British Association of General Paediatrics

1544 UNUSUAL SURGICAL EMERGENCIES ENCOUNTERED IN PAEDIATRIC PRACTICE, THEIR PRESENTATIONS, MANAGEMENT AND OUTCOME IN A TERTIARY CARE CENTRE IN GUWAHATI

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Background Pain abdomen in children is very common in paediatric practice. The cause of pain abdomen may be surgical or non surgical. We encountered three unusual cases of pain abdomen. Two of them had transection of pancreas following bicycle handle bar injury and one had an isolated fallopian tube torsion in a prepubertal girl.

Objectives All the three cases presented with severe pain abdomen. It was very difficult to find out the appropriate cause of pain abdomen and to do an emergency surgical procedure to save these children. Our aim of the study is to discuss the presentation, management and outcome of these surgical emergencies.

Methods Two cases of pain abdomen diagnosed to have transection of pancreas and one case of isolated fallopian tube torsion are discussed here.

The first case presented with severe pain abdomen on 5th day with a history of bicycle handle bar injury on day one. As this part of the country is resource limited these cases could not be diagnosed and managed in proper time. In an outside hospital CECT was done which revealed pancreatic transection at the junction of the head and the body with complete transection of the main pancreatic duct. Other investigations done showed high TC, CRP, amylase and Lipase. After stabilization and initial management, repair of the pancreatic laceration with debridement of pancreatic tissue with pancreatico gastrostomy and drainage of hematoma was done under GA.

2nd case presented with H/O fall from a bicycle followed by pain abdomen for 4 days. Outside CT report showed grade IV pancreatic injury. Investigation revealed high TC, CRP, amylase and lipase. Pancreatic jejunostomy with feeding jejunostomy was done on the day of admission.

3rd case an 11 year old prepubertal girl presented with left sided lower abdominal pain for one day. USG abdomen revealed minimal amount of linear collection in the periuterine area. CT abdomen revealed left adnexal complex cystic lesion. Diagnostic laparotomy revealed a twisted and gangrenous left sided fallopian tube with enlarged left ovary. Left sided Salpingectomy was done.

Results 1st case tolerated the procedure well. Post operative period was uneventful and he was discharged on 8th day of admission. On follow up there was no residual effect.

2nd case had few episodes of vomiting with pain abdomen on 2nd post operative day which was managed conservatively. As the vomiting decreases he was discharged on oral feeding.

3rd case had an uneventful post operative period. Histopathological examination revealed necrosis of the fallopian tube.

Conclusions In a resource limited area, cases with pancreatic transection are difficult to diagnose and manage in due time. Still the two boys could be saved by appropriate surgical interventions.

In case of lower abdominal pain in adolescent girls we should consider isolated fallopian tube torsion as a differential diagnosis. Although fallopian tube torsion is considered as a differential diagnosis and cases are being reported, still we are losing precious tubes in the majority of cases due to delayed diagnosis. So prompt diagnosis and intervention is mandatory to salvage the tubes.

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1546 JEJUNAL TUBE FEEDING IN CHILDREN: SAFETY AND EFFICACY

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Background Over the last decade, transpyloric devices have become a readily available alternative for patients who do not benefit from having their feeds delivered through gastric ports. At our institution, there is an increasing demand for jejunal tube feeding (JTF) due to the increasing prevalence of children with neurological impairment and significant comorbidities.

Objectives We aimed to evaluate the safety of JTF and its efficacy at maintaining adequate weight gain in patients reliant on JTF.

Methods A retrospective review of patients who underwent JTF between January 2014 and February 2021 was performed. Data collected included demographics, co-morbidities, indications for JTF, complications and mortality. The number and nature of complications, together with the mean weight Z-score change after JTF initiation, were used as an outcome measure. Institutional approval was received for this study.

Results A total of 32 patients were reviewed. They had a total of 230 jejunal tubes placed (mean of 7.2). Of the cohort, 20 were male (62.5%). The median age was 16.6 months (6.1–169.5) at JTF initiation. Neurological impairment was found in 62.5% of patients; 80% of which was cerebral palsy.

The most common indications for JTF were gastro-oesophageal reflux disease and vomiting (83.9% and 77.4%, respectively). Associated indications were a combination of dysphagia, aerodigestive birth defects and faltering growth despite gastric feeding, either by gastrostomy or nasogastric tube.

There were a total of 98 complications in 230 jejunal tubes. Of these, 88 were minor with dislodgment (36%) being the most common. Major complications (10) were identified among 8 patients: buried bumper (n=2), bowel ischemia (n=2), bowel perforation (n=2), upper GI bleed (n=2), peritonitis (n=1) and volvulus (n=1), of whom 2 required bowel resections. Two patients who were initiated on JTF underwent subsequent fundoplication. One mortality was noted in relation to co-morbidities rather than the feeding tube itself. The median device replacement interval was 5.1 months (1.8–11.4) and the median length of stay was 6.4 days (0 – 289).

At JTF initiation, the mean weight Z-score was -1.82 ± 1.42 (-4.41 – 1.10). The follow-up weight Z-scores could be