluxing units (RRU). Of these, primary VUR was present in 371(86%) RRU and 72(14%) were complex cases. Reflux was grades 1 to IV 68(15,3%), 266 (60%) and 109(24,6%) RRU respectively. Patients were monitored with US at 1, 3, 6 and 12 months, and 2 and 3 years VCUG - 1 and 2 years.

Results. Reflux resolved in 411 RRU (92, 8%) after first injection, in 9 (2%) after second and in 2 (0,45%) after third injection respectively. VUR improved to grade 1 in 16 (3,6%) ureters, which needed no further treatment. Injection failed to correct reflux in 3 (0, 7 %), which were then treated with ureteral reimplantation. None showed VUR recurrence. US demonstrated normal appearance of kidneys in all but 15 (3,2 %) patients. VUJ obstructions requiring ureteral reimplantation developed in 2 (0,47%) ureters. Two (0, 47%) RRU requiring stent insertion due to deterioration ureterohydronephrosis resulted in complete resolution of obstruction. Seventeen (5%) patients suffered afebrile and 2 (0,6%) developed febrile UTI. None demonstrated VUR recurrences.

Conclusion. The results of this survey confirm that endoscopic subureteral Vantris injection is a simple, safe, and effective outpatient procedure for treating VUR in patients over 2-3 years.