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GASTRIC TRICHOBEZOARS IN CHILDREN: THERAPEUTIC UNPREDICTABLE COMPLICATION

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Objective: Bezoars are concretions formed by the accumulation of non-absorbable food, fibers or foreign bodies in the gastrointestinal tract. Trichobezoars are solid masses, made by hair or fibers, in the stomach. They are associated with underlying psychiatric disorders, like trichotillomania and trichophagia, usually in females between 13 and 20 years old. Clinical manifestations depend on the bezoar size and location. It could remain asymptomatic or causes abdominal pain, nausea and vomiting, obstruction, peritonitis. Endoscopy, the gold standard for diagnosis, brings some additional advantages: sample taking, size reducing and, rarely, mass removal. Laparotomy is still the treatment more frequently chosen, though.

Methods: The case reports a 10-year-old female, with a poorly localized abdominal pain, a palpable mass (4x6 cm) in the epigastrium and good general physical conditions. Imaging showed a 13x6x4 cm non-homogeneous radio-opaque mass in the stomach.

Results: To confirm the diagnostic hypothesis, to reduce and remove the mass, an upper gastrointestinal endoscopy was performed, but the tool wedged in the trichobezoar. An emergency gastrotomy was necessary to remove both the fitted endoscope and the foreign body. The histological examination confirmed the diagnosis of trichobezoar. From direct interview with parents, a history of trichophagia arised. The patient was discharged home 10 days later, having recovered without complications. Psychiatric follow-up was arranged.

Conclusions: Besides surgical treatment, parental counseling, neuropsychiatric treatment and follow-up are necessary to prevent recurrence. Moreover, in some cases the endoscopy can be a successful therapeutic approach, in other cases it can cause severe complications resulting in a surgical emergency.

VATS: FIRST STEP IN THE PARAPNEUMONIC EMPYEMA?

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Objective: The optimal treatment of children with empyema remain controversial. There is a lack of grade A evidence for best management practices. Treatment options include: antibiotics, thoracentesis, tubular drainage, intrapleural fibrinolytics, decortication (thoroscopically or through thoracotomy). We examine our experience to discuss the ongoing controversies and summarize, in an evidenced based manner, the various treatment options and to suggest a reasonable therapeutic algorithm for the care of children with empyema.

Methods: From February 2009 to April 2013 8 children were hospitalized. Three children with exudative fase had thoracentesis and tubular drainage: for two of these the mean time to discharge was 12 days; the third one evolved in fibropurulent phase and had a decortication through thoracotomy (length of hospital stay of 18 days). Two children, with a primary fibropurulent phase, had thoracentesis and tubular drainage; one was discharged after 14 days; the other one (bilateral empyema) had a secondary toracotomy. One child with organization phase had decortication through thoracotomy with segmentectomy. Two children with stade II empyema had primary video-assisted thoracoscopic surgery with LOS of 6 days.

Results: On the basis of our data primary VATS is associated with shorter LOS and fewer additional procedural interventions, avoiding the morbidity of thoracotomy. The outcome data showed difference in days of hospitalization after intervention, in antibiotic and analgesic requirement and reduction of pain. Our experience accomplish that this treatment is a simple, safe and effective process.

Conclusions: The advantage of an early VATS include the ability to stage the empiema accurately, to direct chest tube placement appropriately, and then to decorticate operatively if needed. It joins the growing body of evidence supporting VATS in the treatment of pediatric empyema. The outcomes of these studies strongly suggest that primary VATS for evacuation of parapneumonic effusion is superior to the other treatment options.

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WANDERING SPLEEN WITH 10 TIMES TWISTED VASCULAR PEDICLE: A PAEDIATRIC CASE REPORT

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Objective: Torsion of a wandering spleen (WS) is a rare cause of acute abdomen in children. Patients may be asymptomatic or experience mild abdominal discomfort, whereas torsion of the vascular pedicle represents a surgical emergency. Colour-Doppler sonography and enhanced computed tomography are commonly used in the diagnosis of this condition. Although the risk of overwhelming post-splenectomy sepsis has recently stressed the need for preservation of the spleen, total splenectomy remains the treatment of choice in case of infarction, followed by vaccinations for encapsulated bacteria and life-long antibiotic prophylaxis.

Methods: We describe the case of a 8 years old child, presenting at our Department with acute lower abdominal pain, vomiting and fever. At physical examination, tenderness in right iliac fossa was registered. Blood tests revealed increased inflammatory markers. Acute appendicitis was initially suspected. Although limited by meteorism, ultrasonography identified a 13x5x8 cm mass in the pelvis, poorly vascularized in colour-Doppler examination. CT scan showed an empty splenic fossa and a non perfused spleen in the pelvis with a twisted vascular pedicle. An urgent laparoscopy was performed.

Results: Laparoscopy revealed an enlarged ischemic spleen in meso-hypogastrium, due to a 10 times twisted, 15 cm long vascular axis. Absence of spleen's supporting ligaments was documented. An open splenectomy was subsequently performed.

Conclusions: Torsion of a WS must be considered in differential diagnosis of acute abdominal pain in children. Laparoscopy represents a useful adjunct in diagnosing such an uncommon condition.

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