

## **SIV4: LAPAROSCOPIC REPAIR OF MORGAGNI DIAPHRAGMATIC HERNIA IN CHILDREN: RESULTS OF A MULTICENTRIC SURVEY**

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**Background** This study aimed to standardize the surgical correction technique of congenital Morgagni diaphragmatic hernia (CMDH), analyzing the results of an international multicentric survey.

**Materials and methods** The medical records of 43 patients (29 boys, 14 girls) underwent laparoscopic repair of CMDH in 8 pediatric surgery units in a 5 years period were retrospectively reviewed. Their average age was 3.3 years. Ten patients (23.2%) presented associated malformations: 9 Down syndrome (20.9%) and 1 palate cleft (2.3%). Thirty-five patients (81.4%) were asymptomatic, whereas 8 patients (18.6%) presented symptoms such as respiratory distress, cough or abdominal pain. As for preoperative work-up, all patients received a chest x-ray (100%), 15/43 (34.8%) a CT scan, 8/43 (18.6%) a barium enema and 4/43 (9.3%) a US.

**Results** No conversion to open surgery was reported. Average operative time was 61.2 minutes (range 45–110 min). In 38/43 (88.3%) patients a trans-parietal stitch was positioned in order to reduce the tension during the repair. In 14/43 cases (32.5%) the sac was resected; in only 1/43 case (2.3%) a dual mesh of goretex was adopted to reinforce the closure. Average hospital stay was 2.8 days. The average follow-up was 4.2 years and it consisted in annual clinical controls and chest x-ray. We recorded 2 complications (4.6%): one small pleural opening, that required no drain and one recurrence (2.3%), re-operated in laparoscopy, with no further recurrence.

**Conclusions** Laparoscopic CMDH repair is well standardized: the full-thickness anterior abdominal wall repair using non resorbable suture with interrupted stitches is the technique of choice. Post-operative outcome was excellent. Recurrence rate was very low, about 2% in our series. We believe that children with CMDH should be always treated in laparoscopy following these technical details.

**Key words** Morgagni diaphragmatic hernia, surgical technique, children, laparoscopy