

بسم الله الرحمن الرحيم

٩٧% شامل سلايدات د . عبير

## Miscellaneous topics

ارجعوا للصور

Hypertrophic Pyloric Stenosis (HPS)

Intussusception

Congenital Abdominal Defects

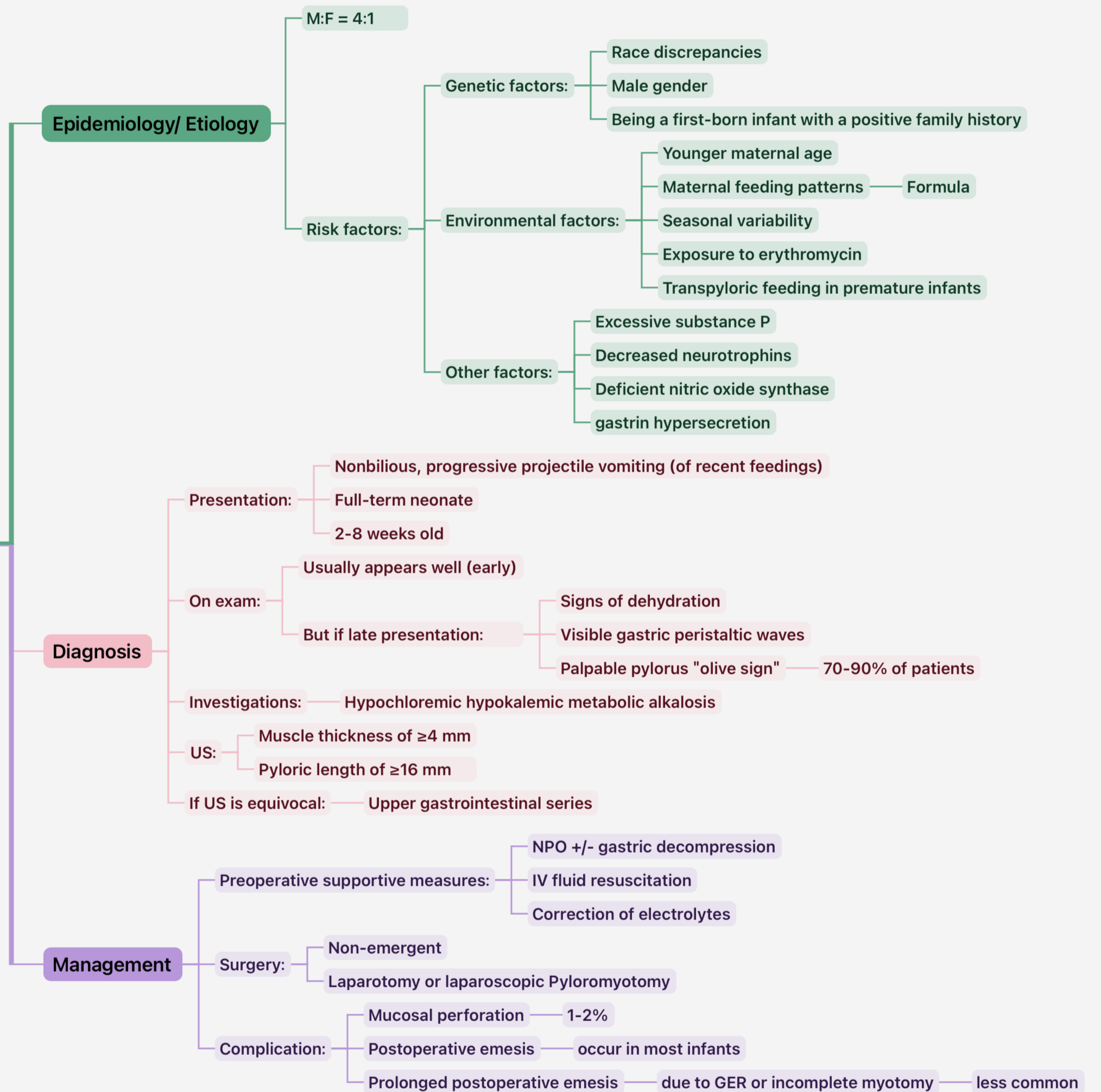
Gastroschisis

Omphalocele

Meckel diverticulum

Biliary Atresia

# Hypertrophic pyloric stenosis (HPS)

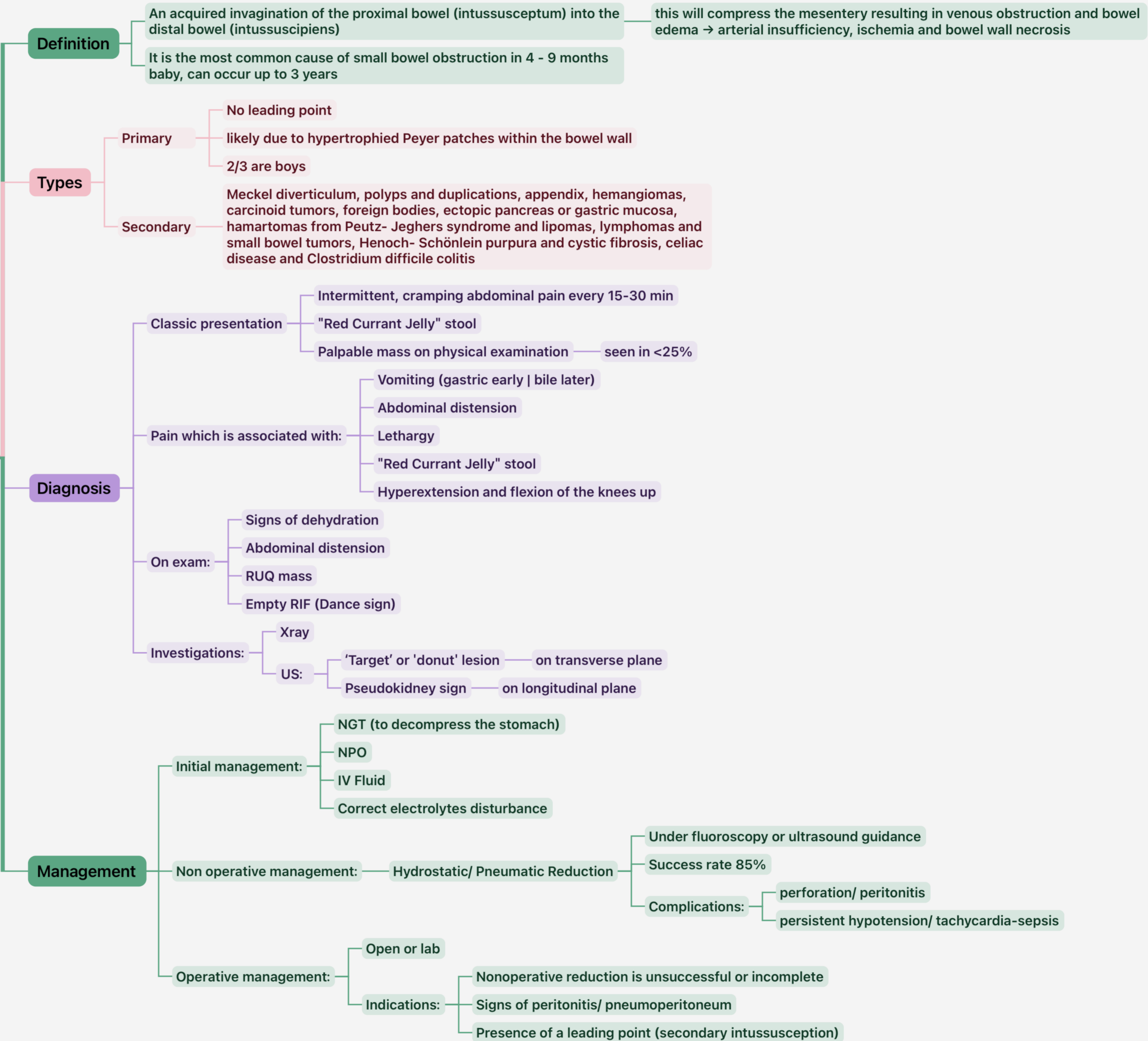


تحب القراءة أو لا تحبها؛ فأنت تؤلف كتابًا،  
وستكون أنت المناقش له

(اقرأ كتابك كفى بنفسك اليوم عليك حسيبًا)

فاجتهد أن تجعله كتابا يسرك عند قراءته..

# Intussusception



# Gastroschisis

## Epidemiology

- 1 in 4000 live births
- Higher incidence in mothers younger than 21 years of age

## Types

- Simple
- Complicated
  - If associated with
    - Atresia
    - Short bowel

## Association

- Associated with a variable degree of inflammatory thickening of the visceral bowel walls, which results in the characteristic appearance of "matted" intestines
- Intestinal motility disorder
- Rotational disease
- 15 - 25% UDT
- Bowel atresia

## Diagnosis

- Antenatal:
  - US by 20 weeks gestation:
    - Bowel loops freely floating in the amniotic fluid
    - a defect in the abdominal wall to the right of a normal umbilical cord
    - +/- Intrauterine growth restriction (IUGR)
  - Abnormal maternal serum a-fetoprotein (AFP) level (↑)

## Management

- Delivery should be in a tertiary centre
- Initial management:
  - Resuscitation (NPO, NG, IVF, rectal tube to decompress)
  - Bowel should be wrapped in warm saline-soaked gauze and placed in a central position on the abdominal wall
- Surgery:
  - Either Primary closure or Staged closure (with silo)
- Long term outcome:
  - Generally excellent
  - Mortality related to:
    - Prematurity
    - Bowel motility
    - Bowel Length

البدار البدار قبل الفؤت، الحذار الحذار قبل الموت، ما  
في المقابر من دفين إلا وهو متألم من سوف  
[ابن الجوزي]

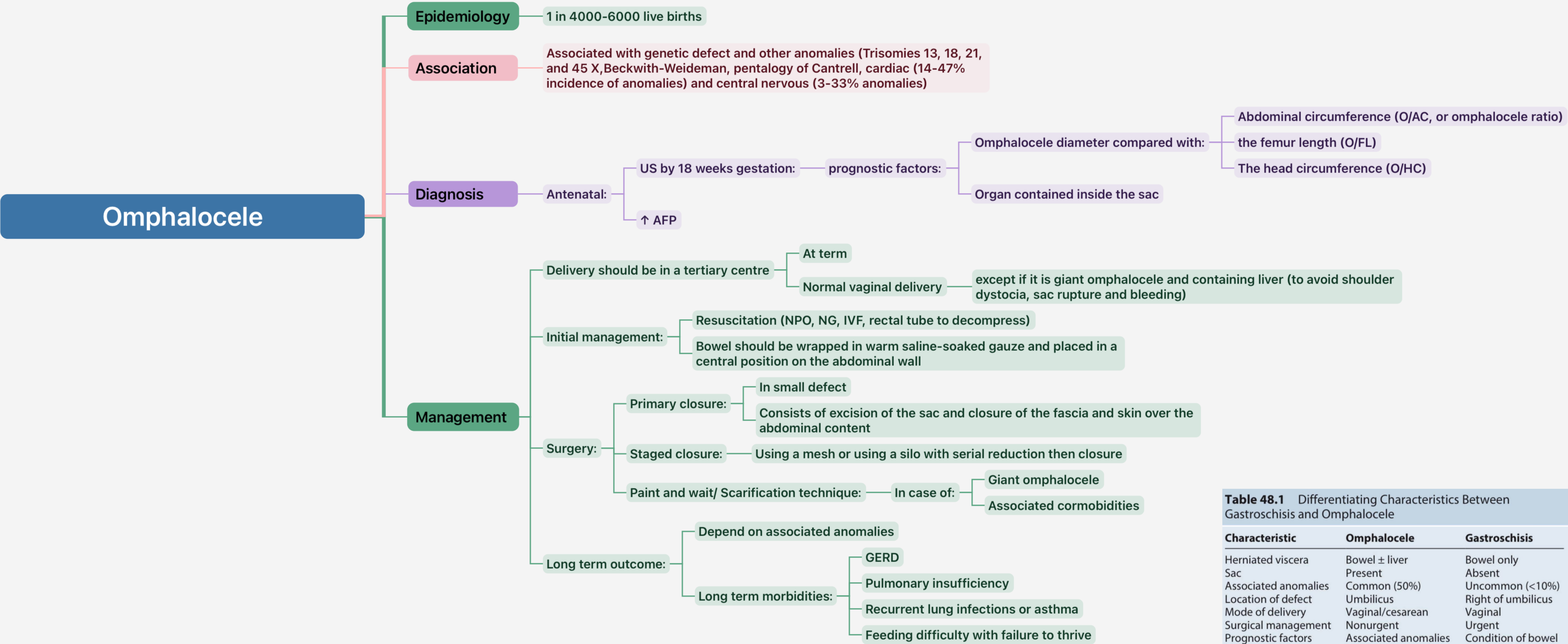


Table 48.1 Differentiating Characteristics Between Gastroschisis and Omphalocele		
Characteristic	Omphalocele	Gastroschisis
Herniated viscera	Bowel ± liver	Bowel only
Sac	Present	Absent
Associated anomalies	Common (50%)	Uncommon (<10%)
Location of defect	Umbilicus	Right of umbilicus
Mode of delivery	Vaginal/cesarean	Vaginal
Surgical management	Nonurgent	Urgent
Prognostic factors	Associated anomalies	Condition of bowel

# Meckel's diverticulum

## Numbers

- True incidence of Meckel diverticulum is unknown because most patients are asymptomatic
- Estimated at approximately 2%
- 4% will become symptomatic
- M:F = 2:1
- Rule of 2s:
  - occurs in 2% of the population
  - 2:1 male-to-female ratio
  - discovered by 2 years of age
  - located 2 feet (60 cm) from the ileocecal valve
  - commonly 2 cm in diameter and 2 inches (5 cm) long
  - contain two types of heterotopic mucosa — gastric is the most common followed by pancreatic

## Diagnosis

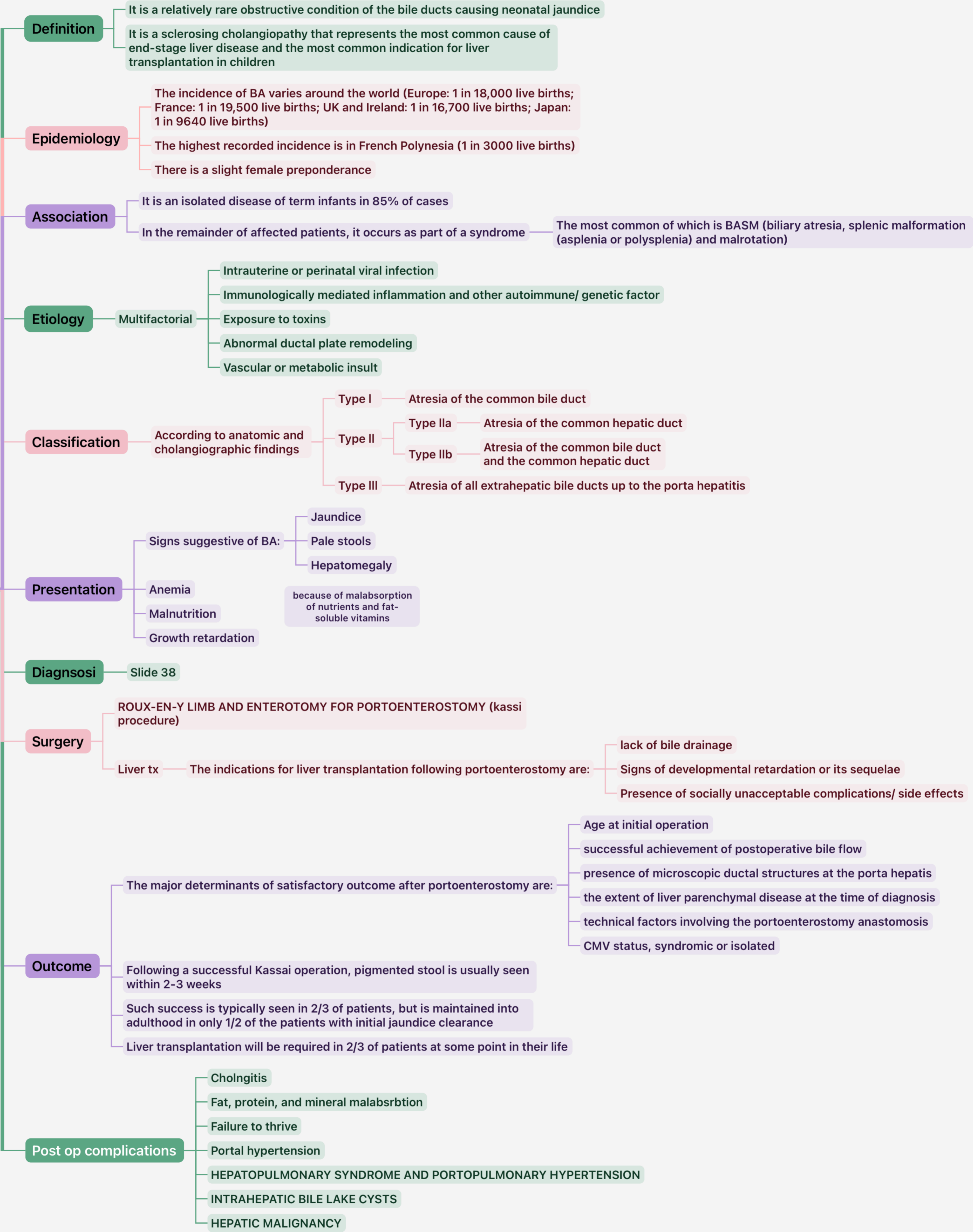
- Most common presentation:
  - Intestinal bleeding (30-56%)
  - Intestinal obstruction (14-42%)
  - Diverticular inflammation (6-14%)
- Signs (less common):
  - Cystic abdominal mass
  - A newborn with an umbilical fistula resulting from a patent vitelline duct
  - In elderly, neoplasia can develop within the Meckel diverticulum — Carcinoid is the most common tumor
- Investigations:
  - In patients presenting with obstruction or inflammation, the diagnosis of a Meckel diverticulum is not usually definitively determined preoperatively — US and CT might be helpful
  - In case of bleeding diverticulum — technetium-99m pertechnetate radionuclide study (Meckel scan), false negative 25%

## Management

- Stabilize the patient in case of bleeding
- Surgery:
  - Open or lap
  - Options:
    - Diverticulum resection
    - Segmental bowel resection + anastomosis

(يَقُولُ يَا لَيْتَنِي قَدَّمْتُ لِحَيَاتِي)  
حياتك أمامك، فقدم لها..

Biliary atresia



غداً يموت المرء..

وينكشف عنه كل هذا الزيف، ويرى كل أمر على حقيقته، ويكتشف أن هذا الذي أنفق فيه عمره ترابٌ فوق ترابٍ، وأن هؤلاء الذين أَرْضَاهُمْ بسخط ربه سبحانه ترابٌ يمشي على تراب،

ولم يبق له إلا أعمالٌ مسطورة في صحيفته، فالناس: فَرِحُ ومحزون، قائلٌ يقول: «رَبِّ ارجعون لعلِّي أعملُ صالحًا فيما تَرَكْتُ»، وقائلٌ يقول: «الحمد لله الذي أذهبَ عَنَّا الحَزْنَ». طاش هذا التراب الذي شُغِلَ به، وَرَجَحَ المِيزَانُ بركعاتٍ وإحسانٍ وبرٍّ وصدقةٍ وبكاءٍ قد تقبَّله الله سبحانه بقبولٍ حَسَنٍ بفضلِهِ ومنته..  
فقد عرفت.. فاعمل.