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LAPAROSCOPIC-ENDOSCOPIC TREATMENT OF GASTROINTESTINAL BLEEDING IN CHILDREN

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A study conducted in the European Union showed that, annually, 5–6 patients per 10,000 population presented to a clinic with bleeding from the upper gastrointestinal tract. Bleeding of an ulcerative etiology accounted for 22% of cases. Risk factors included the use of non-steroidal anti-inflammatory drugs (NSAIDs), most frequently in the 2- to 7-year-old age group.

Globally, the mortality rate among children due to upper gastrointestinal bleeding ranges from 4% to 15%. This variation depends on geographical location: in Asia and developing countries, bleeding from esophageal varices is more common—resulting in higher mortality.

Bleeding from Meckel's diverticulum and its surgical management in pediatric population

First laparoscopic treatment of Meckel's diverticulum in our clinic was done in 2015 year, Intracorporal Meckel diverticulectomy with a linear stapler. Meckel's diverticulectomy can be performed either intracorporeally or extracorporeally. Since 2018, laparoscopy-assisted trans-umbilical Meckel's diverticulectomy (LATUM) has been established. The height-to-diameter ratio of the Meckel Diverticulum < 2 – segmental resection of ileum.

Intestinal intussusception in children: evolution stages of diagnosis and treatment. Clinic experience

Intussusception is a serious condition in which part of the intestine slides into an adjacent part of the intestine, which causes intestinal obstruction. It is the most common form of intestinal obstruction in children. Intussusception mainly develops at the age of 4 months to 1.5 years, which is due to the anatomical and physiological features of the gastrointestinal tract.

Evolution of intussusception diagnosis and treatment in children in our clinic. Until 1985, under fluoroscopy, with air or Barium enema, if the disease onset in less than 24 hours. If ineffective—manual reduction by open surgery, 1985- 2012- fibroendoscopy desinvagination (68 pts)

Since 2012 year we use the Ultra Sound guided hydrostatic reduction. In our experience, successful reduction was in 82.3% of cases; in unsuccessful cases, Laparoscopic Desinvagination was performed. The mean age was 10 months (6–18 months). The duration of the disease was more than 24 hours. A three-trocar technique was used for all patients. Patients had an ileocecal

intussusception. None of the patients required an intestinal resection. Appendectomy was done in all cases.

Keywords: Intestinal intussusception, laparoscopic Desinvagination, gastrointestinal bleeding, Meckel's diverticulum.