

INTERNATIONAL CONFERENCE ON PEDIATRIC SURGERY & NEUROSURGERY

Yerevan, Armenia, 6-7 September 2018



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& NEUROSURGERY



6-8 September 2018

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6 - 7 SEPTEMBER, 2018

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KEYWORDS:

colon injury, transanal penetration, children

TRANSANAL PENETRATING INJURIES TO THE COLON IN CHILDREN

Traumatic injuries of the anorectal zone in children are rare. There are very few reports on this subject in the literature. Meanwhile, a pediatric surgeon can meet with wounds of the rectum penetrating into the abdominal cavity, which are extremely severe. Among all abdominal organs rectal injuries account for 1 - 5%, increasing the frequency up to 6,6% in fractures of the pelvis and to 19 % in gluteal region wounds. The rarest group of injuries to the colon is transanal wounds of the rectum, penetrating into the abdominal cavity without the perineal wound.

In our practice, 5 cases of above-mentioned injuries were observed, with 4 injuries to the anterior supra-ampullar zone of the rectum without involvement of the pelvic and abdominal organs, 1 case with a lesion to the anterior wall of the rectum, bladder and penetration of the damaging object into the abdominal cavity.

The damaging agents in 3 cases were metal fittings at construction sites, when the moment of injury was not noticed by the victims and their parents. In one case, the damage was inflicted by a bicycle spoke. In 1 patient the fact of the rectal injury was detected during an operation on account of a pelvic abscess, when the appendix was not involved in the inflammatory process.

Diagnosis of such injuries is extremely difficult, because in most cases children and their parents do not complain about the fact of a trauma. It is also characteristic the presence of a small wound in the ampullar or supra-ampullar rectum without external bleeding, damage to the perineal organs and lesions of the abdominal and retroperitoneal organs, which depends on the terms of the child's admission to hospital after the trauma.

A complex of diagnostic procedures was used: common clinical tests, survey radiographs of the abdomen, ultrasound, proctosigmoidoscopy, colonoscopy (in 4 cases), laparoscopy (1 case), cystography (1 case).

All children underwent surgical treatment with reparation of all injuries, mandatory application of a divided colostomy (5 cases), cystostomy (1 case), irrigation and drainage of the abdominal cavity (5 cases). There were no lethal outcomes. Long-term results were traced in all children and considered good.



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