



PEDIATRIC SURGERY Update © **Vol. 26 No. 01 JANUARY 2006**

Supernumerary Nipple

Supernumerary (or accessory) nipple, also known as polythelia, is a congenital developmental abnormality that occurs most commonly over the anterior aspect of the trunk in the pathway of the embryonic milk line extending from the axilla to pubic region. Supernumerary nipple shows all the histologic components observed in the normal nipple including epidermal thickening, pilosebaceous structures, smooth muscles and mammary glands. Incidence of supernumerary nipple is 25 per 1000 live births with a higher prevalence for the left side and male gender. The accessory nipple is a cosmetic defect with the potential to give rise to a neoplasm since any disease process that involves anatomically normal breasts may affect aberrantly located breasts or nipples as well. Due to its atypical appearance and ectopic location, diagnosis of the anomaly may require a high index of suspicion along with histologic verification. Once thought to have an association with renal defects, the presence of supernumerary nipple in asymptomatic children is not an indication to do additional diagnostic studies of the urinary tract. Supernumerary nipple and ectopic breast are different entities. Supernumerary nipples can be identified at birth, whereas ectopic breast tissue becomes noticeable only after hormonal stimulation, usually during puberty, pregnancy or lactation. Management of supernumerary nipple consist of excision for diagnosis, treatment of symptoms, or cosmesis.

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Gastric Heterotopia

Gastric heterotopia refers to the finding of normal gastric tissue (mucosa) in foreign sites entirely separated from the stomach. The gastric mucosa is of antral type with parietal and chief cells. Heterotopic gastric mucosa has been reported to occur along the gastrointestinal tract mostly associated with bowel duplications, Meckel's diverticulum, within the gallbladder or cystic duct, in omphalomesenteric ducts and in the liver. Alone,

intestinal gastric heterotopia usually is found in the jejunum. A few reports call to the attention of gastric heterotopia in the urinary bladder, spinal column, salivary glands, bronchogenic and thyroglossal duct cysts. The presence of gastric mucosa produces deep acid ulceration surrounding non-gastric mucosa. This event causes abdominal pain, gastrointestinal bleeding and rarely perforation. Meckel's diverticulum is the most common site of heterotopic gastric mucosa. The heterotopic mucosa in Meckel's diverticulum is not commonly colonized by *H. pylori*. Repeated abdominal scanning with technetium-99m pertechnetate can help localize the ectopic gastric heterotopia. Other children will need tagged RBC scanning or arteriogram to identify the site of bleeding. Management of gastric heterotopia is resection whenever possible. Simple transverse resection is not recommended for the short Meckel's diverticulum suspicious of harboring heterotopic gastric mucosa.

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Sialadenitis

Sialadenitis, defined as inflammation of a salivary gland, is a common benign condition seen in children. Sialadenitis can be caused by an acute viral infection (mumps), suppurative bacterial infection (most commonly staphylococcus aureus and Haemophilus influenzae), a chronic recurrent process without determinate cause, or as part of a granulomatous disease process (tuberculosis, sarcoidosis, Sjögren). The parotid gland of male children is most often involved. Clinically the child develops episodic pain, fever and swelling of the parotid gland. Ultrasonography should be the initial imaging study used for the examination of salivary gland lesions in children. In newborns, acute suppurative sialoadenitis is associated with gavage-feeding, prematurity and methicillin-resistant Staphylococcus aureus. In the infant, the suppurative process is associated with bacteremia, abscess formation and the need of incision and drainage. Initial management includes systemic antibiotics therapy. Older children develop mumps sialadenitis from improper immunization. HIV infection is an important cause of viral parotitis in children.

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