

Confer 13x Intussusception - by Uls & too H2O soluble contrast enema

Rx: Resuscitation to IVF & NGT, Reduce air/contrast enema under radiological guidance

Shock / peritonitis / failed reduce -> Rx

Partial resection - resection = 1 anastomosis

associated with eg. HUS / UTI - in 30%

Seasonal variation - summer & spring (URT)

27 BA -> Extraintestinal biliary strictures Isolated (5-90%) associated with situs inversus or polysplenia / asplenia. 2/3 cases congenital anomalies (fetal/embryonic form) 10-35% usually mature neonates

Types

- type 1 - CBD
2 - HD to cystic structures found in porta hepatitis
3 - (79%) HD to level of porta hepatitis

Pathophysiology - Congenital malform of biliary ductular system - progressive inflammatory lesion - inspiss (isolated form) fibrosis / rotations / ONY

Incidence - Per 10,000-15,000 live births (USA), higher in Asian pop, blacks & whites

Management Rx - Portoenterostomy - @ 5yrs (47-60%), 10yrs (25-35%)
- Carcinoma
- Cholangitis (50%)
- HTN (76%)
- HCC

Age - fetal / Perinatal form - in first 2/52. Postnatal type age 2-5/52

Hx - Jaundice, dark urine, light stools
PE - hepatomegaly, splenomegaly
- asplenia / polysplenia - in neonatal form
- cardiac murmurs - associ. VACTERL

LFTs biopsy Intraop Cholangiography ERCP

Uls. Mx: Kasai's procedure 1/34 10/52 modified enterostomy Liver transplant

NEC - Premature infant - 2-3% of live, formula feed. Classical triad - abcd distension + bloody stool + protracted intestinalis. Other S/S - temp instability, lethargy, non-specific findings of sepsis. Incidence - 1-3 cases / 1000 live birth. NEC 2-2.5%

FHD OF YEAR 1st place of #103/11/2010
Sausage-shaped abcd mass.
As regards intussusception in children, all statements are true except:
1. More than 80% of the intussusceptions are ileo-ileal
2. Intussusceptions follow closely episodes of upper respiratory tract infections.
3. The causation agent is often a rota virus.
4. Less than 50% of the cases of intussusceptions occur after 2 years of age.
5. The incidence of intussusception is higher in the winter months.
Biliary Atresia is the most frequent cause of neonatal cholestasis. Which statement best describes this disease.
For affected children to survive, the only treatment is surgical.
Bile duct obstruction may be relieved by portoenterostomy (Kasai) procedure.
There is no specific time within which the surgery should be performed.
Syndromic disease is rare but has a better prognosis.
Esophageal varices, portal hypertension are the common cause leading to death of the patients.

Necrotising enterocolitis. These statements are true except:
a. The diagnosis is based on multi-system involvement.
b. Indications for surgery include intestinal perforations.
c. Indication for surgery include physiological deterioration despite medical treatment.
d. Portovenous gas on radiograph alone is 100% indication for surgery.
e. A fixed loop is not an indication for surgical exploration.

When dealing with paediatric trauma patients airway, all statements below are true except:
a. Larynx is relatively non-arterial.
b. The head in a child has a much larger volume to body volume ratio than adults.
c. The necks tend to flex and obstruct the airway.
d. The paediatric larynx is more anteriorly placed.
e. The tongue in the infant may contribute to airway obstruction.
The cricoid cartilage is at the level of fourth cervical spine in children.
Appropriate uncuffed ET size - 4 + 1/4 (age)
ETT - oral
ETT - nasotracheal
ETT - nasotracheal
ETT - nasotracheal

Stage 1 - medical
Stage 2 - medical
Stage 3 - medical
S/S - mostly terminal ileum & prox arc. colon.
C/Pn - V, D, feeding intolerance, & high gastric residual
Specific - abcd distension, frank PRB
Later abcd tenderness, abcd wall edema, ery crepitans, palpable bowel loops indicating a & dilated loop of bowel.
Sustained signs - apnea, bradycardia, low body temp, hypoglycaemia of physiologic instability
Operate - necrotic intestinalis