



# **PEDIATRIC SURGERY Update** ©

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## **Profile Surgery Section AAP**

Communication through electronic networks is becoming the most useful resource of Internet by health care workers. To establish the demographic and professional profile as well as the Internet service provider of physician members of the Surgery Section (SS) of the American Academy of Pediatrics (AAP) a survey questionnaire that included variables of age, gender, years of experience, type of practice and Internet service provider was mailed. Two-hundred and five responses of 588 (35%) were received and analyzed. Mean age of the group was 52 years with 88% males and 12% female (7.5:1). With an average of eighteen years of practice 185 members (90%) have access to Internet and 188 (92%) use it mainly for e-mailing from either home (25%), hospital/office setting (30%) or both (42%). Members are willing to receive section news and correspondence by electronic means 23%, print-mail 34% or both 44%. Overall type of practice is private 21%, University 54% or combined 23%. No access to Internet portrays an older member (57 yrs;  $p = 0.02$ ) sharing solo (private) practice ( $p = 0.006$ ). Two-third of Internet service providers is university-based (-edu) or hospital organizations (-org) within a younger age group (48 yrs;  $p = 0.000001$ ). E-mailing is becoming the preferred method of communication among a substantial number (one-third) of pediatric surgeons' members of the Section of Surgery of the AAP. Net accessibility through University or Children Hospital servers account for the high number of young members in this practice setting.

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## **Annular Pancreas**

Annular pancreas is the most common congenital malformation of the pancreas in association with duodenal atresia. Embryologically the ring formation (annulus) originates from the ventral pancreas primordium (Lecco's theory). The pancreatic duct of the annular tissue passed from the anterior portion to the lateral and posterior portion finally joining with the main pancreatic duct. Two types of annular pancreas are recognized: 1) Extramural - causing high gastrointestinal obstruction; vomiting is the most common presenting symptom, and 2) Intramural - producing duodenal ulceration. Presentation at birth is affected by the degree of duodenal obstruction and coexistent anomalies. Polyhydramnios usually accompanies complete high intestinal obstruction in annular pancreas. Associated anomalies can range from malrotation, intrinsic duodenal obstruction, Down syndrome and duodenal bands. ERCP is the most important procedure

to find the characteristic features and establish the therapeutic strategy in cases of annular pancreas. Experience militates against any direct attack on the offending annulus. Therefore, all children with this abnormality are generally treated with a bypass procedure, preferably a duodeno-duodenostomy. Long-term complications may include cholestatic jaundice, upper gastrointestinal motility disorder, failure to thrive, chronic diarrhea and chronic relapsing pancreatitis due to an incomplete divisum anomaly.

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### Intra-Abdominal Lymphangiomas

Lymphangiomas are benign, cystic, endothelial-lined tumors of congenital origin formed after failure of communication between lymphatic and venous vessels during fetal life. Within the abdomen they can be found in the mesentery, the retroperitoneum or rarely the bowel wall. Most common site is the small bowel mesentery (ileal predominates). Presenting early in life, abdominal pain is the most common symptom followed by vomiting, increased abdominal girth, mass, anemia, anorexia, weight loss and fever. US and CT-Scan will show the septated, multiloculated, cystic nature of the mass and suggest the diagnosis. Due to the risk of hemorrhage, torsion, obstruction and infection (and most presents as an emergency), complete surgical excision with or without intestinal resection is the next logic step in management. Prognosis is favorable.

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