Background Although Hydatid liver disease may be asymptomatic, one complication of Hydatid disease is perforation of the cyst into the peritoneal cavity after trauma. We present herein a case presented after trauma and had a diagnosis of Hydatid cyst rupture into the peritoneum previously asymptomatic boy.

Case A 7-year-old boy presented with mild abdominal pain for 6 h. His parents told that his abdominal pain was suddenly commenced after falling down from swing when playing at the playground. They also complained of itching on the whole body starting soon after the trauma. His blood pressure was 90/60 mmHg, heart rate 118/min, and temperature 37.0°C. On the physical examination, urtica was seen over the thigh and trunk, abdominal examination revealed generalised tenderness. Ultrasonography and computed tomography showed multiple cystic lesions in the liver and one of them had hypoechoic contents and floating echogenic membranous and also free fluid were seen in the pelvis. Intravenous fluids were started followed Hydrocortisone and antihistamine administered along with antibiotic prophylaxis. The patient underwent surgery, 3 cysts at different localization and also a ruptured cyst 4 cm in diameter at the segment I were seen. The germinative membranes and the daughter vesicles were removed and abdomen was irrigated with hypertonic saline (3% NaCl). Postoperative albendazole therapy was given for two months.

Conclusion Rupture of Hydatid cyst should be considered in the differential diagnosis at the presentation of acute abdominal findings with urticaria after abdominal blunt trauma. US and CT are effective in diagnosing of this rare condition.

Introduction Abdominal pain should always be treated as a serious complaint by the clinician due to the large proportion of potentially serious medical conditions which can present with abdominal pain. However, a large proportion of children will not have any significant disease processes underway. This study focuses on extrinsic factors which may be associated with abdominal pain presentations to help elucidate appropriate management.

Methods Prospective study. A survey was administered to children and their parents, presenting tocasualty for assessment of abdominal pain. Questions related to the patient and their family. Information obtained related to the child’s health, social/family dynamics and family history were obtained.

Results 97 surveys were conducted. There was an equal sex distribution. Mean age was 11. The three most common diagnoses were of Benign pain, Mesenteric adenitis Appendicitis. There was a peak in winter presentations for those with benign pain. 27% of children with benign pain had parents who smoked. Inflammatory conditions were common with 38% and 28% of children, having family histories of asthma and eczema respectively. 9% had a history of IBS and Coeliac disease. Nodifferences between the sexes were observed.

Conclusion Children presenting to hospital with abdominal pain have a higher prevalence of parental smoking, eczema, asthma and migraine. There is a peak incidence in benign presentations during winter. Even in children with significant extrinsic influences, appendicitis was the third most common diagnosis, mandating thorough evaluation for all children with abdominal pain nomatter the background circumstances.

Aims The paper aims to assess the cases of inguinal hernia repair by laparoscopic procedure in 2 clinics of paediatric surgery from the country in the last 3 years.