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The Pediatric Inguinal Hernia: Is contralateral exploration justified?
To determine if contralateral inguinal hernia exploration is justified we decided to study our past experience with 161 consecutive cases who underwent bilateral hernia repair during a 30 month period at Hospital San Pablo and Ramon Ruiz Arnau University Hospital. 61% of the population were infants younger than two years of age, and 19% prematures babies. 69 pts presented with a RIH (Right Inguinal Hernia), 47 with a LIH (Left Inguinal Hernia), and 45 pts with BIH (Bilateral Inguinal Hernias). 16% suffered an episode of incarceration preop all reduced satisfactorily and operated promptly. A contralateral positive finding (either an hernial sac or a patent procesus vaginalis) was identified in 74% RIH and 72% LIH patients upon exploration. No incidence of testicular edema/atrophy, vas deferens injury, or recurrence was reported in the six year follow-up of the study. Statistical analysis of the contralateral findings during surgery with sex, gestational age, and age at operation showed that females and infants younger than two months of age had a higher probability of having positive findings. We could not demonstrate that prematurity or left-sided hernias were associated with a higher positive rate. The major benefit of contralateral exploration is that it allows discovery and elimination of a patent procesus vaginalis so an hernia cannot develop. We conclude by establishing some criterias to justify routine contralateral exploration of the pediatric hernia: the surgeon should be experienced in child care, associated conditions should not increase the surgical risks significantly, time-consuming dissections of the cord structures should be discouraged, andthe operating time should be kept to a minimum. (To receive manuscript call (787)-786-3495).

Prenatal Choledochal Cyst
Prenatal sonography will increase the incidence of subhepatic cysts later confirmed as choledochal cysts. Optimal timing for excision will depend on age, weight, associated conditions, biochemical alterations, development of complications, and the sonographic surveillance of size. We present a prenatal choledochal cyst (the 6th reported case in the literature) with an abnormal choledocho- pancreatico ductal junction and a high amylase content

which exhibited a linear pattern of growth in size as a measure of time. Upon reviewing all other case reports recommendations for managing the asymptomatic, anicteric infant are discussed. (For a copy of the manuscript please call (787)-786-3495).

Malrotation: The Deadly Vomit

Post-prandial bilious vomiting in the early stages of life (usually the first three months) should always prompted the diagnosis of malrotation associated to midgut volvulus. There can be mild to none abdominal distension, the child can be acidotic and obstipated. A initial Barium enema will help to decide if there's a high-medial lying malrotated cecum, a transitional zone of Hirschsprung's, or a coil spring pattern of intussusception. An UGIS is more direct since the third portion of the duodenum will be obstructed by Ladd's bands and volvulus if present will be seen. Ischemic bowel will die in a six to eight hour period if not treated promptly by detorsion and Ladd's procedure.

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