



# **PEDIATRIC SURGERY UPDATE ©**

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### **Prenatal Ovarian Cysts**

Ovarian cysts in fetus and infants are usually follicular in nature and less than 2 cm in size. They are commonly diagnosed between the 28th and 39th wk. of gestation by sonography. Hypotheses on etiology are: (1) Excessive fetal gonadotropic activity, (2) enzymatic abnormalities of the theca interna, and (3) abnormal stimulation by the mother HCG. Obstetric management consists on observation and vaginal delivery. After birth, diagnostic assessment and management will depend on the size and sonographic characteristics of the cyst. Simple anechoic cysts, and those less than 5 cm in size can be observed for spontaneous resolution. Cyst with fluid debris, clot, septated or solid (complex nature), and larger than 5 cm should undergo surgical excision due to the higher incidence of torsion, perforation and hemorrhage associated to them. Percutaneous aspiration of large simple cysts with follow-up sonography is a well -accepted therapy, preserving surgery for recurrent or complicated cases. Surgical therapy is either cystectomy or oophorectomy that can result in loss of normal ovarian tissue.

### **Intussusception: Air or contrast reduction?**

The traditional method of diagnosing and managing ileo-colic intussusception is barium enema contrast reduction. In China where this is the most common surgical emergency in childhood, pneumatic reduction has been used for more than 25 years. A recent tendency toward this approach is seen in recent years in Occident. This consist of rectal insufflation of oxygen at a flow rate of 2 L/min, controlling pressure by adjusting the height of the mercury column, and using maximal pressures of 80 mm Hg. Small bowel aeration is a sign of complete reduction. Series are successful in 70-90% of cases. Gas enema reduction is very successful in patients with: (1) symptoms less than 12 hours, (2) no rectal bleeding, (3) absence of small bowel obstruction, and (4) normally hydrated. Ultrasonography can be used as a rapid sensitive screening procedure in the initial diagnosis of intussusception. Previous adverse clinical features that precluded barium reduction can be replaced during gas reduction. Predictors of failure of reduction are: (1) ileocolic intussusception, (2) long duration of symptoms, (3) rectal bleeding, and (4) failed reduction at

another institution. Air reduction (pneumocolon) is a very effective alternative method since it brings less radiation (shorter fluoroscopy time), less costs and less morbidity in cases of perforations.

### **Labial Adhesions in Infants**

Minor labial adhesions is a common pediatric gynecologic problem occasionally confused with imperforate hymen. Most cases are in children 2-6 y/o and involve labial adhesions secondary to diaper rash. The process causing fusion is a natural one: two normally covered surfaces with squamous epithelium in contact with each other is traumatized eventually forming a fibrous tissue union (agglutinate) between them when healing occurs. A small opening near the clitoris is always present through which urine escapes. This seldom causes symptoms except recurrent UTI if it covers the urethral meatus. Treatment consists of applying estrogenic creams (0.1%) for two weeks. Manual separation can be painful and adhesion recurs. Unless the urethral meatus is covered, there is no reason to be further aggressive in management. Prolonged use of estrogenic cream can cause precocious isosexual development.

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