



Outcome of alimentary tract duplications operated on by minimally invasive surgery: a retrospective multicenter study by the GECI (Groupe d'Etude en Coelochirurgie Infantile).

Submitted by Guillaume Podevin on Thu, 12/04/2014 - 16:49

Titre	Outcome of alimentary tract duplications operated on by minimally invasive surgery: a retrospective multicenter study by the GECI (Groupe d'Etude en Coelochirurgie Infantile).
Type de publication	Article de revue
Auteur	Guérin, Florent [1], Podevin, Guillaume [2], Petit, Thierry [3], Lopez, Manuel [4], Delagausie, Pascal [5], Lardy, Hubert [6], Bonnard, Arnaud [7], Becmeur, François [8], Philippe, Paul [9], Larroquet, Michèle [10], Sapin, Emmanuel [11], Kurzenne, Jean Yves [12], le Mandat, Aurélie [13], Francois-Fiquet, Caroline [14], Gaudin, Jean [15], Valioulis, Ioannis [16], Morisson-Lacombe, Gérard [17], Montupet, Philippe [18], Demarche, Martine [19]
Editeur	Springer Verlag
Type	Article scientifique dans une revue à comité de lecture
Année	2012
Langue	Anglais
Date	2012 Oct
Pagination	2848-55
Volume	26
Titre de la revue	Surgical Endoscopy
ISSN	1432-2218
Mots-clés	Child, Preschool [20], Digestive System Abnormalities [21], Feasibility Studies [22], Female [23], Follow-Up Studies [24], Humans [25], Infant [26], Infant, Newborn [27], Intestinal Obstruction [28], Laparoscopy [29], Length of Stay [30], Male [31], Prenatal Diagnosis [32], Retrospective Studies [33], Surgical Procedures, Minimally Invasive [34], Thoracoscopy [35], Treatment Outcome [36]

BACKGROUND: Alimentary tract duplications (ATD) are a rare cause of intestinal obstruction in childhood. There are many case reports but few series about laparoscopy or thoracoscopy for ATD. The aim of our study was to report the outcome of minimally invasive surgery (MIS) for ATD.

METHODS: This was a retrospective multicenter study from the GECl (Groupe d'Etude en Coelochirurgie Infantile). We reviewed the charts of 114 patients operated on by MIS for ATD from 1994 to 2009.

RESULTS: Sixty-two patients (54 %) had a prenatal diagnosis. Forty-nine patients (43 %) were symptomatic before surgery: 33 of those patients (63 %) with postnatal diagnosis compared to 16 (25 %) with prenatal diagnosis ($P < 0.01$). In this last group, the median age at onset of symptoms was 16 days (range = 0-972). One hundred and two patients had laparoscopy (esophageal to rectal duplications) and 12 patients had thoracoscopy for esophageal duplications. The mean operative time was 90 min (range = 82-98). There were 32 (28 %) resection anastomoses, 55 (48 %) enucleations, and 27 (24 %) unroofings. The conversion rate was 32 %, and in a multivariate analysis, it was significantly higher, up to 41 % for patients weighing < 10 kg ($P < 0.01$). Ten patients (8 %) had unintentional perioperative opening of the digestive tract during the dissection. Eight patients had nine postoperative complications, including six small bowel obstructions. The median length of hospital stay was 4 days (range = 1-21) without conversion and 6 days (range = 1-27) with conversion ($P = 0.01$). The median follow-up was 3 months (range = 1-120). Eighteen of the 27 patients who underwent partial surgery had an ultrasound examination during follow-up. Five (18 %) of them had macroscopic residue.

CONCLUSION: This study showed that MIS for ATD is feasible with a low rate of complications. Patients with prenatal diagnosis should have prompt surgery to prevent symptoms, despite a high rate of conversion in small infants.

Résumé en anglais

URL de la notice <http://okina.univ-angers.fr/publications/ua5747> [37]
DOI [10.1007/s00464-012-2259-7](https://doi.org/10.1007/s00464-012-2259-7) [38]
Autre titre Surg Endosc
Identifiant (ID) PubMed [22538674](https://pubmed.ncbi.nlm.nih.gov/22538674/) [39]

Liens

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- [38] <http://dx.doi.org/10.1007/s00464-012-2259-7>
- [39] <http://www.ncbi.nlm.nih.gov/pubmed/22538674?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)