



# **PEDIATRIC SURGERY UPDATE ©**

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### **Rectal Prolapse**

Rectal prolapse refers to a mucosal or full-thickness herniation of rectum through the anal canal that starts as an intussusception that fully develops. Most cases are seen in constipated preschool children after prolonged straining of stools. Other cases may be associated with acute diarrheal episodes, cystic fibrosis, malnutrition, parasitosis, and neurologic or anatomic anomalies. Initial management consists of manual reduction with buttock strapping for 24-48 hours. Recurrent episodes may be managed with outpatient submucous injection of sclerosing agents (5% phenol in almond oil). More aggressive surgical effort may be needed for recalcitrant recurrences and children with pelvic anatomic distortion caused by previous surgery. Surgical choice of procedure is controversial and may encompass simple encircling of anus (Thiersch's) with suture, posterior plication, mucosal stripping, and transsacral or resectional rectopexy, to mention a few. Prognosis is frequently excellent.

### **Echo in CDH**

Congenital Diaphragmatic Hernia (CDH) management has evolved during the past few years. Immediate surgical repair of critically ill neonates with severe lung hypoplasia, increase pulmonary arterial pressure (PAP), and persistent fetal circulation is non-productive. Repair of the defect should be done after preoperative stabilization, no matter how long it takes to reach the objective of improving acid-base status and pulmonary mechanics. This stabilization takes the form of mechanical ventilation and muscle paralysis mostly (ECMO for persistent respiratory failure, where available). Although clinical judgement decides timing of surgical repair, a question often raised is for how long we should avoid surgery? Doppler echocardiographic studies have focused on methods to decide the degree of pulmonary hypoplasia as useful alternatives of answering that question and assessing prognosis. This has been done measuring changes in PAP, the bi-directionality of the patent ductus arteriosus (PDA), the left ventricular mass index, and recently the left to right main pulmonary artery ratio. Changes that favor surgical repair using these parameters are: evidence of reducing PAP, reducing pulmonary vascular

resistance, and predominant left to right flow changes of the PDA. Poor prognosis is associated with reduced left ventricular mass index (also predicts use of ECMO) and decrease left to right main pulmonary arterial ratio.

### **Cat Scratch Disease**

Cat Scratch Disease (CSD) is a self-limited condition transmitted by a Bartonella species (*Rochalimaea henselae*) present in unaffected kitten paws. Following inoculation by a scratch and one to two weeks of incubation period, malaise, fever, headache, anorexia and swelling of the regional lymph nodes follow. The adenopathy generally develops in the upper extremity (epitrochlear, axilla) or head/neck areas, is minimally tender and can develop fluctuation. Median age is 14 years with highest attack rate in children less than ten years of age. The diagnosis relies on the presence of symptoms, signs, physical exam (characteristic papule at the site of the scratch), history of exposure to a cat, and a positive immunofluorescent assay for bartonella antibodies. Most patients with clinically diagnosed CSD developed an immunologic response to Bartonella species. Conservative symptomatic management is recommended for most children since the node will eventually disappear spontaneously. In other cases' aspiration of fluctuant nodes is alleviating. Antibiotics are recommended during severe cases. Overall prognosis is good.

### **References?**

Specific or general references on any subject discussed in 'Pediatric Surgery Update' can either be mail, faxed, or E-mail to you upon request.

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