ALIMENTARY TRACT DUPLICATIONS IN PEDIATRIC PATHOLOGY

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Introduction. Alimentary tract duplications are congenital malformations which can occur anywhere from the mouth to anus. Their anatomical presentation varies widely and so their clinical picture, often making their management a challenge for the surgeon.

Material and methods. We reviewed the medical records of 24 consecutive patients diagnosed and treated for ATD from 2006 to 2015 by our team.

Results. The clinical presentation ranged broadly from recurrent abdominal pain or feeding difficulties to GI bleeding or bowel obstruction. Most of the ATDs were ileocecal (33%), followed by jejuno-ileal and colon, esophageal and duplication of the oral structures, rectal and anorectal. We feature an esophageal duplication cyst associating esophageal atresia. We also note a case of complex caudal duplication syndrome involving the ileum, appendix, cecum, colon and rectum assessed into a multidisciplinary team with very good outcomes. In half of the cases (50%) removal of the duplication required corresponding enterectomy.

Conclusions. Alimentary tract duplications are rare malformations with a broad spectrum of anatomical particularities. Their clinical presentation and imaging studies can be misleading and in many situations intraoperative findings complete the picture of the case. Multidisplinary approach is mandatory in complex cases in order to bring up the best results.

LIPOBLASTOMA: A RARE NEOPLASM OF CHILDHOOD

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Introduction. Lipoblastoma is a rare mesenchymal tumor of the infancy and childhood, arising from embryonic fat tissue. It is considered to be benign since no metastases have been reported so far, but long term recurrence is well known. Most the tumors occured on the trunk or on the limbs, while head and neck or genitalia are exceptional sites.

Material and methods. A revision of the lipoblastomas we treated in the last five years was made. We considered clinical and histopathological aspects, preoperative assessment, surgical approach and outcomes.

Results. We experienced four cases of lipoblastoma in the last 5 years. Their age at presentation varied from neonates to early childhood. The anatomical distribution of the tumor broadly varied: posterior paravertebral space, gluteal region, neck and intrascrotal. The main preoperative study tool was computed tomography. Complete excision was possible in all cases and no recurrences were noted so far.

Conclusions. Lipoblastomas are very rare neoplasms with unspecific localization and an atypical evolutive behaviour. Complete surgical excision and long term follow up is mandatory.