

SII15: THE ROLE OF LAPAROSCOPY IN THE MANAGEMENT OF ENTERIC DUPLICATIONS IN CHILDREN

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Background Wide availability of sonographic investigation contributes to an early diagnosis of enteric duplications (ED) before the onset of clinical symptoms. Proposed management of such pathologies consists in elective mini-invasive surgical treatment during infancy. The study presents the feasibility and safety of elective laparoscopic and laparoscopy-assisted, mini-invasive resection of gastroduodenal (GD), ileal (IL) and ileocecal (IC) duplications without bowel resection.

Materials and methods Retrospective review of medical records of 13 patients aged between 3 and 22 months with the diagnosis of ED, treated in the Department of Pediatric Surgery, Jagiellonian University Medical College, Krakow, Poland, within the period from January 2012 to April 2017.

Results The initial diagnosis of enteric duplication cyst was made in 13 patients. In 8 children the diagnosis was based on sonographic study alone. All patients were qualified for elective surgical treatment. Eleven procedures were performed until 30.04.2017. Cyst excision without bowel resection was performed in 9 children. Laparoscopic removal was performed in seven patients. In two cases of gastroduodenal duplications located on the posterior wall of the first and second part of the duodenum, laparoscopy allowed to confirm the diagnosis and the excision was performed by laparotomy. Resection of the cecum and Bauhin's valve was necessary in one patient with a large IC duplication and malrotation. In one girl laparoscopic assessment excluded ED. A pelvic mass was revealed suspected to be vaginal duplication cyst, which was later confirmed with cystoscopy, vaginoscopy and NMR studies. The postoperative course was satisfactory in all the cases. Further two interventions in children with ED diagnosed based on ultrasound examination are scheduled for September 2017.

Conclusions The laparoscopic approach for ED excision allows for confirming the diagnosis and accurately defining the exact site of duplication, as well as for an effective and safe mini-invasive treatment. In our experience laparoscopic or laparoscopy-assisted excision of ED without bowel resection is a safe treatment option.

Key words enteric duplication, laparoscopy