

III. Case Reports:

1) Another option in surgical treatment of intussusceptions

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Abstract

An intussusception is the enfolding of one segment of the intestine within another.

An infant presented with Abd. Pain, constipation , and current jelly stool of 40 h duration. Barium enema failed to reduce the intussusception, thus laparotomy was done, milking of the intestine was failed and the seros started to rupture, thus a longitudinal incision was made in the ascending colon and by a finger an intraluminal reduction was done.

Approximately 10% of affected children require surgical intervention, either by squeezing the intestine to push the inner segment or by resection the gangrenous or not reducible intestine .

This procedure is another option if there is difficulties in squeezing the intestine, but under certain conditions, 1- the bowel is healthy, 2- the intussusception is short segment.

2) Missed pediatric biliary tree blunt injury

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Back ground: biliary injury in pediatric age group is rare in case blunt trauma , and dealing with it little difficulties since it is small diameter.

The case:

A 2 year old male patient underwent laparotomy due to blunt abdominal trauma, and finding was small amount of free blood, and small retroperitoneal hematoma at the upper pole of the Rt kidney.

On day 4 post op. he referred to our hospital as he got fever , abdominal pain and distention, with recurrent vomiting.

Examination and investigation of the child, showed picture of peritonitis and liver injury. Exploratory laparotomy done that showed one liter of free bile due to injury at the portahepatis with deep extension in the liver parenchyma, no bleeding . but evaluation and cholangiogram showed intrahepatic biliary leak and avulsion of the left hepatic duct from the right one at the junction. The site of avulsion of the RT duct repaired directly without T-tube, the Lt duct repaired by IT hepaticojejunostomy in **ROUX EN Y** manner.

Post op no fever and drain produce large amount till start feeding that we give him anticholinergic medication (Dicyclomine) , high caloric feeding that naturally to stimulate the **CCK** production, and the drain kept at the level of the liver . This showed dramatic improvement of the amount of bile drain that become nil on day 9 post op. and discharge well on day 10, with the drain that removed 2 days later .

Conclusion: If the CBD repair does not affect the lumen with patent sphincter of odd's , can be done without T- tube.

1. Enterohepatic anastomosis can be done without stent tube ,even in small diameter .
2. Decrease the negative pressure in the drain will decrease the leak even in open biliary injury. Stimulation of the natural physiology , play a role in healing and recovery

