



PEDIATRIC SURGERY Update © **Vol. 29 No. 06 DECEMBER 2007**

Pleomorphic Adenoma

Less than 5% of all major primary salivary gland neoplasms occur in children. The major salivary glands comprised the parotid, submandibular and sublingual. The first decade of life, and particularly the first two years of life, has a preponderance of benign neoplasms. Most common benign neoplasm affecting the major salivary gland in children are vascular in nature such as hemangiomas, hemangioendotheliomas and lymphangiomas. Pleomorphic adenoma, also known as mixed tumor, is the most common benign epithelial salivary gland tumor throughout childhood. Pleomorphic adenoma usually arises in the lateral portion of the parotid gland, grows slowly as a painless mass with peak ages between nine and 14 years. Most affected cases are males. The mass is usually less than 3 centimeters in diameter, firm and freely mobile. Extremely rarely a pleomorphic adenoma will arise in a submandibular or sublingual gland. CT Scan and MRI are helpful in determining the extent of the lesion and surgical planning. Fine needle aspiration biopsy has a high accuracy and sensitivity rate revealing the histologic nature of the tumor. Management of pleomorphic adenoma entail excision of the tumor with a rim of normal salivary gland tissue circumferentially. This means superficial or total parotidectomy with nerve preservation or reconstruction if at all possible. Enucleation carries a high percent of recurrence. Redo surgery carries an even higher rate of fascial nerve damage. Long-term follow up is recommended.

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Bowel Lymphomas

Lymphomas of the gastrointestinal tract are the most common type of primary extranodal lymphomas, accounting for five to 10% of all non-Hodgkin's lymphomas. The most frequent symptoms are abdominal pain, nausea, vomiting and weight loss since they will present clinically as an abdominal mass, bowel obstruction, perforation, bleeding or intussusception. In the majority of children the diagnosis is made at urgent exploration. The tumor is located most commonly in the proximal and distal terminal ileum. Mean age of diagnosis is nine years with male predominance. The most common type of lymphoma encounter in children is non-endemic Burkitt's lymphoma. Localized disease, low stage disease and complete resection favors survival in lymphoma, whereas age, sex, and urgency of operation had no influence on survival. Spontaneous bowel perforation from the lymphoma or during surgical manipulation increases the chances of dying from the disease and significantly reduce survival due to delay in instituting chemotherapy. The mainstay of management of bowel lymphomas consists of resection and chemotherapy if at all possible while not increasing the rate of perforation.

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Stump Appendicitis

Appendectomy for inflammation of the appendix is one of the most common urgent procedure performed in children and adults. The procedure consists of ligating the sick appendix near the wall of the cecum. Developing inflammation of the remnant stump (residual appendicitis) is a very rare condition that occurs when there has been incomplete resection of the organ and is estimated to be seen more commonly following the advent of laparoscopic appendectomy. The clinical picture is similar to the original disease. The child develops vomiting, fever, epigastric or periumbilical pain that radiates toward the right lower quadrant with leukocytosis. Since they already have an appendectomy, physicians are reluctant to consider this diagnosis again and tend to observe these cases, the reason why the rate of appendiceal stump perforation is extremely high. CT Scan will help demonstrate an inflammatory process in the right lower quadrant with fat stranding or abscess formation. Management consists of re-appendectomy very near the wall of the cecum, cecorrhaphy or right hemicolectomy. Avoidance of a long appendiceal stump is the only suggested means

by which to reduce its occurrence.

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