



# **PEDIATRIC SURGERY UPDATE ©**

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### **Groin Lap for IH**

The issue of contralateral exploration in the pediatric inguinal hernia (IH) patient has been hotly debated. Proponents of routine contralateral exploration cite the high percentage of contralateral hernia a/o potential hernia found at exploration, the avoidance of the cost of another hospitalization, psychological trauma and anxiety to the child and parents over a second operation, and the added risk of anesthesia of a second procedure. Most pediatric surgeons habitually explore the contralateral side. They disagree in opinions about exploration depending upon the primary site of IH, age, sex and the utilization of herniography or some intra-operative technique to check the contralateral side. Recently the use of groin laparoscopy permits visualization of the contralateral side. The technique consists of opening the hernial sac, introducing a 5.5mm reusable port, establishing a pneumoperitoneum, and viewing with an angle laparoscope the contralateral internal inguinal ring to determine the existence of a hernia, which is repaired if present. Requires no additional incision, avoids risk of vas deferens injury in boys, is rapid, safe and reliable for evaluating the opposite groin in the pediatric patient with unilateral IH. Children less than two years of age has a higher yield of positive contralateral findings.

### **Lap for NUT**

The undescended testis identified in 0.28% of males can be palpable (80%) or nonpalpable (20%). It is difficult to determine either location or absence of the non-palpable undescended testis (NUT) by clinical examination. Imaging studies (US, CT, MRI, gonadal venography, etc.) are not reliable in proving its absence. Diagnostic laparoscopy is reliable in locating the NUT or proving its absence. Furthermore it can be combine to provide surgical management. After reviewing thirteen series of 613 children with NUT managed by laparoscopy the following three findings were identified: 1- The testis is present; either in an intra-abdominal (38%) or inguinal position (12%). Intrabdominal testis can be managed by first stage laparoscopic internal spermatic vessel clipping and cutting (Stephen-Fowler's), followed by second stage vas-based standard orchiopexy six to nine months later. Inguinal testes

are managed by standard inguinal orchiopexy. 2- The testis is absent (vanishing testicular syndrome) as proven by blind ending vas and testicular vessels (36%). These children are spare an exploration. If the vas and vessels exit the internal ring, inguinal exploration is indicated to remove any testicular remnant as histologic evidence. The presence of a patent processus vaginalis may suggest a distal viable testis. 3- The testis is hypoplastic or atrophic (26%), in which case is removed laparoscopically. Exact anatomical localization of the testis by laparoscopy facilitates accurate planning of operative repair; hence is an effective and safe adjunct in the management of the cryptorchid testis.

## **AC**

Acalculous cholecystitis (AC) is more commonly found in children than adults. Two-third of cases appear as a complication of other illness: trauma, shock, burns, sepsis, and operative procedures. Contributing causes mentioned are: obstruction, congenital tortuosity or narrowing of the cystic duct, decreased blood flow to the gallbladder, and long-term parenteral nutrition. Males are more commonly affected than females. Fever, nausea, vomiting, diarrhea, dehydration and marked subhepatic tenderness are the most common symptoms. Other less common sx are jaundice, and abdominal mass. Labs show leucocytosis and abnormal liver function tests. Recently (APSA 95), two distinct forms of this disease have been recognized: acute, with symptom duration less than one month and chronic, with sx greater than three months. US is diagnostic by demonstrating hydrops of gallbladder, increase wall thickness and sludge. HIDA scan with CCK stimulation may help diagnose chronic cases. In both situations management consist of early cholecystectomy which can be executed using laparoscopic techniques.

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