

Database: EBM Reviews - Cochrane Central Register of Controlled Trials <February 2023>, Embase <1974 to 2023 March 07>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Search Strategy:

-
- 1 exp Testicular Hydrocele/ or exp hydrocele/ (6722)
 - 2 (hydrocele* or hydrocoele*).tw,kw. (7504)
 - 3 ((persistent or patent) adj5 processus vaginalis).tw,kw. (1024)
 - 4 or/1-3 (10494)
 - 5 exp Child/ or exp Infant/ or exp Minors/ or exp Adolescent/ or exp adolescence/ or exp Pediatrics/ or exp newborn/ or exp Puberty/ or exp Schools/ or high school/ or kindergarten/ or middle school/ or nursery school/ or primary school/ or school/ (8497997)
 - 6 exp "Child Behavior"/ or exp "Parent Child Relations"/ or exp "Child Welfare"/ or "Child Development"/ or exp "Child Health Services"/ or exp "Child Care"/ or "Child Psychiatry"/ or "Psychology, Child"/ or "Hospitals, Pediatric"/ (613411)
 - 7 (baby or babies or child or children or neonatal or pediatric* or paediatric* or peadiatric* or infan* or infancy or neonat* or newborn* or new born* or kid or kids or adolescen* or preschool or pre-school or toddler*).tw,kw. (5843184)
 - 8 (postmatur* or prematur* or preterm* or perinat* or boy* or girl* or teen* or minors or prepubescen* or prepuberty* or pubescen* or puber*).tw,kw. (1564655)
 - 9 (elementary school* or high school* or highschool* or kindergar* or nursery school* or primary school* or secondary school* or youth* or young or student* or juvenil* or underage* or (under* adj age*) or under 16 or under 18).tw. (2615773)
 - 10 or/5-9 (11917653)
 - 11 4 and 10 (5475)
 - 12 (exp animals/ or exp animal/ or exp nonhuman/ or exp animal experiment/ or animal model/ or animal tissue/ or non human/ or (rat or rats or mice or mouse or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset\$1 or basic research or cell lines or in vitro or animal model or canine).tw.) not (humans/ or human/ or human experiment/ or (human* or men or women or patients or subjects or participants).tw.) (11894777)
 - 13 11 not 12 (5446)
 - 14 case report/ or case reports/ or (case report or a rare case).ti. (5272430)
 - 15 13 not 14 (4042)
 - 16 note/ or editorial/ or letter/ or Comment/ or news/ or (note or editorial or letter or Comment or news).pt. (5398907)
 - 17 15 not 16 (3958)
 - 18 conference abstract.pt. or Congresses as Topic/ or Conference Review.pt. (4835439)
 - 19 17 not 18 (3664)
 - 20 (female or women or woman).tw. not (male/ or (men or man or male*).af.) (2948433)
 - 21 19 not 20 (3613)
 - 22 limit 21 to english (3093)
 - 23 limit 22 to yr="2019 -Current" (560)
 - 24 remove duplicates from 23 (379)

1.

Analyzing complications and implementing solutions in a pediatric inguinal hernia cooperation program in Equatorial Guinea: a prospective cohort study.

Rodriguez de Alarcon Garcia J, Ubeda Pascual A, Fanjul Gomez M, Morato Robert P, Espinosa Gongora R, Martinez Garcia E, Roman Guerrero C, Abaga Abaga SJ, Soto Beauregard C
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Annals of Pediatric Surgery. 19(1):5, 2023.

[Journal Article]

UI: 36644327

Background: Few studies have evaluated the efficacy of short-term medical missions. This study was aimed to evaluate complication rates and determine the effects of protocol changes in a pediatric inguinal hernia campaign in Equatorial Guinea and analyze post-operative follow-up capacity.

Methods: In this prospective observational cohort study, we evaluated two patient cohorts (group A, 2017-2018; group B, 2019) treated during campaigns in Equatorial Guinea for congenital inguinal pathology (hernia, hydrocele, and cryptorchidism). Patients aged < 18 years treated in referral campaigns were included. Complications occurring up to 6 months post-operatively were evaluated. Two stages were defined: Stage 1, wherein, complication rate in group A was compared to that in a control group from a tertiary hospital in Spain (with a case-control ratio of 1:2, paired according to age, sex and diagnosis); stage 2, wherein, complication rates between groups A and B were compared. Group B received a single dose of prophylactic amoxicillin-clavulanic acid. Follow-up capacity was assessed through follow-up appointments.

Results: In stage 1, complication and surgical site infection (SSI) rates were 21.3% and 7.4% in group A (n = 94), and 5.8% (p < 0.001) and 0.5% (p = 0.012) in the control group, respectively. Group A had 20.2% loss-to-follow-up. In group B (n = 62), 6-month postoperative follow-up could not be assessed owing to restrictions due to the COVID-19 pandemic, so only early complications were considered in stage 2, where complication and surgical site infection rates were 18.1% and 7.4% in group A and 11.3% (p = 0.350) and 1.6% (p = 0.150) in group B.

Conclusion: Our results showed higher than expected complication rates. Pre-operative prophylactic antibiotic could not show to reduce SSI. Further studies are needed to reduce complication rates in these campaigns. Patient loss-to-follow-up ratio warrants considering new strategies.

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Version ID

1

Place Holder 11

PubMed-not-MEDLINE

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9830599>

Year of Publication

2023

2.

Evolution of outcomes and complications of flip flap laparoscopic repair for inguinal hernia in children: 5 years' experience and practical implication in a third level Italian center.

Molinario F, Nascimben F, Fusi G, Brenco G, Sica M, Messina M, Angotti R

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Minerva Surgery. 78(1):45-51, 2023 Feb.

[Journal Article]

UI: 36193951

BACKGROUND: Inguinal hernia repair is one of the most common pediatric surgeries that can be approached with an open or laparoscopic approach. The aim of this study was to describe outcomes and complications of flip flap inguinal hernia repair analyzing our experience in the last 5 years.

METHODS: Between 2015 and 2020, 280 children admitted at our department with inguinal hernia requiring surgery were included. Secondary aim was to investigate how confidence of surgeons regarding VLS approach increase during time and how this particular technique represents a primary procedure useful to increase surgeons' skills in performing laparoscopic sutures.

RESULTS: One hundred sixty children (57%) underwent open approach, whereas 120 (43%) laparoscopic ligations of hernia. For each group, clinical and surgical data were recorded. We focused on comparing postoperative complications: the most frequent complication was hydrocele (N.=4, 1.4%). Reported postoperative complication were not statistically different between two groups (open N.=3, 1.8% vs. laparoscopy N.=1, 0.8%). No other postoperative complications were documented in our cohort for both groups. In laparoscopic group we

registered 3 cases of ipsilateral recurrence (1.6%) and no cases of metachronous hernia. The choice of laparoscopic approach significantly increased from 22% in 2015 to 74% in 2020 ($P<0.05$) as well as the percentage of male underwent to laparoscopic procedure (38% in 2015 to 74% in 2020, $P<0.05$).

CONCLUSIONS: It is known that the rate of complication or recurrence is similar for open or minimally invasive inguinal hernia repair. Laparoscopy offers advantages such as the possibility of visualizing contralateral internal inguinal ring, reducing the incidence of metachronous inguinal hernia. Moreover, taking confidence with a minimally invasive technique such Flip Flap hernioplasty by performing it repeatedly over time, leads to an improvement of surgeons' skills also in performing laparoscopic sutures, that can be helpful for other complex or tricky procedures.

Version ID

1

Place Holder 11

MEDLINE

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Year of Publication

2023

3.

15 years' experience in the single-port laparoscopic treatment of pediatric varicocele with Ligasure R technology. Quince anos de experiencia en el tratamiento laparoscopico del varicocele pediatrico con un solo puerto de trabajo y tecnologia Ligasure R. <Quince anos de experiencia en el tratamiento laparoscopico del varicocele pediatrico con un solo puerto de trabajo y tecnologia Ligasure R.>

Mendez-Gallart R, Garcia-Palacios M, Rodriguez-Barca P, Estevez-Martinez E, Bautista-Casasnovas A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cirugia Pediatrica. 36(1):33-39, 2023 Jan 01.

[Journal Article]

UI: 36629347

INTRODUCTION: Varicocele is an abnormal dilatation of the internal spermatic veins of the spermatic cord. It has an estimated prevalence of 15% in young male adults. Even though most

of them are asymptomatic, scrotal pain and testicular hypotrophy are frequent in children and adolescents. There is controversy regarding the indications and optimal approach for treatment purposes. We present the results of our 15-year series in the laparoscopic repair of pediatric varicocele.

MATERIALS AND METHODS: 238 patients diagnosed with varicocele and undergoing laparoscopic repair from 2006 to 2020 were reviewed. Variables collected included age, symptoms, grade, testicular atrophy, hospital stay, perioperative complications, recurrences, and formation of reactive hydrocele. Mean follow-up was 5.6 years (6 months-9 years).

RESULTS: Mean age was 14.1 years. 188 patients had grade III varicocele. In 14 cases, varicocele was bilateral. Testicular atrophy at diagnosis was found in 42% of patients, 74% of whom were over 15 years old. 51 patients had testicular pain. All patients underwent laparoscopic treatment. Mean operating time was 36 min. Median hospital stay was 31 h. Recurrence rate was 2.1%. 43 patients (18%) developed hydrocele, but only 27 (11.2%) required hydrocelectomy according to Lord's plication at least 1 year following laparoscopy. Of the remaining 16 cases, 2 spontaneously resolved and 14 remained stable in the mean 7-year follow-up. In 7.1%, paresthesias were noted in the anterior-internal aspect of the left thigh.

CONCLUSION: Based on our series, we believe laparoscopy should be regarded as the gold standard technique in the pediatric population. Laparoscopic varicocelectomy is technically easy and fast, causes no pain, and has a recurrence rate of 1%. The procedures involving lymphatic vessel preservation could reduce reactive hydrocele rates as a long-term complication to a minimum.

Version ID

1

Place Holder 11

MEDLINE

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Collaborator Alias

Publisher

INTRODUCCION: El varicocele es una dilatacion anormal de las venas espermaticas internas del cordon espermatico. Su prevalencia se estima en 15% de varones adultos jovenes. Aunque la mayoría son asintomaticos, en niños y adolescentes el dolor escrotal y la hipotrofia testicular son frecuentes. Existe controversia sobre las indicaciones y el abordaje optimo para su tratamiento. Presentamos los resultados de nuestra serie de 15 años en la reparacion laparoscopica del varicocele pediatrico.**MATERIAL Y METODOS:** Revisamos 238 pacientes diagnosticados de varicocele y sometidos a correccion laparoscopica desde 2006 hasta 2020. Las variables registradas fueron: edad, sintomas, grado, atrofia testicular, duracion de la estancia, complicaciones perioperatorias, recidivas y formacion de hidrocele reactivo. El seguimiento medio fue 5,6 años (6 meses-9 años).**RESULTADOS:** La edad promedio fue 14,1 años. 188 pacientes presentaban varicocele grado III. En 14 casos el varicocele era bilateral. Se observo atrofia testicular en 42% al diagnostico, de los que el 74% eran mayores de 15 años. Cincuenta y un pacientes refirieron dolor testicular. Todos los pacientes se sometieron al tratamiento laparoscopico. El tiempo operatorio promedio fue 36 min. La mediana de estancia fue 31 horas. La tasa de recidiva fue 2,1%. Cuarenta y tres pacientes desarrollaron hidrocele (18%); pero solo 27 precisaron hidrocelectomia segun plicatura de Lord al menos un año

poslaparoscopia (11,2%). De los 16 restantes, dos se resolvieron espontaneamente y 14 se mantuvieron estables en el seguimiento medio de siete años. En 7,1% se notificaron parestesias en la cara anterointerna del muslo izquierdo. CONCLUSION: Basandonos en nuestra serie, creemos que la laparoscopia debe considerarse el gold standard en edad pediátrica. La varicocelectomía laparoscópica es técnicamente fácil y rápida, indolora y con una tasa de recurrencia del 1%. Los procedimientos de preservación de los linfáticos podrían reducir al mínimo las tasas de hidrocele reactivo como complicación a largo plazo.

Language: Spanish

Year of Publication

2023

4.

Characteristics and treatment of congenital perineal groove in male patients.

Wang K., Pang W., Chen W., Zhang D., Wu D., Chen Y.

Embase

Frontiers in Pediatrics. 11 (no pagination), 2023. Article Number: 1103867. Date of Publication: 02 Feb 2023.

[Article]

AN: 2021649945

Background: Congenital perineal groove (CPG) of male patients has rarely been reported before. The purpose of this study was to review our cases and describe their characteristics and treatment.

Method(s): Four male patients diagnosed with CPG were included in this study. Medical records were retrospectively reviewed. Type of CPG and anal position index (API) of the patients were recorded. Follow-up was through outpatient visits.

Result(s): Their age ranged from 4 years and 2 months to 10 years and 9 months. Among the four patients, two complained of intermittent CPG mucosal hemorrhage and the other two had mucous secreting and soiling. The API was 0.24, 0.35, 0.36, and 0.40 for each patient, respectively, all represented anterior displacement. Type of CPG for the four patients were all partial, and the sulcus was from the posterior perineum to the edge of anus. Two patients were associated with hydrocele, imperforated anus, and rectoperineal fistula; one patient had left varicocele; the remaining patient had sacrum split. All the patients had no postoperative complication, and during the follow-up period of 5-8 months, no symptoms recurred in the four patients; they all had normal defecation.

Conclusion(s): Both genders share the common three characteristics. In addition, shortened perineum with anterior anus, association of perineal malformations, and partial type occurrence are the extra morphological features in male patients. Furthermore, CPG in males are rarely accompanied by urinary tract infection. Favorable prognosis could be reached after operation.

Copyright 2023 Wang, Pang, Chen, Zhang, Wu and Chen.

Place Holder 11

Embase

Institution

(Wang, Pang, Chen, Zhang, Wu, Chen) Department of General Surgery, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing, China

Publisher

Frontiers Media S.A.

Year of Publication

2023

5.

A comparison of operative and anesthetic techniques for inguinal hernia repair in infants.

Song W.H.C., Golam A., Golding H., Poznikoff A., Krishnan P., Baird R.

Embase

Journal of Pediatric Surgery. (no pagination), 2023. Date of Publication: 2023.

[Article]

AN: 2022785045

Background: Pediatric inguinal hernia repair (IHR) is increasingly performed using minimally invasive surgery (MIS) but has only recently been described using caudal block without endotracheal intubation. We evaluated the surgical outcomes and resource utilization of infants undergoing hernia repair, comparing both the operative approach (open/MIS) and anesthetic technique (general anesthesia [GA]/caudal).

Method(s): All infants <1 year-of-age undergoing elective IHR without concomitant procedures from July 2016 to July 2021 at a single tertiary care teaching center were retrospectively reviewed. Eight surgeons and 25 anesthesiologists contributed patients, with approach dictated by practitioner preference. Data collected included patient demographics, surgical and anesthetic details, and operating room (OR) utilization metrics. Post-operative complications were evaluated and aggregated, including recurrent hernia, metachronous hernia, hematoma, hydrocele, testicular atrophy, and acquired cryptorchidism. Descriptive statistics were performed with R Studios ($p < 0.05$).

Result(s): Of the 338 patients included for analysis, most underwent an open procedure ($n = 275$) while anesthetic technique was evenly split between GA ($n = 185$) and caudal ($n = 153$). Most patients were male (87.6%) and born premature: mean gestational age of 31.4 +/- 4.1 weeks. MIS-to-Open conversion was noted once (3.3%) in the GA MIS group, but none in caudal. Median follow up was 2.5 (1.4-3.8) years. No differences were noted in aggregate surgical complication rates ($p = 0.4$). The Caudal Open group had the shortest total OR time ($p < 0.01$); caudal anesthesia shortened post-procedure times ($p < 0.01$).

Conclusion(s): MIS IHR performed under caudal block and sedation yields comparable complication rates compared to the open approach or GA. Open IHR with caudal blockade was the most efficient operative room utilization.

Type of Study: Original Article, Clinical Research. Levels of Evidence: Level III.

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PMC Identifier

36788052 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=36788052>]

Place Holder 11

Article-in-Press

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Publisher

W.B. Saunders

Year of Publication

2023

6.

Ex vivo tumor dissection followed by kidney autotransplantation in bilateral wilms tumor.

Zhong Z., Jiang H., Chen H., Wu C., Wang Y., Zhang Z., Li J., Liu J.

Embase

Frontiers in Pediatrics. 11 (no pagination), 2023. Article Number: 1120797. Date of Publication: 03 Feb 2023.

[Article]

AN: 2021667954

Introduction: Successful management of bilateral Wilm's tumor (BWT) involves a radical resection while preserving enough normal kidney tissue. Nephron-sparing surgery often results in an R1/R2 resection with a high recurrence rate in children with huge or multiple tumors, or tumors proximity to the renal hilum. In contrast, kidney autotransplantation can completely resect the tumor while maintaining homeostasis and preserving the patient's healthy kidney tissues.

Method(s): We summarized the clinical data of 8 synchronous BWT patients who underwent kidney autotransplantation at the First Affiliated Hospital of Sun Yat-sen University from 2018 to 2020. Ex vivo tumor resection and kidney autotransplants were performed on 11 kidneys. The baseline characteristics, perioperative management, and survival status were reported.

Result(s): Nephron-sparing surgeries were performed on 5 kidneys in vivo. Among all the 8 patients, six of them (75%) received staged operation and the other 2 patients (25%) received single-stage operation. No residual tumors were found on the postoperative imaging in all the 8 patients. In total, 6 (75%) patients occurred complications after the autotransplantation, among which, 2 (33.3%) patients had complication of Clavien-Dindo grade IIIa, and 4 (66.7%) patients had complication of grade < 3. During the 38 months of follow-up, 87.5% (7/8) of patients were tumor-free survival with normal renal function. One patient died from renal failure without tumor recurrence.

Discussion(s): Therefore, our study indicated that autologous kidney transplantation can be an option for patients with complex BWT if the hospital's surgical technique and perioperative management conditions are feasible.

Copyright 2023 Zhong, Jiang, Chen, Wu, Wang, Zhang, Li and Liu.

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Publisher

Frontiers Media S.A.

Year of Publication

2023

7.

Prospective Randomized Controlled Trial Comparing Laparoscopic Palomo Surgery vs Scrotal Antegrade Sclerotherapy in Adolescent Varicocele.

Chung K.L.Y., Hung J.W.S., Yam F.S.D., Chao N.S.Y., Li D.C.Y., Leung M.W.Y.

Embase

Journal of Urology. 209(3) (pp 600-610), 2023. Date of Publication: 01 Mar 2023.

[Article]

AN: 2022862589

Purpose:Varicocele is a common condition in adolescence and the most common correctable cause of infertility. This study aimed to analyze and compare the outcomes of scrotal antegrade sclerotherapy and laparoscopic Palomo surgery in a tertiary referral center.

Materials and Methods:Patients with left grade 3 varicocele indicated for surgery were prospectively enrolled and randomly allocated to the scrotal antegrade sclerotherapy and laparoscopic Palomo surgery groups, with their respective contralateral normal testes taken as controls. The primary outcome measures were clinical varicocele recurrence, testicular catch-up growth, and postoperative hydrocele. All patients were evaluated clinically and using Doppler ultrasound by radiologists.

Result(s):From 2015 to 2020, 113 patients completed the study and were statistically analyzed (scrotal antegrade sclerotherapy, n = 57; laparoscopic Palomo surgery, n = 56). All patients had significantly smaller testes preoperatively; the testicular volume differences with control testes were -23% in scrotal antegrade sclerotherapy and -19% in laparoscopic Palomo surgery. At 12-month follow-up, there were no statistically significant differences in clinical recurrences between the 2 groups (scrotal antegrade sclerotherapy = 5.3% vs laparoscopic Palomo surgery = 5.4%, $P > .05$, noninferiority test). Testicular catch-up growths were observed in both groups; the mean testicular volume difference between the treatment and control testes decreased from -23% to -8.1% in scrotal antegrade sclerotherapy ($P < .001$) and from -19% to -9.3% in laparoscopic Palomo surgery ($P < .001$) at 12-month follow-up. There was no postoperative hydrocele in the scrotal antegrade sclerotherapy group compared to 7 cases in the laparoscopic Palomo surgery group (0% vs 13%, $P = .006$).

Conclusion(s):Both scrotal antegrade sclerotherapy and laparoscopic Palomo surgery are safe and effective procedures for treatment of adolescent varicocele with significant positive effect on testicular catch-up growth. Scrotal antegrade sclerotherapy is not inferior to laparoscopic Palomo surgery in terms of clinical recurrence rate and has significantly less postoperative hydrocele.

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PMC Identifier

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Place Holder 11

In-Process

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Publisher

Wolters Kluwer Health

Year of Publication

2023

8.

Reduction of recurrence by peritoneal thermal injury in laparoscopic percutaneous extraperitoneal closure of internal ring for inguinal hernia in children.

Son T.N., Bao H.V., Van N.T.H.

Embase

Pediatric Surgery International. 39(1) (no pagination), 2023. Article Number: 121. Date of Publication: December 2023.

[Article]

AN: 2021614092

Purpose: To evaluate the impact of peritoneal thermal injury (PTI) in the reduction of recurrence incidence in laparoscopic percutaneous extra-peritoneal closure of internal ring (LPEC) for pediatric inguinal hernia (PIH) in children.

Method(s): Medical records of patients undergoing LPEC for PIH at our center were reviewed and divided into 2 groups: Group A (period from June 2017 to December 2017)-without PTI and Group B (period from January 2018 to December 2018) with PTI. The surgical technique and the type of suture used for LPEC were the same for both groups. The outcomes of the two groups were analyzed and compared.

Result(s): 277 patients with 283 IHs in group A were compared to 376 patients with 389 IHs in group B. There were no significant differences between the two groups in terms of age, gender, uni- or bilateral hernia. At a median follow-up period of 48 months, there was no hydrocele, suture granuloma, testicular atrophy, or iatrogenic cryptorchidism in both groups. The recurrence rate in group A was 6.4%, significantly higher than 1.8% in group B ($p = 0.002$).

Conclusion(s): Our study showed that PTI in LPEC for PIH is safe and associated with a significant reduction of recurrence incidence.

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Springer Science and Business Media Deutschland GmbH

Year of Publication

2023

9.

Epididymo-orchitis Presenting as Bilateral Hydrocele in a Young Adult.

Bhatia H., Bhujade H., Dey P., Mavuduru R.

Embase

Urology. (no pagination), 2023. Date of Publication: 15 Feb 2023.

[Article]

AN: 640378204

PMC Identifier

36804551 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=36804551>]

Place Holder 11

Article-in-Press

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Publisher

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Year of Publication

2023

10.

Comparing Outcomes of Single-Incision Laparoscopic Herniorrhaphy in Newborns and Infants.
Tsai T.-J., Lin C.-M., Cheang I.N., Hsu Y.-J., Wei C.-H., Chin T.-W., Wu C.-Y., Chang W.-Y., Fu Y.-W.

Embase

Diagnostics. 13(3) (no pagination), 2023. Article Number: 529. Date of Publication: February 2023.

[Article]

AN: 2021411633

Background: As surgical techniques progress, laparoscopic herniorrhaphy is now performed more often in premature babies. The aim of this study was to analyze the outcomes of newborns and infants who underwent single-incision laparoscopic herniorrhaphy (SILH) at our center.

Method(s): We retrospectively reviewed patients younger than 12 months old who received SILH at our department from 2016 to 2020. SILH involved a 5 mm 30-degree scope and 3 mm instruments with a 3-0 Silk purse-string intracorporeal suture for closure of the internal ring. At the time of surgery, Group 1 newborns, whose corrected age was 2 months and below, were compared to the Group 2 infants, whose age was above 2 months. We assessed the patients' characteristics, anesthesia, surgical data, and complications.

Result(s): A total of 197 patients were included (114 newborns in Group 1 and 83 infants in Group 2). The mean age and body weight in Group 1 were 1.2 months and 3.8 kg, respectively, whereas in Group 2, they were 3.2 months and 6.7 kg, respectively. There were no significant differences in operative time (Group 1 = 34.1 min vs. Group 2 = 32.3 min, $p = 0.26$), anesthetic time (Group 1 = 80.0 min vs. Group 2 = 76.3 min, $p = 0.07$), length of hospitalization (Group 1 = 2.3 days vs. Group 2 = 2.4 days, $p = 0.88$), postoperative complications including omphalitis (Group 1 = 5.3% vs. Group 2 = 1.2%, $p = 0.13$), wound infection (Group 1 = 0.9% vs. Group 2 = 1.2%, $p = 0.81$), and hydrocele (Group 1 = 0.35% vs. Group 2 = 8.4%, $p = 0.14$). No recurrence, testicular ascent or atrophy, or mortality was observed in either group during the 2-year follow-up period.

Conclusion(s): Single-incision laparoscopic herniorrhaphy is a safe and effective operation for inguinal hernia repair in infants, even those with prematurity, lower body weight at the time of surgery, or cardiac and/or pulmonary comorbidities. Comparable results revealed no significant differences in perioperative complications despite younger ages and lower body weights.

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Place Holder 11

Embase

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Publisher

MDPI

Year of Publication

11.

Age-specific and family-centered information modalities to prepare children at home for day-care surgery.

Dreuning K.M., Haverman L., Bosschieter P.F., van Looij M.A., van Heurn L.E., Derikx J.P.

Embase

Journal of Pediatric Surgery. 58(3) (pp 510-517), 2023. Date of Publication: March 2023.

[Article]

AN: 2020486646

Background: Surgery induced stress and anxiety in children and parents can be reduced by providing preoperative information adapted to their needs. Aim of this study was to evaluate the effects of three different information modalities (coloring page, mobile application and videos) to prepare children and their parents for day-care surgery on preoperative anxiety and postoperative pain experienced by the child, and preoperative anxiety and satisfaction of parents.

Method(s): Prospective observational study including children and their parents that were offered specifically developed information modalities to prepare for day-care surgery. Results were compared between children and their parents that used none (i.e., control group) versus one or more information modalities (i.e., intervention group). Primary outcomes were preoperative anxiety measured using PROMIS v2.0 Anxiety and postoperative pain in children. Secondary outcomes were preoperative parental anxiety (STAI questionnaire) and family satisfaction with information and communication (modified PedsQL Healthcare Satisfaction questionnaire).

Subgroup analyses were performed between preschoolers (0-5 years) and school-aged (>=5) children.

Result(s): 93 patients (male 53%) were included in the intervention (n=56) and control group (n=37). Levels of children's preoperative anxiety and postoperative pain, and parental anxiety did not differ between both groups. Families of prepared children were more satisfied with information and communication about preoperative surgical information (8 vs. 6.6, p=0.004) and satisfaction with how parents (7 vs 8, p=0.019) and children (8 vs 6, p=0.018) were prepared for surgery.

Conclusion(s): Preoperative anxiety did not differ between prepared and unprepared children. The use of specifically developed family-centered and age-appropriate information modalities to prepare children for day-care surgery at home results in superior family satisfaction.

Level of Evidence: III

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Publisher

W.B. Saunders
Year of Publication
2023

12.

Surgical management of neonatal Sacrococcygeal teratoma in a tertiary care center of Eastern Nepal: An observational cross-sectional study in a resource-limited setting.

Dahal A., Bista N., Lageju N., Jaiswal L.S., Osti J.M., Panthi S., Neupane D.

Embase

Interdisciplinary Neurosurgery: Advanced Techniques and Case Management. 32 (no pagination), 2023. Article Number: 101735. Date of Publication: June 2023.

[Article]

AN: 2022447343

Background: Despite being an uncommon tumor, sacrococcygeal teratoma (SCT) is the most prevalent among newborns. SCT comprises tissue generated from many germ layers. It develops from Hensen's node's totipotent cells. The objective of our study was to determine the epidemiology and management of neonatal sacrococcygeal teratoma in the tertiary care center of Nepal in a resource-limited setting.

Method(s): It is a retrospective cross-sectional study that includes all cases of neonatal SCT admitted and treated in the department of Pediatrics and Neurosurgery, B. P. Koirala Institute of Health Sciences, over the period from July 2017 to December 2021. The primary endpoint was to determine the epidemiological profile of neonates with SCT, their surgical management, and their complications.

Result(s): Our investigation included a total of 15 patients. Nine of the fifteen cases were female (60%) and six were male (40%). Six newborns (40%) were diagnosed with SCT antenatally and were referred to our tertiary care institution for delivery. The size of the SCT varied ranging from less than 8 cm to greater than 11 cm. Surgical excision was performed. Only 1 case (6.6 %) expired due to complications.

Conclusion(s): In our context, SCT is the most prevalent tumor in babies. Even with limited resources, great surgical results with a high level of satisfaction in patients and caregivers may be accomplished with sound clinical judgment and competency of the surgeons and clinicians.

Prenatal diagnosis should be encouraged.

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Publisher

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Year of Publication

2023

13.

Laparoscopic percutaneous closure of patent processus vaginalis without hydrocelectomy for childhood primary hydrocele.

Son T.N., Bao H.V., Van N.T.H.

Embase

Pediatric Surgery International. 39(1) (no pagination), 2023. Article Number: 103. Date of Publication: December 2023.

[Article]

AN: 2021352239

Purpose: To present our surgical technique and the outcome of single-incision laparoscopic percutaneous extraperitoneal closure (SILPEC) of patent processus vaginalis (PPV) without hydrocelectomy for childhood primary hydrocele (CPH).

Method(s): A prospective study was conducted on all cases of CPH treated with SILPEC at our center between June 2016 and December 2021. In our SILPEC procedure, PPV was closed extraperitoneally using a percutaneous needle with a wire lasso. No hydrocelectomy or fenestration of the hydrocele was performed. Percutaneous aspiration was performed when the hydrocele fluid could not be pushed back to the peritoneal cavity.

Result(s): 553 patients were enrolled, with a median age of 34 months (range from 22 months to 13 years). Ipsilateral PPV was present in all cases. There were no intraoperative complications and no conversion. At follow-up 6-72 months, recurrent hydrocele occurred in 0.36%, and subcutaneous stitch inflammatory reaction was noted in 0.7%. There was no case of testicular atrophy or iatrogenic cryptorchidism. Postoperative cosmesis was excellent as all patients were virtually scarless.

Conclusion(s): Ipsilateral PPV was present in all cases of CPH in our series. Our technique of SILPEC of PPV without hydrocelectomy is feasible and safe, with excellent postoperative cosmesis in the management of CPH.

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Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2023

14.

Laparoscopic versus Open Inguinal Hernia Repair Is Feasible in Infants with Caudal Anesthesia and Spontaneous Respiration.

Kiblawi R., Beck C., Keil O., Schukfeh N., Hofmann A.D., Ure B.M., Kuebler J.F.

Embase

European Journal of Pediatric Surgery. 33(1) (pp 26-34), 2023. Date of Publication: February 2023.

[Article]

AN: 2020875658

Introduction Minimally invasive surgery (i.e., laparoscopy) and minimally invasive anesthesia (i.e., caudal anesthesia with spontaneous respiration) have separately shown benefits for inguinal

hernia repair in infants, yet to what degree these techniques can be combined remains unknown. This study investigated whether laparoscopy impacts the feasibility of performing caudal anesthesia with spontaneous respiration in infants. **Methods** Prospectively collected data of all infants less than 12 months old and over 3 kg weight who underwent laparoscopic indirect hernia repair (LAP) at our department from 2019 to 2021 were compared with a historical control-matched group of infants who underwent open repair (OPEN) from 2017 to 2021. We assessed the patients' characteristics, anesthesia, and surgical data as well as intra- and postoperative complications. **Results** A total of 87 infants were included (LAP n = 29, OPEN n = 58). Caudal anesthesia with spontaneous respiration was feasible in 62.1% of cases (LAP n = 55.2%, OPEN n = 65.5%; nonsignificant). Neither group registered anesthetic intra- or postoperative complications. Sedatives were utilized in 97% of LAP patients versus 56.9% of OPEN patients ($p < 0.00001$). The airway was secured with a laryngeal mask in 89.7% of patients during LAP versus 41.4% during OPEN ($p < 0.00001$). No significant differences were found regarding the use frequency of opioids (48.3% LAP vs. 34.5% OPEN; nonsignificant) or neuromuscular blockers (6.9% LAP vs. 5.2% OPEN; nonsignificant). **Conclusion** This is the first comparative study on caudal anesthesia and spontaneous respiration in infants undergoing laparoscopic versus open inguinal hernia surgery. Laparoscopy increased the need for ventilatory support and sedatives but did not significantly impair the feasibility of caudal anesthesia and spontaneous respiration.

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Publisher

Georg Thieme Verlag

Year of Publication

2023

15.

Xanthogranulomatous epididymo-orchitis: A single-institutional case series and systematic review.

Vijayvergiya G., Gulwani H.V., Hasan S.U.

Embase

Indian Journal of Urology. 39(1) (pp 58-66), 2023. Date of Publication: January 2023.

[Article]

AN: 2022302733

Introduction: Xanthogranulomatous inflammation is a rare nonneoplastic and chronic inflammatory process, characterized by proliferation of foamy macrophages resulting in damage and necrosis of the affected tissue. Involvement of the testis/epididymis by the disease is a rare event.

Method(s): A case series of four male patients diagnosed with xanthogranulomatous epididymitis/orchitis (XGEO) at our institute was reviewed. In addition, a systematic review of XGEO was carried out using PRISMA Guidelines 2020. Twenty-nine articles describing 38 patients of XGEO were included in the study.

Result(s): XGEO usually has a subacute or chronic presentation and affects male individuals in the 5th or 6th decades of life. The disease is also known to occur in the pediatric age group. The patients present with swelling, tenderness, or pain in the scrotal region. Bilateral involvement has also been documented. Thirty patients were known to have one or more causal risk factors including diabetes mellitus (23.7%), spinal cord injury/neuropathic bladder (7.9%), prostatectomy (7.9%), trauma (4.1%), and transurethral resection of prostate procedure (4.1%). Complications observed were scrotal fistula, adhesions, and abscess formation. Radiological features reported are nonspecific and include heterogeneous echotexture, hypoechoic areas, and/or scrotal wall collections. Bacterial microorganisms isolated from the affected tissue demonstrated the presence of *Escherichia coli*, *Pseudomonas aeruginosa*, and *Staphylococcus aureus*. Histological subtypes of XGEO are diffuse and focal. In the diffuse subtype, which is more common, there is extensive parenchymal destruction by inflammatory process accompanied by widespread ischemic necrosis.

Conclusion(s): The mainstay of treatment in XGEO cases is surgical excision preferably orchidectomy. Conservative management has been attempted in young individuals and in patients with focal XGEO, but there is limited supporting evidence. We present data of four cases along with detailed systematic review of the disease examining its clinicopathological behavior and associated risk factors followed by operative approach.

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Publisher

Wolters Kluwer Medknow Publications

Year of Publication

2023

16.

Effect of calcium ionophore (A23187) on embryo development and its safety in PGT cycles.

Zhang J., Yao G., Zhang T., Hu J., Yang G., He J., He Q., Fan H., Bai Y., Sun Y.

Embase

Frontiers in Endocrinology. 13 (no pagination), 2023. Article Number: 979248. Date of Publication: 04 Jan 2023.

[Article]

AN: 2021093700

Background: Intracytoplasmic sperm injection (ICSI) has tremendous advantages for resolving the problem of male infertility. However, ICSI fertilization can fail in some patients because of various reasons, primarily because of the failure of oocyte activation. Oocytes have been activated using calcium ionophore (A23187) in previous clinical cases of ICSI fertilization failure. However, studies on the efficiency of calcium ionophore (A23187) activation, its effects on the developmental potential of embryos, and its effects on pregnancy outcomes after embryo transfer are relatively limited.

Method(s): In this study, we investigated the safety and long-term efficacy of calcium ionophore (A23187) by analyzing its effects on fertilization, embryonic development, aneuploidy, and pregnancy outcomes in patients undergoing preimplantation genetic testing (PGT) cycles.
Result(s): Comparative analyses of the activation followed by PGT (A-PGT) and PGT groups revealed no significant differences between the oocyte cleavage rate and high-quality embryo rate (98.19% vs. 98.63% and 63.13% vs. 68.39%, respectively, $p > 0.05$). Although the blastocyst formation rate was significantly lower in the A-PGT group than that in the PGT group (52.22% vs. 59.90%, $p < 0.05$), no significant difference was observed in the blastocyst aneuploidy rates of the two groups (24.49% vs. 24.55%, $p > 0.05$). Furthermore, no significant differences were observed between the two groups in terms of the live birth rate (43.75% vs. 52.99%), week of delivery, and birth weight of the infants after transfer of euploid blastocysts ($p > 0.05$). Furthermore, the 2PN rate, oocyte cleavage rate, blastocyst formation rate, and live birth rate were found to be significantly lower in the A-ICSI group than those in the ICSI group ($p < 0.01$), but there was no significant difference between the two groups in the week of delivery and birth weight of live births ($p > 0.05$).

Discussion(s): These results suggest that the use of calcium ionophore (A23187) activation as an option in cases of ICSI fertilization failure does not affect the ploidy of developing blastocysts and has no significant effects on the week of delivery or birth weight after transfer. Thus, we provide a scientific basis for the clinical safety of oocyte activation using calcium ionophore (A23187).

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Publisher

Frontiers Media S.A.

Year of Publication

2023

17.

Comparison of the size of bilateral testis in children with unilateral non-communicating hydrocele and its correlation with age.

Li P., Liu F., Huang Y.

Embase

PLoS ONE. 18(1 January) (no pagination), 2023. Article Number: e0279995. Date of Publication: January 2023.

[Article]

AN: 2022128896

Background Opinions on the optimal age for surgical management of hydroceles in young boys are not uniform. Scrotal ultrasonography can be used to diagnose hydroceles and measure testicular size. A comparison of bilateral testicular size with hydrocele and the change in trend with age has not been reported. We therefore aimed to analyze the bilateral testicular size of children with unilateral non-communicating hydroceles and examine the correlation between age and testicular volume. Methods Non-communicating hydrocele cases in children were included. Ultrasound results, age, and diagnose time were retrospectively recorded. The bilateral testicular size was compared, and the correlation between age and testicular volume was analyzed. Results There were 138 cases of non-communicating hydrocele, ranging in age from 11 to 72 months. The diagnose time ranged from 3 days to 54 months. The volume of the testis on the

side of the hydrocele was larger than that on the normal side ($P < 0.001$). Testicular length was not different bilaterally. Testicular width and height were greater on the hydrocele side than on the normal testicular side ($P < 0.001$). Age was positively correlated with testicular volume on the normal side ($P = 0.004$) but not on the hydrocele side. Conclusions An important finding was that when the contralateral normal testicular volume increases with age, the testicular volume does not increase on the hydrocele side. This finding confirms the adverse effects of hydrocele on testicular growth and provides a basis for early treatment.

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Publisher

Public Library of Science

Year of Publication

2023

18.

Picture Cards Versus Physical Examination: A Proof-of-Concept Study to Improve the SOSAS Survey Tool.

Ademuyiwa A.O., Nwomeh B.C., Poenaru D., Seyi-Olajide J.O., Ademuyiwa I.Y., Odugbemi T.O., Abazie O., Ladipo-Ajayi O.A., Bankole O., Elebute O.A., Okusanya B., Alakaloko F.M., Alabi E.O., Mankanjuola A., Gupta S., Tran T., Onwuka A.A., Smith E.R., Pius R., Harrison E., Bode C.O.

Embase

Journal of Surgical Research. 284 (pp 186-192), 2023. Date of Publication: April 2023.

[Article]

AN: 2021959317

Introduction: The Surgeons OverSeas Assessment of Surgical Needs (SOSAS) survey tool is used to determine the unmet surgical needs in the community and has been validated in several countries. A major weakness is the absence of an objective assessment to verify patient-reported surgically treatable conditions. The goal of this study was to determine whether a picture portfolio, a tool previously shown to improve parental recognition of their child's congenital deformity, could improve the accuracy of the SOSAS tool by how it compares with physical examination. This study focused on children as many surgical conditions in them require prompt treatment but are often not promptly diagnosed.

Method(s): We conducted a descriptive cross-sectional community-based study to determine the prevalence of congenital and acquired surgical conditions among children and adults in a mixed rural-urban area of Lagos, Southwest Nigeria. The picture portfolio was administered only to children and the surgical conditions to be assessed were predetermined using an e-Delphi process among pediatric surgeons. The modified The Surgeons OverSeas Assessment of Surgical Needs-Nigeria Survey Tool (SOSAS-NST) was administered to household members to collect other relevant data. Data were analyzed using the REDCap analytic tool.

Result(s): Eight hundred and fifty-six households were surveyed. There were 1984 adults (49.5%) and 2027 children (50.5%). Thirty-six children met the predetermined criteria for the picture portfolio-hydrocephalus ($n = 1$); lymphatic malformation ($n = 1$); umbilical hernia ($n = 14$);

Hydrocele (n = 5); inguinal hernia (n = 10) and undescended testes (n = 5). The picture portfolio predicted all correctly except a case of undescended testis that was mistaken for a hernia. The sensitivity of the picture portfolio was therefore 35/36 or 97.2%.

Conclusion(s): The SOSAS-NST has improved on the original SOSAS tool and within the limits of the small numbers, the picture portfolio has a high accuracy in predicting diagnosis in children in lieu of physical examination.

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Academic Press Inc.

Year of Publication

2023

19.

Natural history and consequence of patent processus vaginalis: An interim analysis from a multi-institutional prospective observational study.

Fraser J.D., Duran Y.K., Deans K.J., Downard C.D., Fallat M.E., Gadepalli S.K., Hirschl R.B., Lal D.R., Landman M.P., Leys C.M., Mak G.Z., Markel T.A., Minneci P.C., Sato T.T., St. Peter S.D.

Embase

Journal of Pediatric Surgery. 58(1) (pp 142-145), 2023. Date of Publication: January 2023.

[Article]

AN: 2020896333

Background: The prevalence and natural history of patent processus vaginalis (PPV) are unknown. An interim analysis was performed of a multi-institutional, prospective, observational study in neonates undergoing laparoscopic pyloromyotomy during which bilateral inguinal canals were evaluated.

Method(s): Infants under 4 months undergoing laparoscopic pyloromyotomy were enrolled at 8 children's hospitals. The presence of a PPV was evaluated and measurements recorded.

Patients with a PPV are undergoing annual phone follow-up to 18 years of age. Interim analysis was performed.

Result(s): In a cohort of 610 patient, 80 did not have a PPV examined, 4 had consent issues and were excluded, leaving 526 patients. Of these, 433 (82%) were male, median age 1.2 months (IQR 0.9, 1.6), median weight 3.89 kg (IQR 3.4, 4.46), and EGA 39 weeks (IQR 37, 40). There were 283 PPVs, 132 bilateral (47%), 116 right (41%), and 35 left (12%). Patients with a PPV were significantly younger (1.1 months (IQR 0.9, 1.5) vs 1.3 months (IQR 0.9, 1.7), $p=0.02$), weighed less (3.76kg (IQR 3.35, 4.26) vs 3.9kg (IQR 3.4, 4.5) $p=0.03$) and had a significantly lower EGA at birth (38 weeks (IQR 37, 40) vs 39 weeks (IQR 38, 40) $p=0.003$). Of 246 eligible infants, 208 (85%) responded to at least one annual follow-up. Two patients had an inguinal hernia repair for a symptomatic hernia, 49- and 51-days post pyloromyotomy. One had an orchiopexy and incidental inguinal hernia repair 120 days post pyloromyotomy; for a total of 3 (1.2%) hernia repairs. No additional hernias were identified in 116 patients with the PPV patients who have been followed for > 1 year.

Conclusion(s): The presence of a PPV at the time of pyloromyotomy is common but the need for hernia repair is rare within the first year of life. Continued long-term longitudinal follow-up of this cohort is needed.

Level of Evidence: II

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Publisher
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20.

Orchiopexy.

Elseth A, Hatley RM

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.

[Study Guide]

UI: 32809739

Cryptorchidism is a relatively common condition, occurring in up to 9% in full-term infants and can occur in as many as 30% in premature neonates. About 80% of undescended testes (UDT) migrate into the scrotum by 3 to 6 months of age. UDT can be either unilateral or bilateral (10%). Around 80% are palpable, and 90% of those are palpated in the inguinal canal. More than 90% of patients have a concomitant patent processus vaginalis. Multiple risk factors contribute to the development of UDT. These include twinning, low birth weight, a birth weight that does not correlate appropriately with gestational age, and prematurity. Of these, prematurity is the most significant. Types: True undescended testis - The testis is located anywhere in the natural path of descent. : Retroperitoneal, intrabdominal, in the inguinal canal, at the superior aspect of the scrotum. Ectopic undescended testis - testis is not anywhere along the natural path of descent. In the femoral canal. The opposite scrotum . Perineum. In the femoral canal. Hypoplastic - underdeveloped testis Dysgenetic - derangement of seminiferous tubules and function of testes Vanished - thought to be due to intrauterine testicular torsion in late gestation. It is important to note only 20 to 40% of non-palpable testes are truly absent at the time of surgery. Ascent - a testis that was in the scrotum but has since returned to the inguinal canal Retractable - A testis that moves in and out of the scrotum Acquired - failure of the spermatic cord to grow in proportion to body growth

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Elseth, Anna. Dwight D. Eisenhower Army Medical Center Hatley, Robyn M.. Augusta University

Publisher

StatPearls Publishing

Year of Publication

2022

21.

Hydrocele.

Huzaifa M, Moreno MA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
StatPearls Publishing. 2022 01.

[Study Guide]

UI: 32644551

A hydrocele is an abnormal collection of serous fluid between the two layers of tunica vaginalis of testis. It can either be congenital or acquired. Congenital hydrocele results from failure of processus vaginalis to obliterate. During development, the testes are formed retroperitoneally in the abdomen and proceed to descend into the scrotum via the inguinal canal in the third gestational week. This descent of the testes into the scrotum is accompanied by a fold of peritoneum of the processus vaginalis. Normally, the proximal portion of processus vaginalis gets obliterated while the distal portion persists as the tunica vaginalis covering the anterior, lateral, and medial aspects of the testes. The tunica vaginalis is a potential space for fluid to accumulate, provided the proximal portion of processus vaginalis remains patent and results in free communication with the peritoneal cavity, leading to congenital hydrocele. Hydroceles are divided into two types: primary and secondary. Primary Hydrocele: The processus vaginalis of the spermatic cord fuses at term or within 1-2 years of birth, thus obliterating the communication between the abdomen and scrotum. The distal portion, however, remains patent as the tunica vaginalis covers the testis, creating a potential space where fluid accumulation within it can lead to hydrocele formation. Depending upon the site of the obliteration of processus vaginalis, there are four types of primary hydrocele. 1. Congenital Hydrocele: This occurs when processus vaginalis is patent and communicates with the peritoneal cavity. This communication allows the movement of peritoneal fluid but is too small to allow the intra-abdominal contents to herniate through. 2. Infantile Hydrocele: In this case, processus vaginalis gets obliterated at the level of the deep inguinal ring. However, the portion distal to it remains patent and allows fluid accumulation. 3. Encysted Hydrocele of the Cord: Both the proximal and distal portions of processus vaginalis get obliterated while the central portion remains patent and fluid accumulates within it. 4. Vaginal Hydrocele: Processus vaginalis remains patent only around the testes, and, as fluid accumulates, it renders the testes impalpable. Secondary Hydrocele: This usually occurs as a result of an underlying condition, such as infection (filariasis, tuberculosis of the epididymis, syphilis), injury (trauma, post-herniorrhaphy hydrocele), or malignancy. This type of hydrocele tends to be small, with the exception of secondary hydrocele due to filariasis, which can be very large.

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Year of Publication

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Pediatric Groin Surgeries: A Comparison of Analgesic Effects of Caudal Block and Inguinal Field Block Using Plain Bupivacaine.

Kalu UA, Odi TO, Taiwo JO, Abdur-Rahman LO, Oyewole EO, Ibiyeye TT

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of the West African Colleges of Surgeons. 12(3):96-103, 2022 Jul-Sep.

[Journal Article]

UI: 36388745

Introduction: There is a paucity of studies in the West African sub-region which have compared both the intraoperative and postoperative analgesic effects of caudal block and inguinal field block using plain bupivacaine in groin surgeries in children. The study aimed to compare the duration of analgesia and complications of caudal block and inguinal field block in pediatric groin surgeries.

Patients and Methods: This was a prospective, double-blind randomized study conducted at a tertiary health institution in North Central, Nigeria, over a period of 6 months. A total of 74 children scheduled for day case groin surgeries for inguinal hernia, hydrocoele and palpable undescended testis were recruited into the study. The effectiveness of the analgesic effect was assessed by measuring serum cortisol levels before surgery (i.e. baseline at 8am), 5minutes after caudal block or inguinal field block, and 1-hour after surgery. Post-operative pain was determined using FLACC score (Face, Legs, Activity, Crying and Consolability) every 15 minutes till 6 hours after surgery when the patients were discharged home and the caregivers measured the patients' pain scores using the FLACC score every 1 hour to a maximum duration of 10 hours after surgery. Data obtained from the study was entered into the study proforma and analysed using IBM SPSS version 21.0. The P value was considered statistically significant at <0.05.

Results: A total of 74 patients were recruited for this study, with 68 males (91.9%) and 6 females (8.1%). The children's age range was 6 months to 7 years, with a mean age of 3.35 +/- 1.90 years. The mean basal serum cortisol levels of the caudal block group and inguinal block group were 11.15 +/- 5.38 microg/dL and 10.79 +/- 4.92microg/d respectively (p-value = 0.767). Five minutes after caudal block, the mean serum cortisol level was 10.50 +/- 5.39microg/dL while inguinal field block was 10.63 +/- 4.68microg/dL (p-value = 0.288). The mean serum cortisol level obtained one hour after each procedure was 9.34 +/- 4.05 microg/dL for the caudal block group and 10.00 +/- 3.56 microg/dL in the inguinal field block group with p-value = 0.275. Using the FLACC score, the mean duration of analgesia in caudal block group was 372.00 +/- 71.55 minutes and was inguinal field block group was 387.43 +/- 62.65 minutes with a p-value = 0.116. There was no anaesthetic technique related complications that was recorded in both caudal block group and inguinal group during the study period.

Conclusion: This study demonstrated that caudal block and inguinal field block using plain bupivacaine provided comparable duration of analgesia in paediatric groin surgeries. Therefore, caudal block or inguinal field block using plain bupivacaine should be recommended for both intraoperative and postoperative analgesia in elective paediatric groin surgeries.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9641741>

Year of Publication

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23.

Acquired Encysted Hydrocele of the Cord Secondary to Trauma in a Child: Sonological Appearances of a Rare Entity.

Ravikanth R

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Medical Ultrasound. 30(1):65-66, 2022 Jan-Mar.

[Journal Article]

UI: 35465593

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PMC Identifier

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Year of Publication

2022

24.

Rare case of inguinal ureteral hernia in a child diagnosed by drip infusion pyelography-computed tomography.

Hosoda T, Hijikata K, Ishioka S

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

International Journal of Surgery Case Reports. 94:107007, 2022 May.

[Journal Article]

UI: 35417833

INTRODUCTION AND IMPORTANCE: Inguinal hernias are the most commonly experienced disease in pediatric surgery. However, it is rare for the organs of the urinary system to prolapse as the contents of the hernia.

CASE PRESENTATION: We report a case of a 14-year-old boy with congenital paraperitoneal inguinal herniation of the ureter. Intraoperatively, we found an unfamiliar tubular loop structure arising from the deep inguinal ring in the left inguinal canal. The tubular structure, which may have been part of the ureter, was left in the inguinal canal to avoid damage. Postoperative drip infusion pyelography-computed tomography showed anatomical irregularity of the ureter in the inguinal canal. Follow-up in the 5th postoperative year showed no recurrence of hydrocele and complications associated with ureteral obstruction.

CLINICAL DISCUSSION: Inguinal ureteral hernias are rarely reported in children. Paraperitoneal inguinal hernias are reported to be associated with vesicoureteral reflux and posterior urethral valve. Patients rarely present with symptoms like those observed in our case report. Whilst general surgical treatment is to return the ureter to the retroperitoneal space, we opted to leave the ureter in the inguinal canal to avoid unnecessary damage. However, this intraoperative management resulted in slight hematuria. The ureter should be placed back where it belongs, and postoperative monitoring using computed tomography may be important.

CONCLUSION: This case provides valuable insight into preoperative diagnostic difficulties and intra- and postoperative management of an inguinal ureteral hernia in children, highlighting the importance of accurate diagnosis and appropriate surgical intervention in the treatment of this disease.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9018155>

Year of Publication

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25.

Hydrocele of the Canal of Nuck: A Review. [Review]

Keeratibharat N, Chansangrat J

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 14(4):e23757, 2022 Apr.

[Journal Article. Review]

UI: 35402114

Canal of Nuck abnormality is a rare surgical condition. The pathologies are mostly encountered in young girls, less than five years of age. The incidence is even less in adults. Various pathologic conditions related to the failure of processus vaginalis obliteration can occur, involving herniation of intraabdominal structures including intestinal and genital contents such as the uterus, fallopian tube, and ovary and hydrocele of the canal of Nuck. According to its rarity, hydrocele of canal of Nuck is often misdiagnosed for common groin masses. This review summarizes and simplifies embryology, the pathophysiology of the canal of Nuck abnormalities, imaging findings, and treatment options with emphasis on the hydrocele.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8980195>

Year of Publication

2022

26.

Rare case cystic scrotal lymphangioma presented as a hydrocele.

Ali AY, Abdi AM, Basar D, Mohamed SS, Ibrahim IG

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

International Journal of Surgery Case Reports. 93:106959, 2022 Apr.

[Journal Article]

UI: 35364391

INTRODUCTION AND IMPORTANCE: Cystic scrotal lymphangiomas are very uncommon lesions caused by congenital lymphatic malformation. These tumors are usually located in the neck and axilla, occasionally in the mediastinum, retroperitoneum, and thigh. The scrotum and perineum are the least frequented sites. They present as painless scrotal swelling and are easily misdiagnosed as hydrocele. We present here a case of cystic scrotal lymphangioma in a school-aged child who presented to us with a massive scrotal swelling.

CASE PRESENTATION: We present here a case of a 6-year-old child who presented with scrotal swelling, which was sonographically identified as chronic hydrocele. The right testis could be felt separately from the mass, and the left scrotum was normal. Scrotal ultrasound reveals multiple cystic lesions with septa in the right hemiscrotum extending to the proximal inguinal canal. Median raphe incision and excision of the lobulated mass Cyst testicular lymphangioma was confirmed histopathologically.

CLINICAL DISCUSSION: Cystic lymphangiomas are benign congenital tumors with no identifiable cause. The majority of lymphangiomas (90%) appear during the first two years of life, and half of them are present at birth. Lymphangiomas are categorized into three types: capillary, cavernous lymphangiomas, and cystic hygromas. A scrotal lymphangioma is frequently misdiagnosed as a hydrocele, inguinal hernia, hematocele, varicocele, or even testis torsion. In our case, the diagnosis was made by ultrasonography with Doppler and confirmed by a biopsy of an excised mass lesion. The scrotum is a very uncommon site for cystic lymphangioma.

CONCLUSION: A cystic or septate cystic mass discovered intra-operatively should not be dismissed as a complex hydrocele, since cystic lymphangiomas predictably recur if incompletely resected. A proper diagnosis of the scrotal lymphangioma and its extent using the US is essential for planning an appropriate surgical approach.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8971620>

Year of Publication

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27.

Inguinal herniation of omental lymphatic malformation mimicking hydrocele.

Tsuchiya T, Inoue M, Yasui T, Suzuki T

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Pediatrics International. 64(1):e15307, 2022 01.

[Journal Article]

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Year of Publication

2022

28.

Multimodality imaging features of Canal-of-Nuck hydrocele in adults. [Review]

Bazuaye-Ekwuyasi E, Odogwu-Hall O, Bushey H, Camacho A, Bhargava P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Clinical Imaging. 92:101-108, 2022 Dec.

[Journal Article. Review]

UI: 36270153

Canal of Nuck abnormalities are common in pediatric population but may rarely present in adults. Hydrocele of the Canal of Nuck is the most common presentation in adult population. These may be symptomatic or found incidentally on imaging. We review the embryology and present imaging features of Canal of Nuck hydroceles in this case-based review article, and highlight the features on various imaging modalities, such as ultrasound, CT (Computed Tomography), MRI (Magnetic Resonance Imaging) and PET (Positron Emission Tomography). Radiologists should be aware of these findings in their practice and be able to recognize these congenital abnormalities.

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Year of Publication

2022

29.

Reduction of testosterone levels in Schistosoma haematobium- or Schistosoma mansoni-infected men: a cross-sectional study in two schistosomiasis-endemic areas of the Adamawa region of Cameroon.

Jatsa HB, Femoe UM, Dongmo CN, Kamwa RIN, Fesuh BN, Tchuem Tchuente LA, Kamtchouing P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BMC Infectious Diseases. 22(1):230, 2022 Mar 07.

[Journal Article]

UI: 35255836

BACKGROUND: The incidence of schistosomiasis-induced male reproductive dysfunction and infertility is probably underestimated compared to female genital schistosomiasis. This study aimed to investigate the impact of Schistosoma haematobium or S. mansoni infection on the reproductive function of men of reproductive age in Tibati and Woulde, two endemic schistosomiasis areas in the Adamawa region of Cameroon.

METHODS: A total of 89 men of reproductive age (range 14-56 years) from two localities were enrolled in the study, with 51 in Tibati and 38 in Woulde. Each participant was submitted to a

questionnaire to document data on sociodemographic and stream contact behaviors. A medical examination was performed to measure the testes' circumference and evaluate genital tract pathologies. Stool and urine samples were collected and screened for the presence of *S. haematobium* or *S. mansoni* ova. Blood serum was used to assess the levels of transaminases and testosterone.

RESULTS: *Schistosoma haematobium* was present only in Tibati, with a prevalence of 31.37%. The *S. mansoni* prevalence was 3.92% at Tibati and 44.71% at Woulde. The intensity of infection was 22.12 +/- 9.57 eggs/10 mL for *S. haematobium* and 128.10 +/- 3.76 epg for *S. mansoni*. Serum transaminase activity and the mean testicular circumference of *Schistosoma*-positive individuals were close to *Schistosoma*-negative individuals. However, the testes size was more prominent in *S. mansoni*-positive individuals than in *S. haematobium*-positive individuals ($P < 0.05$). The serum testosterone levels of *S. haematobium*- and *S. mansoni*-positive men were significantly reduced by 56.07% ($P < 0.001$) and 51.94% ($P < 0.01$), respectively, in comparison to those of *Schistosoma*-negative men. A significant and negative correlation was established between schistosomiasis and the low serum testosterone level. Male genital tract pathologies such as scrotal abnormalities, varicocele, nodular epididymis, inguinal hernia, and hydrocele were recorded in both *Schistosoma*-positive and *Schistosoma*-negative men. However, no significant link was established between schistosomiasis infection and these pathologies.

CONCLUSION: These results demonstrated that infection with *S. haematobium* or *S. mansoni* is associated with low production of the reproductive hormone testosterone and may be a significant cause of male infertility.

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PMC Identifier
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8900354>
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30.

Atypical scrotal masses: Surgical surprise.

Kumar P, Sengar M, Mohta A

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Tropical Doctor. 52(1):116-119, 2022 Jan.

[Journal Article]

UI: 34369826

We present three unusual cases of atypical scrotal lesions in children. The first was a firm left scrotal mass with the testis indistinguishable. The second with apparently a large hydrocoele, which was a cyst, and the third with multiple nodular lesions, pushing the left testis into the right hemiscrotum. These turned out to be a pigmented neuroectodermal tumour, a lymphatic malformation and neurofibromas respectively. Paediatric surgeons should be aware of such surgical surprises.

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Year of Publication

2022

31.

Antigenic evidence of lymphatic filariasis transmission in infection persistent endemic districts of Central Nepal during post mass drug administration.

Mehta P.K., Maharjan M.

Embase

medRxiv. (no pagination), 2022. Date of Publication: 22 Nov 2022.

[Preprint]

AN: 2021629541

Background In Nepal, out of 75, 61 districts were endemic with lymphatic filariasis (LF) and completed 6 to 11 rounds of mass drug administration (MDA) with diethylcarbamazine (DEC) and albendazole from 2007 to 2017 in almost all endemic districts of Central Nepal with the aim of eliminating lymphatic filariasis by 2020 but due to fail in transmission assessment Survey (TAS) in some Terai districts of Nepal, aim of elimination was extended to 2030. Antigenemia prevalence have been consistently <2% in all sentinel and check spot sites since 2017 and transmission assessment survey passed in 2018 but in some foci there was low level persistent of infection of *W. bancrofti* was seen in 4 endemic districts of central Nepal so present study has been carried out with the aim of assessing antigenic prevalence in children borne after MDA program to understand evidence of new infection of LF in selected districts Methodology and principal findings Antigenemia survey was carried out in communities children whose borne after MDA program from selected districts of central Nepal. Two study districts had significantly improved infection to the prior study but two other districts had drastic change. Few hydrocele cases were found but no any children found antigen positive with hydrocele cases. Conclusions These results indicates that *W. bancrofti* transmission was near to break point in one hilly district (Lalitpur) and one Terai district (Bara) while other two districts from Terai (Mahottari) and hills (Dhading) may requires further intervention. Targeted testing and treatment along with comparative study of children with adult should be required similarly number of MDA rounds should be increased. Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.

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Publisher

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2022

32.

Natural history of KBG syndrome in a large European cohort.

Loberti L., Bruno L.P., Granata S., Doddato G., Resciniti S., Fava F., Carullo M., Rahikkala E., Jouret G., Menke L.A., Lederer D., Vrielynck P., Ryba L., Brunetti-Pierrri N., Lasa-Aranzasti A., Cueto-Gonzalez A.M., Trujillano L., Valenzuela I., Tizzano E.F., Spinelli A.M., Bruno I., Curro A., Stanzial F., Benedicenti F., Lopergolo D., Santorelli F.M., Aristidou C., Tanteles G.A., Maystadt I., Tkemaladze T., Reimand T., Lokke H., Ounap K., Haanpaa M.K., Holubova A., Zoubkova V., Schwarz M., Zordania R., Muru K., Roht L., Tihverainen A., Teek R., Thomson U., Atallah I., Superti-Furga A., Buoni S., Canitano R., Scandurra V., Rossetti A., Grosso S., Battini R., Baldassarri M., Mencarelli M.A., Rizzo C.L., Bruttini M., Mari F., Ariani F., Renieri A., Pinto A.M. Embase

Human Molecular Genetics. 31(24) (pp 4131-4142), 2022. Date of Publication: 15 Dec 2022.

[Article]

AN: 2022471272

KBG syndrome (KBGS) is characterized by distinctive facial gestalt, short stature and variable clinical findings. With ageing, some features become more recognizable, allowing a differential diagnosis. We aimed to better characterize natural history of KBGS. In the context of a European

collaborative study, we collected the largest cohort of KBGS patients (49). A combined array-based Comparative Genomic Hybridization and next generation sequencing (NGS) approach investigated both genomic Copy Number Variants and SNVs. Intellectual disability (ID) (82%) ranged from mild to moderate with severe ID identified in two patients. Epilepsy was present in 26.5%. Short stature was consistent over time, while occipitofrontal circumference (median value: -0.88 SD at birth) normalized over years. Cerebral anomalies, were identified in 56% of patients and thus represented the second most relevant clinical feature reinforcing clinical suspicion in the paediatric age when short stature and vertebral/dental anomalies are vague. Macrodonia, oligodontia and dental agenesis (53%) were almost as frequent as skeletal anomalies, such as brachydactyly, short fifth finger, fifth finger clinodactyly, pectus excavatum/carinatum, delayed bone age. In 28.5% of individuals, prenatal ultrasound anomalies were reported. Except for three splicing variants, leading to a premature termination, variants were almost all frameshift. Our results, broadening the spectrum of KBGS phenotype progression, provide useful tools to facilitate differential diagnosis and improve clinical management. We suggest to consider a wider range of dental anomalies before excluding diagnosis and to perform a careful odontoiatric/ear-nose-throat (ENT) evaluation in order to look for even submucosal palate cleft given the high percentage of palate abnormalities. NGS approaches, following evidence of antenatal ultrasound anomalies, should include ANKRD11.

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Embase

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33.

Clinical Analysis of Pyocele of Tunica Vaginalis in 56 Newborns.

He T.-Q., Zhu L.-H., Li C.-Y., Peng Q.-L., Zu J.-C., Liu Y., Zhao Y.-W.

Embase

Urologia Internationalis. 106(7) (pp 700-705), 2022. Date of Publication: 01 Jul 2022.

[Article]

AN: 2015200438

Objective: This study aimed to explore the clinical characteristics, treatment methods, and prognosis of neonatal pyocele of tunica vaginalis and to provide a reference for the clinical treatment.

Method(s): A total of 56 newborns with pyocele of tunica vaginalis were admitted to our hospital due to the scrotal emergency from January 2015 to January 2020. Our study retrospectively analyzed these 56 cases. Of the 56 cases, including 32 full-term infants and 24 premature infants, age ranged from 1 to 27 days. Initially, conservative treatment (intravenous antibiotic treatment) was applied to 42 cases, and surgery to 14 cases. Then, 7 underwent surgical exploration during the conservative treatment, and 2 cases with initial surgical treatment experienced orchiectomy because of complete necrosis. For 56 cases, the average follow-up time was 18 months.

Result(s): The clinical recovery time of cases with conservative treatment ranged from 8 to 17 days, with an average of 11.02 +/- 2.31 days. The clinical recovery time of cases with surgery ranged from 6 to 15 days, with an average of 9.28 +/- 2.78 days. During the follow-up, for 56 cases, except for the 2 cases with orchiectomy, the testicular position and Doppler flow both went back to normal, of the 42 cases with initial conservative treatment, 1 case experienced testicular retardation, of the 14 cases with initial surgical treatment, 2 cases experienced testicular retardation, and hydrocele of 42 cases were self-healed.

Conclusion(s): Neonatal pyocele of tunica vaginalis is mostly secondary to intra-abdominal infection. Color Doppler ultrasound is helpful for the diagnosis. The percutaneous aspiration is a way of collecting pathogenic bacteria during the conservative treatment. If the color Doppler suggests testicular involvement, surgical exploration should be performed.

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Publisher

S. Karger AG

Year of Publication

2022

34.

Pediatric Inguinal Hernia Repair, Laparoscopic Versus Open Approach: A Systematic Review and Meta-Analysis of the Last 10-Year Evidence.

Bada-Bosch I., Escolino M., De Agustin J.C., Esposito C.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(5) (pp 583-594), 2022. Date of Publication: May 2022.

[Review]

AN: 638057025

Aim: Since the first description of laparoscopic herniorrhaphy (LH), a lot of studies have compared outcomes between LH and open herniorrhaphy (OH) with inconsistent results. We designed this study to assess outcomes between both techniques now that pediatric surgeons have enough confidence with it.

Method(s): We performed a systematic review and meta-analysis of articles published in the last 10 years.

Result(s): Twenty-seven articles reporting on 91,653 patients (26,920 LH and 64,733 OH) were included. No significant differences were found in overall operative time (OT) ($P = .07$). Subgroup analysis revealed significantly shorter OT for LH in unilateral (-8.87 minutes, $P = .03$) and bilateral hernias (-16.86 minutes, $P = .004$), but longer in unilateral hernias in females (+7.47 minutes, $P = .006$). Recurrence rate was similar (odds ratio [OR] 1.05, $P = .66$). Less complications were reported in LH (OR 0.51, $P = .03$). Contralateral patent processus vaginalis average rate was 39.61% and its closure reported a significant decrease of contralateral metachronous hernia (OR 0.11, $P < .00001$).

Conclusion(s): Although OH is still considered the gold standard by some authors, LH has proven to be not only as safe as OH but also to have additional advantages that should make pediatric surgeons implement it in their daily practice and not in selected cases alone.

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Publisher
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Year of Publication
2022

35.

Single-Incision Pediatric Laparoscopic Surgery: Surgical Outcomes, Feasibility Indication, and the Systematic Review.

Noitumyae J., Mahatharadol V., Niramis R.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(11) (pp 1190-1202), 2022.

Date of Publication: November 2022.

[Article]

AN: 2022299481

Background: Single-incision laparoscopic surgery (SILs) has reported the evidence in basic and advanced pediatric laparoscopy. The objective was to review the feasibility and outcomes between basic and advanced procedures of the conventional laparoscopic surgery (CLs) and the SILs at our institute, and to compare the results with the published studies in a systematic review and meta-analysis.

Patients and Methods: A retrospective study was conducted from January 2017 to March 2020. Demographic data, operations, conversion rate, and complications were collected and analyzed. The MEDLINE and PubMed were searched in relation to the pediatric SILs and the pediatric CLs in the published series from 1985 to 2021. We combined our retrospective study with a systematic review for meta-analysis.

Result(s): Two hundred twenty-seven patients underwent pediatric laparoscopic surgery during the study period. The procedures included 199 (87.7%) for basic laparoscopy (appendectomy, cholecystectomy, testicular vessel ligation, closure of indirect inguinal hernia, and hydrocele) and 28 (13.3%) for advanced laparoscopy (Meckel diverticulectomy, pull-through operation for Hirschsprung's disease, choledochal cyst excision, and Nissen fundoplication). There was no statistical significance in operative time, length of stay (LOS), conversion rate, recurrence, and complication. The systematic review demonstrated 19 studies and, combined with our present study, produced 2865 patients for analysis. The meta-analysis reported increased LOS in the SILs group in cholecystectomy (mean difference [MD] 0.23 day, 95% confidence intervals [CI] 0.02-0.43 day, $P = .03$ and $I^2 = 0\%$) and choledochal cyst excision (MD 0.18 day, 95% CI 0.02-0.33 day, $P = .03$ and $I^2 = 0\%$). There was no statistical difference in operative time, LOS, conversion, and complication in other procedures.

Conclusion(s): The SILs is a feasible indication and safe for surgical pediatric laparoscopy including basic to advanced procedure laparoscopy. It is demonstrated that there were no statistical differences in the operative time, LOS, and the complication. However, LOS in some procedures seems to be different due to the complexity and guideline.

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Publisher
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Year of Publication
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36.

EFFECTIVENESS OF INJECTION CLONIDINE AS AN ADJUVANT TO BUPIVACAINE IN CAUDAL BLOCK FOR POST-OPERATIVE ANALGESIA IN PAEDIATRIC INFRA UMBILICAL SURGERIES.

Khatavkar S.S., Beevln B., Chandra U.

Embase

Journal of Pharmaceutical Negative Results. 13 (pp 9372-9380), 2022. Date of Publication: 2022.
[Article]

AN: 2022248489

Caudal epidural analgesia is one of the most commonly performed regional blocks in paediatric anaesthesia for intra and post-operative analgesia. Addition of opioids like morphine, fentanyl is associated with side effects like respiratory depression, urinary retention, etc. Clonidine, an alpha2 agonist is known for its analgesic effects with lesser side effects. Hence, this study was conducted to know the efficacy and safety of addition of clonidine to bupivacaine in a single shot caudal block in children. Subjects and Methods: This study was conducted among 60 children in the age group of 1 - 10 years coming for various elective infraumbilical surgical procedures. They were divided into two groups of 30 each. Group A received caudal 0.25% bupivacaine (1ml/kg) with 0.5ml/kg normal saline and group B received caudal 0.25% bupivacaine (1ml/kg) with clonidine (1.0µg/kg). The various parameters studied were hemodynamic changes, duration of analgesia and incidence of side effects.

Result(s): The groups were similar in age, sex and weight. The hemodynamic parameters like heart rate, blood pressure, respiratory rate were also similar between the two groups after administering caudal block. The mean duration of analgesia in group B was fifteen hours that was significantly longer ($p < 0.05$) than group A where it was five hours.

Conclusion(s): This study showed that the addition of clonidine in the dose of 1.0µg/kg to 0.25% bupivacaine (1ml/kg) improved the analgesic duration and efficacy after a single shot caudal block with minimal side effects in children.

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Publisher

ResearchTrentz Academy Publishing Education Services

Year of Publication

2022

37.

Analysis of Demographic and Microbiological Characteristics of Surgical Site Infection.

Khan R., Joshi S.A., Chowdhary A.

Embase

International Journal of Toxicological and Pharmacological Research. 12(12) (pp 185-192), 2022.

Date of Publication: 2022.

[Article]

AN: 2018967240

Introduction: An infection at the surgical site that affects the incision or deeper tissues within 30 days of the procedure (or within a year if the implantation is left in place just after the procedure) is referred to as a surgical site infection (SSI). The prevalence of postoperative SSI varies significantly across procedures, hospitals, doctors, patients, and geographical locales. Staphylococcus aureus infection accounts for a significant number of SSIs that occur in hospitals. Again, gram-negative bacilli, Pseudomonas aeruginosa, Klebsiella, as well as Escherichia coli are frequently isolated from SSIs. SSIs contribute to post-surgical complications significantly. However, with proper characterization of the infection demographically and microbiologically and its related factors, SSIs can be properly controlled. Aims and Objectives: To study the demographic and microbiological characteristics of Surgical Site Infection in patients. Method(s): This is a prospective study conducted on 430 patients for assessing SSI post-surgery. The demographic and microbiological characteristics were determined in each patient after the surgery. The infected wound was regarded when it appears to be serous or non-purulent discharge, pus discharge, or the presence of inflammation (oedema, redness, warmth, raised local temperature, tenderness, induration).

Result(s): The study found that it was found that 9.35% of surgeries were on abdominal sites, while 8.30% of surgeries were Spinal surgeries and 12.5% were hysterectomy, based on General Surgery, Orthopedics and Obstetrics and Gynecology ward, respectively. The study has shown that diabetes was present in 23.8% of the patients followed by obesity (19.37%) and Anemia (18.20%). In the whole sample, 14.70% of the patients had comorbidities.

Conclusion(s): The study also found that most of the patients who had SSI, were infected with Klebsiella spp. (34%), followed by E. coli (22%) and S. aureus (17%). The study concluded that Klebsiella pneumonia was the most isolated pathogen and the highest number of isolates were obtained from abdominal surgeries, spinal surgeries, and hysterectomy.

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Publisher

Dr. Yashwant Research Labs Pvt. Ltd.

Year of Publication

2022

38.

Coverage and compliance of mass drug administration in lymphatic filariasis amidst the COVID-19 pandemic: A community based epidemiological study.

Chakraborty S., Bhattacharya T.

Embase

Tropical Parasitology. 12(2) (pp 105-112), 2022. Date of Publication: 01 Jul 2022.

[Article]

AN: 2021982706

Background: Despite the target of elimination of lymphatic filariasis by 2015, a few districts of West Bengal including Bankura district failed to achieve it. Under-coverage and unsupervised consumption of medicines during mass drug administration (MDA) campaign were implicated for the failure. Thereby, directly observed therapy (DOT) and mop up by repeated home visits for MDA were adopted.

Objective(s): The objective of this study is to assess the coverage of anti-filarial medicines distribution and rate of consumption as well as to find out the causes of nonconsumption.

Material(s) and Method(s): A cross-sectional survey was conducted in three sub-centers each of three blocks and three wards of Bankura municipality of Bankura district, WB, India, selected through the stratified random sampling method. Information was collected interviewing inhabitants of the house hold selected through the systematic random sampling technique.

Result(s): Overall, appropriate medicine distribution was 82.9% with 95.3% of correct consumption of both medicines under supervision. 91.87% of the respondents were aware about Lymphatic filariasis (LF) of which 89.95% reported swelling of leg/foot/hand, 9.57% as pain, 6.22% fever, and 1.44% reported swelling of testis as symptoms of LF. Altogether 10.6% individual, who consumed any medicine (527), reported AEs, out of that 66.1%, 19.6%, and 14.3% complained of dizziness/headache, nausea/vomiting, and drowsiness, respectively, and 28.6% of them sought consultation with health workers.

Conclusion(s): Substantial supervised consumption in the form DOT in this round too leads to the fact that the effective coverage of MDA has reached the target. It seemed that some segment of the beneficiary is remaining as persistent noncomplaints. Mass mobilization for motivating this persistent defaulter section is the need of the hour.

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Wolters Kluwer Medknow Publications

Year of Publication

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39.

Characteristics and outcomes of pediatric testicular yolk Sac tumor.

Li M., Wang J., Zhang D., Hua Y., Liu F., Lu P., Liu J., Liu X., Lin T., Wei G., He D.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 1024906. Date of Publication: 19 Dec 2022.

[Article]

AN: 2020905700

Purpose: Pediatric testicular yolk sac tumor is a rare malignant germ cell tumor and there is a lack of large clinical studies. The purpose of this study is to summarize the clinical characteristics of pediatric testicular yolk tumor and evaluate the prognostic factors.

Material(s) and Method(s): The medical records of children with testicular yolk sac tumor in one pediatric medical centre in China from January 2005 to January 2021 were retrospectively investigated. Data regarding clinical characteristics, treatment and prognosis were collected.

Result(s): A total of 109 patients with a median diagnosed age of 18 months (range 2-69) were included in this study; of them 100 were diagnosed as stage I, 6 as stage II and 3 as stage IV. All patients underwent radical orchiectomy, and 61 of them underwent postoperative chemotherapy.

The mean follow-up time was 61.3 months (range 3-259), during that time, 8 patients experienced relapse. The five-year overall survival was 90.6% (95% CI 84.6%-96.7%). Univariate Cox regression analysis showed that disease stage, relapse, maximum tumor diameter, and alpha-fetoprotein returning to normal within 2 months postoperatively were risk factors for survival (HRs of 25.43, 26.43, 1.48 and 0.08, respectively, $p < 0.05$). Multivariate Cox regression analysis suggested that higher disease stage and relapse were independent adverse factors for survival (HRs of 148.30 and 94.58, respectively, $p < 0.05$).

Conclusion(s): The prognosis of pediatric testicular yolk sac tumor is generally excellent. A higher disease stage and the occurrence of relapse could predict a poor prognosis. The individualized management of children with testicular yolk sac tumor according to risk classification is feasible.

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Publisher

Frontiers Media S.A.

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40.

Percutaneous Internal Ring Suturing (PIRS) - The Benefits of Laparoscopic Inguinal Hernia Repair.

Wolak P.K., Strzelecka A., Piotrowska-Gall A., Wolak P.P., Piotrowska I., Dabrowska K., Wrobel J., Nowak-Starz G.

Embase

Therapeutics and Clinical Risk Management. 18 (pp 135-144), 2022. Date of Publication: 2022.

[Article]

AN: 2015764573

Introduction: The laparoscopic inguinal hernia repair in children using the PIRS technique is a well-established method. However, there are still opinions that this method does not bring more benefits than open surgery.

Purpose(s): The study aims to demonstrate the benefits of laparoscopic technique over conventional, open techniques.

Patients and Methods: We conducted a retrospective study that included children aged 0-18 treated using the PIRS technique in 2008-2016. The control group consisted of patients treated with the traditional, open method of inguinal hernia repair. A total of 276 children were qualified for laparoscopic surgery, and there were 274 patients in the control group. A full laparoscopic procedure was performed on 247 patients. Assessment of the pathology of the internal inguinal ring was done in all patients during the laparoscopic procedure. Intraoperatively 79 children had bilateral inguinal hernia diagnosed, 133 right-sided inguinal herniae, and 57 left-sided inguinal herniae. The occurrence of hernia was not confirmed in 7 children, whereas 53 patients had open

contralateral patent processus vaginalis. In a case of contralateral patent processus vaginalis, the repair was performed using the PIRS method.

Result(s): The recurrence of the inguinal hernia was observed in 10 children in the laparoscopic group and in 5 cases in control group. The duration of the procedure was noted and compared to open inguinal hernia repair. There was a statistically shorter duration of the laparoscopic method. In the control group, there were 16 patients with a metachronous contralateral inguinal hernia.

Conclusion(s): The laparoscopic inguinal hernia repair was associated with a better assessment of hernia pathology, shorter operative time, and lower risk of contralateral hernia repair.

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Publisher

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41.

Laparoscopic recurrent inguinal hernia repair in children who underwent open procedure.

Ergun E., Khalilova P., Yagiz B.

Embase

Journal of Pediatric Endoscopic Surgery. 4(4) (pp 157-160), 2022. Date of Publication: December 2022.

[Article]

AN: 2020360725

Purpose: Inguinal hernia is one of the most common condition requiring surgical repair in childhood. The recurrence rate is between 1 and 2%. Open repair of recurrent inguinal hernia may be challenging due to the difficulty in dissection of hernia sac from spermatic cord and testicular vessels. On the other hand, laparoscopic approach offers an easier and safer repair without engaging these structures. The aim of this study is to present the experience in laparoscopic repair of recurrent inguinal hernias in children.

Method(s): The children who underwent laparoscopic inguinal hernia repair between 2015 and 2021 for recurrence after a previous open hernia repair were included in this study. Laparoscopic percutaneous internal ring suturing was performed in all these patients.

Result(s): A total of 24 children (2 girls and 22 boys) were enrolled for analysis. The mean age was 15 months and the mean weight was 21 kg. Fourteen children had right hernia, while 10 had left. Two of patients had a second open surgery for a recurrent hernia. Of the 24 recurrences, 17 developed in the first year following surgery and seven later. No complication was encountered after laparoscopic repair and no recurrence after a mean follow-up of 24.6 months.

Conclusion(s): Laparoscopic-assisted percutaneous internal ring suturing method may be preferred in children with recurrent inguinal hernias who underwent previous open repair in order to avoid possible injury to the cord due to the scars of primary operation.

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Publisher

Springer

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42.

Surgical Management of Pediatric Inguinal Hernia: A Systematic Review and Guideline from the European Pediatric Surgeons' Association Evidence and Guideline Committee.

Morini F., Dreuning K.M.A., Janssen Lok M.J.H., Wester T., Derikx J.P.M., Friedmacher F., Miyake H., Zhu H., Pio L., Lacher M., Sgro S., Zani A., Eaton S., Van Heurn L.W.E., Pierro A.

Embase

European Journal of Pediatric Surgery. 32(3) (pp 219-232), 2022. Date of Publication: 01 Jun

2022.

[Review]

AN: 634234937

Introduction Inguinal hernia repair represents the most common operation in childhood; however, consensus about the optimal management is lacking. Hence, recommendations for clinical practice are needed. This study assesses the available evidence and compiles recommendations on pediatric inguinal hernia. Materials and Methods The European Pediatric Surgeons' Association Evidence and Guideline Committee addressed six questions on pediatric inguinal hernia repair with the following topics: (1) open versus laparoscopic repair, (2) extraperitoneal versus transperitoneal repair, (3) contralateral exploration, (4) surgical timing, (5) anesthesia technique in preterm infants, and (6) operation urgency in girls with irreducible ovarian hernia. Systematic literature searches were performed using PubMed, MEDLINE, Embase (Ovid), and The Cochrane Library. Reviews and meta-analyses were conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement. Results Seventy-two out of 5,173 articles were included, 27 in the meta-analyses. Laparoscopic repair shortens bilateral operation time compared with open repair. In preterm infants, hernia repair after neonatal intensive care unit (NICU)/hospital discharge is associated with less respiratory difficulties and recurrences, regional anesthesia is associated with a decrease of postoperative apnea and pain. The review regarding operation urgency for irreducible ovarian hernia gained insufficient evidence of low quality. Conclusion Laparoscopic repair may be beneficial for children with bilateral hernia and preterm infants may benefit using regional anesthesia and postponing surgery. However, no definite superiority was found and available evidence was of moderate-to-low quality. Evidence for other topics was less conclusive. For the optimal management of inguinal hernia repair, a tailored approach is recommended taking into account the local facilities, resources, and expertise of the medical team involved.

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Publisher

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43.

Sutureless versus purse string with complete sac dissection in laparoscopic inguinal hernia repair in children: a randomized clinical trial.

Elsayem K., Abdelmotaal Y.S., Kaddah S., Elbarbary M.M., Taher H.

Embase

Journal of Pediatric Endoscopic Surgery. 4(4) (pp 173-176), 2022. Date of Publication: December 2022.

[Article]

AN: 2020105601

Introduction: Pediatric inguinal hernia is a common surgical condition with a cumulative incidence of 4.2%. Minimal invasive surgery is playing a growing role in the treatment of this condition. We compared the outcomes of laparoscopic sutureless herniotomy and purse string with sac dissection repair with regards to complications and operative time.

Method(s): One hundred fifty-two patients were operated on in two centers with two different techniques: sac dissection and purse-string suture, and sutureless repair. Operative time and recurrence were the main outcomes for comparison.

Result(s): Sutureless repair has a shorter operative time (29 +/- 10 min) compared to purse string repair (38 +/- 13 min). The recurrence rate showed no statistical significance difference. However, the recurrence rate of sutureless repair was three times higher than that of purse string repair, and all recurrences were in large defects of 10-15 mm.

Conclusion(s): Sutureless repair is safe for defects up to 10 mm with excellent operative time. However, it had an unfavorable outcome in larger defects.

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Publisher

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Year of Publication

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44.

Comparison of Two Laparoscopic Techniques in Management of Pediatric Inguinal Hernias.

Duong T.A., Russell G., Esparaz J.R., Mortellaro V.E.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(10) (pp 1114-1120), 2022.

Date of Publication: 01 Oct 2022.

[Article]

AN: 2021288771

Introduction: Many studies focus on comparing outcomes of the open method for inguinal hernia repair (IHR) and the laparoscopic method. However, few studies compare different laparoscopic techniques. With over a dozen different techniques described in the literature for laparoscopic IHR, significant opportunities exist to study the efficacy of each technique. We investigated outcomes of a subcutaneous endoscopically assisted transfixion ligation (SEATL) technique and a percutaneous internal ring suturing (PIRS).

Material(s) and Method(s): After receiving institutional review board approval, we completed a retrospective chart review of IHR performed at our pediatric tertiary care center between September 2015 and May 2020. We included all patients under the age of 18 years. We separated laparoscopic repairs from total repairs. Laparoscopic repairs were further divided into their respective techniques. Factors involving patient demographics, operative details, and postoperative complications were statistically analyzed using SPSS.

Result(s): There was a total of 131 IHRs performed with SEATL and 124 IHRs performed with PIRS. Median operative time (minutes) differed significantly ($P = .001$) with SEATL at 49 (28-66) and PIRS at 55 (37-76) minutes. Significantly more incarcerated hernias were repaired with PIRS ($n = 13$) than with SEATL ($n = 3$, $P = .006$). SEATL had a higher number of postoperative complications; the most significant were granulomas ($n = 3$, $P = .09$) and recurrent hernias ($n = 12$, $P < .001$).

Conclusion(s): SEATL had a significantly higher number of postoperative complications. This may be a result of multiple factors including but not limited to the absence of electrocautery, a shorter median operative time, and utilization of absorbable suture. Modifications have been made to this technique to reduce risk of postoperative complications.

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Year of Publication

2022

45.

Watchful waiting for communicating hydrocoele in infants.

Sabra T.A., Abdelgawaad M.S., Abdelmohsen S.M., Badawy A.

Embase

Egyptian Pediatric Association Gazette. 70(1) (no pagination), 2022. Article Number: 50. Date of Publication: December 2022.

[Article]

AN: 2020250037

Background: One of the commonest pediatric surgeries is hydrocele. There are suggestions to wait for spontaneous resolution than to operate these cases without harmful adverse events. Herein, we evaluated the outcome of the watchfulness of these cases over 18 months.

Method(s): The study included 93 infants with communicating hydrocele for the Pediatric Surgery Department, Faculty of Medicine (Assiut, Egypt). They were planned to be followed up for 18 months, and indications for intervention included hernia, increasing in size, being tense, and completion of 18 months of follow-up without improvement.

Result(s): The gestational age of the included patients was 38.5 +/- 2.2 weeks and the age at the time of presentation was 50 (7, 495) days. Most cases were bilateral, reducible, and had an intermittent course. After 18 months of follow-up, 60.2% of the patients resolved spontaneously and 39.8% were surgically treated. Age at the time of presentation was higher among operated patients. Patients with reducibility criteria on clinical examination and lack of intermittent course had higher frequency among operated patients (89.2%).

Conclusion(s): It is safe to wait and not to operate on infants with hydrocele up to 18 months as long as there was no hernia. Higher age at presentation and reducibility on examination are indicators that favor the need for surgery.

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Springer Science and Business Media Deutschland GmbH

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46.

Ultrasound-Guided Quadratus Lumborum Block Versus Caudal Block for Pain Relief in Children Undergoing Lower Abdominal Surgeries: A Randomized, Double-Blind Comparative Study.

Ragab S.G., El Gohary M.M., Nawwar M.A., El Baky D.L.A.

Embase

Anesthesiology and Pain Medicine. 12(4) (no pagination), 2022. Article Number: e126602. Date of Publication: Aug 2022.

[Article]

AN: 2018644250

Background: The quadratus lumborum (QL) block, also known as the abdominal truncal block, was developed to provide visceral and somatic analgesia during abdominal procedures.

Objective(s): This study aimed to assess pain alleviation, the incidence of complications in lower abdominal procedures, and hemodynamic stability between the caudal block and ultrasound-guided QL block.

Method(s): Fifty-two patients aged 1 to 7 years old from both genders scheduled for unilateral lower abdominal surgery were randomly assigned to 2 study groups: group QL, unilateral QL block (n = 26), and group C, caudal block (n = 26). In group C, children received caudal block. In group QL, an ultrasound-guided QL block was performed. The time to first rescue analgesia was evaluated as a primary outcome. The quality of analgesia was determined using the face, legs, activity, cry, consolability scale (FLACC scale), hemodynamic parameters, and incidence of complications because hemodynamic instability was recorded under ultrasound guidance. Signs of local anesthetics toxicity and the parents' satisfaction were secondary outcomes.

Result(s): The time until the first demand for analgesia postoperatively was statistically longer in group QL compared to group C. A non-significant difference was observed between the 2 groups ($P > 0.05$) regarding age, weight, gender, duration of surgery, type of surgery, FLACC scale, and hemodynamics (SBP, systolic blood pressure), except at 30 minutes, which was significant in QL block. Also, a non-significant difference was observed in the severity of postoperative pain up to 1 day postoperatively. Group QL showed more satisfaction than group C. No intraoperative complications were detected.

Conclusion(s): Compared to caudal block, QL block produced sustained and adequate analgesia time postoperatively, with higher satisfaction.

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Clinical Trial Number

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47.

Needle consideration in umbilical two-port laparoscopic percutaneous extraperitoneal closure for patent processus vaginalis of children: hook-needle or forcep-needle.

Xiao Y., Zhang J.

Embase

BMC surgery. 22(1) (pp 411), 2022. Date of Publication: 02 Dec 2022.

[Article]

AN: 639693356

BACKGROUND: Although umbilical two-port laparoscopic percutaneous extraperitoneal closure for the treatment of processus vaginalis patency of children has been verified to be safe and effective, the improvements of technical skills and instruments have been always on their ways. Recently, forcep-needle has begun to be used. In this study, we compared forcep-needle with hook-needle in this minimal invasive procedure for children suffered from hernia or hydrocele, with the aim to evaluate the instrumental convenience of the two needles.

METHOD(S): From July 2021 to May 2022, we begun to use hook-needle or forcep-needle in umbilical two-port laparoscopic percutaneous extraperitoneal closure for children suffered from hernia or hydrocele. The hook-needle group included nineteen children and the forcep-needle group included twenty-four ones. The data of the patients age, sex, side, operation time, postoperative hospital-stay, follow-up time, postoperative complications were evaluated. Common silk thread was used to encircle the internal ring preperitoneally.

RESULT(S): There were no statistical differences between the two groups for the following items: age, sex, side, operation time, postoperative hospital-stay and postoperative complications ($P>0.05$). The follow-up time of the hook-needle group was longer than that of the forcep-one ($P=0.0020$). No open transfer happened for all the patients. One hydrocele boy in the hook-needle group reoccurred 1 month postoperatively due to the peritoneal broken. The single pole retreating of the hook-needle accompanied with chaotic movements, while for that of the forcep-needle, the double-arm retreating movements were more orderly. The outer surface of the forcep-needle was smooth without restrain, as for the hook-needle, an inlaid barb held the danger of brokening the peritoneum.

CONCLUSION(S): In our preliminary experience of umbilical two-port laparoscopic percutaneous extraperitoneal closure using a hook-needle or a forcep-needle, in view of the instrumental convenience and safety, the double-arm and smooth outer surface designs of the forcep-needle contained more spatial orientation perceptions and safety.

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Publisher

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Year of Publication

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48.

Long lasting effect on testes following methylene blue injection in laparoscopic lymphatic sparing varicocelectomy.

Hung J.W.S., Chung K.L.Y., Yam F.S.D., Lai N.T.Y., Suen M.M.Y., Chin V.H.Y., Leung M.W.Y.

Embase

Journal of Pediatric Urology. (no pagination), 2022. Date of Publication: 2022.

[Article]

AN: 2021607752

Objective: Injection of methylene blue to testis has been shown to have adverse effect in animal studies but it is still being used frequently as lymphatic mapping agent during lymphatic sparing varicocelectomy in adolescent varicoceles. We aim to report postoperative ultrasound changes after subaortic injection of methylene blue in human testes. Study design: A retrospective observational study of consecutive patients under 18 years old undergoing laparoscopic varicocelectomy from August 2017 to August 2021 was performed. Demographics such as age, symptoms, pre-operative testicular volume was collected. Primary outcome was change on testicular ultrasound at 3, 6, 12 months after the operation. Secondary outcome was testicular volume difference between affected and unaffected testes, and growth rate of affected testis at 1 year after the operation.

Result(s): Fifty-eight patients were included, with median age of 15 years old (IQR 11-18 years). Thirty-one patients had non-lymphatic sparing varicocelectomy (Group A) and 27 patients had lymphatic sparing varicocelectomy (Group B). There was no statistical difference between the mean testicular volume difference between the two groups, but hydrocele rate was significantly higher in Group A (16% vs 0%, $p = 0.03$). In group B, 6 patients (22.2%, $p = 0.005$) developed testicular change detectable by ultrasound. No statistical difference could be demonstrated for median testicular size difference (between affected and unaffected testes) at 1 year between group with and without ultrasound change (-23% vs 0%, $p = 0.36$). Median follow up time was 20.4 months (IQR 5-32 months).

Discussion(s): Varicocele treatments improve testicular volume and increase total sperm concentration and lymphatic sparing surgery significantly decreased post-operative hydrocele rates [2]. Different agents have been used to delineate lymphatic vessels and one commonly used agent is methylene blue [10,15-16]. However it has been shown in other animal studies that intraparenchymal injection of methylene blue to rat testis result in degenerative changes [18]. Our study is the first to describe post-operative changes of human testes on imaging after lymphatic sparing varicocelectomy with subaortic injection of methylene blue. Six patients (22.2%) demonstrated new onset testicular changes on post-operative ultrasound. Although no statistically significant testicular volume reduction was seen in the group with change on imaging, these observations may serve as a surrogate marker for testicular injury or reduced testicular function. It will be desirable for future studies if we can investigate it further with hormonal markers or semen analysis after puberty has been reached.

Conclusion(s): Lymphatic sparing procedure reduced post-operative hydrocele in adolescent varicocele, however long-lasting effect on testis is evident with subaortic injection of methylene blue. This agent must be used with caution and long term follow up of these patients are needed.[Formula presented] [Table presented]

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Publisher

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49.

Clinicopathological Profile And Management Of Scrotal Swellings In Adults In A Tertiary Care Hospital.

Mehdi S., Ahmed M.N., Farhat D., Mohsin M.

Embase

JK Practitioner. 27(1-2) (pp 16-20), 2022. Date of Publication: January 2022.

[Article]

AN: 2021293606

Background: Scrotal swellings represent a common condition in surgical practice although there is limited literature available that encompasses the multitude of scrotal pathologies in adults. Aims and Objectives: The study aimed to analyze the etiology, modes of presentation, management and complications of different types of scrotal swellings in adults.

Material(s) and Method(s): Over a period of two years 400 male patients with scrotal swellings of age 14 years and above were studied. All the patients were evaluated according to a preformed proforma including an elaborate history, a detailed clinical examination, routine investigations and specific investigations if any like scrotal ultrasonography, ultrasonography of abdomen, contrast enhanced computed tomography of abdomen and serum tumor markers. The post-operative course including all complications were documented.

Result(s): Mean age was 40.47 +/- 10.67 years. Epididymo-orchitis was the most common cause. UTI was the commonest predisposing factor (n= 152) and E.coli was the most common organism isolated. Out of eight cases of testicular tumors encountered in our study seven were malignant tumors amongst which one had a lymphoma testis. Two hundred and sixteen patients were operated. Jaboulay's procedure was the most common surgery done. Orchiectomy was done for all 12 cases of torsion testis, as all of them had gangrene of testis. All complications were recognised in the hospital and managed with good results except two patients who had recurrence of varicocele and had to be reoperated.

Conclusion(s): A careful history taking and examination are usually enough to arrive at diagnosis in scrotal swellings, but ancillary investigations like grey scale ultrasound and colour doppler ultrasound are also needed to differentiate certain conditions.

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Publisher

JK Practitioner

Year of Publication

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50.

An exploration into the application of specialty-orientated CBL pedagogy in undergraduate teaching in pediatric surgery.

Ma W., Gao H., Liu X., Chang M., Jia C., Sun F.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 948853. Date of Publication: 04 Nov 2022.

[Article]

AN: 2020133266

Objective: This study aims to identify whether the specialty-oriented case-based learning (CBL) pedagogy contributes to the teaching of basic theory and practical operation in undergraduate clinical teaching in pediatric surgery, and to assess the satisfaction of undergraduates.

Method(s): A total of 72 undergraduates in Grade 2016 who interned at Qilu Hospital of Shandong University were enrolled in this study. All these undergraduates voluntarily participated in this experimental study. They were randomly divided into the experimental group (the CBL group, n = 36) and the control group [the traditional lecture-based learning (LBL) group, n = 36] with the assistance of random number tables. In the control group, a traditional pedagogy was adopted and the knowledge in the textbook was explained according to the syllabus. In the experimental group, a specialty-oriented CBL pedagogy was adopted under the guidance of clinical instructors. After the teaching, a comparison was drawn between both groups in respect of the theoretical exam and practical exam scores. In addition, the teaching results were evaluated by a questionnaire survey.

Result(s): The average theoretical exam scores and comprehensive scores of undergraduates in the CBL group were higher than those in the LBL group ($P < 0.05$). There was no significant difference in the practical exam scores between the CBL group and the LBL group ($P > 0.05$). However, those undergraduates in the CBL group attained higher scores in doctor-patient communication and perioperative diagnosis and treatment ($P < 0.05$). According to the questionnaire survey, the undergraduates in the CBL group had higher satisfaction than those in the LBL group. Besides, this specialty-oriented CBL pedagogy had higher performance in improving their ability to solve problems independently and cultivating and expanding their knowledge compared with the traditional pedagogy. Meanwhile, this specialty-oriented CBL pedagogy can cultivate the critical thinking of undergraduates, which could increase their learning efficiency and improve their interest in learning.

Conclusion(s): This specialty-oriented CBL pedagogy could improve the mastery of professional knowledge, course satisfaction, doctor-patient communication ability in clinical practice, and perioperative diagnosis and treatment ability of these undergraduates. Therefore, it is worthwhile to recommend and popularize this pedagogy in undergraduate clinical teaching in pediatric surgery.

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Publisher

Frontiers Media S.A.

Year of Publication

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51.

Trends in the treatment of undescended testes: a pediatric tertiary care center experience from Croatia.

Baskovic M., Zaninovic L., Sansovic I., Measic A.M., Katusic Bojanac A., Jezek D.

Embase

World Journal of Pediatric Surgery. 5(4) (no pagination), 2022. Article Number: e000461. Date of Publication: 31 Oct 2022.

[Article]

AN: 2021122686

Objective Undescended testes (UDT) is the most common anomaly of the male genitourinary tract. The guidelines suggest that orchidopexy in congenitally UDT should be performed between 6 months and 18 months of age, while in acquired UDT, orchidopexy should be performed before puberty. Delay in treatment increases the risk of cancer and infertility. The main aim of this study was to determine whether we meet international standards in the treatment of UDT. Methods The present study included all boys who underwent orchidopexy either due to congenital or acquired UDT in 2019 (from January 1 to December 31). For each group, laterality, location, associated anomalies, premature birth and in how many cases ultrasound was applied were determined. Additionally, for each group, the types of surgery, the number of necessary reoperations, and in how many cases atrophy occurred were determined. Finally, ages of referral, of clinical examination, and of orchidopexy were determined. Results During this period, 198 patients with 263 UDT underwent orchidopexy. The median time of orchidopexy for the congenital group was 30 months, while that for the acquired group was 99 months. In the congenital group up to 18 months of age, orchidopexy was performed in 16 (16%) boys, while in the acquired group up to 13 years of age, orchidopexy was performed in 95 (96.94%) boys. Conclusion Given the well-known risks of late treatment of UDT, orchidopexy needs to be performed much earlier, especially in the congenital group.

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Testicular regression syndrome: A retrospective analysis of clinical and histopathological features in 570 cases.

He T.-Q., Wen R., Zhao Y.-W., Liu L., Hu J.-J., Liu Y., Peng Q.-L.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 1006880. Date of Publication: 31 Oct 2022.

[Article]

AN: 2020103679

This study aimed to analyze the clinical features and pathological findings of the largest reported case series of testicular regression syndrome (TRS). Data, including age, affected side, color Doppler ultrasound results, surgical methods, intraoperative conditions, and pathological examinations, of children with unilateral TRS who were treated in our center from December 2012 to November 2021 were retrospectively analyzed. A total of 570 patients were included in this study. The mean age at surgery was 38 (range, 5-193) months. There were 457 cases (80.2%) of left TRS. Preoperative color Doppler ultrasonography found nubbins in 172 cases (30.2%). The long diameter of the contralateral testis was 17.11 (+/-4.22) mm, and the volume was 0.81 (+/-1.15) ml. The long diameter was ≥ 1.6 cm in 62.0% of the patients (240/387) aged ≤ 3 years. Laparoscopy was performed as the initial surgical step in 513 cases, of which 96.7% of the children had closed internal rings. One or more lesions of fibrosis, hemosiderin, and calcification were found in 92.4% (474/513) of the excised remnants. Germ cells were present in 16 cases (3.1%). In conclusion, TRS is more common on the left side and is usually accompanied by a closed internal ring and compensatory hypertrophy of the contralateral testis. Germ cells are only present in cases where the spermatic vessels enters the internal ring. We recommend that further exploration and excision of the remnants may not be applicable in cases where only the vas deferens has entered the internal ring.

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Publisher

Frontiers Media S.A.

Year of Publication

2022

53.

Ultrasonographical features of perinatal testicular torsion: an assessment of interobserver variability among radiologists and pediatric urologists.

Yadav P., Erlich T., Zlotnik M., Khondker A., O'Kelly F., Traubici J., Chua M.E., Koyle M.A.

Embase

Pediatric Surgery International. 38(12) (pp 2053-2058), 2022. Date of Publication: December 2022.

[Article]

AN: 2019660217

Purpose: To retrospectively compare interpretations of Doppler ultrasound (US) in newborns with confirmed perinatal testicular torsion (PTT) by an experienced faculty (staff) pediatric radiologist (SPR), pediatric radiology fellow (PRF), pediatric urology fellow (PUF) and staff pediatric urologist (SPU).

Method(s): US images of 27 consecutive males with PTT between May 2000 and July 2020 were retrieved. The testicles were classified as affected or non-affected by PTT. We performed a

blinded comparison of interpretation by four assessors (SPR, PRF, PUF, SPU), with respect to the US features of PTT. Paired inter-rater agreement was calculated using Cohen's Kappa (kappa) and overall agreement was assessed using Fleiss' kappa.

Result(s): Overall comparison using Fleiss' kappa found fair agreement for most features except testicular echogenicity and echogenic foci at interface for which there was poor agreement.

Paired comparisons revealed better agreement between the SPR and PRF compared to the remaining two pairs, suggesting a need for the pediatric urologists (PUF and SPU) to acquaint themselves with testicular ultrasonography as this may have an impact on patient risk stratification and the quality of information given to parents.

Conclusion(s): This study highlights the need for focused training program for pediatric urologists to attain similar agreement as the radiologists, suggesting a need for the pediatric urologists (PUF and SPU) to acquaint themselves with testicular ultrasonography as this may have an impact on patient risk stratification and the quality of information given to parents.

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Embase

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54.

Skipping the cord during laparoscopic percutaneous internal ring suturing in children, is it reasonable?.

Ergun E., Yagiz B.

Embase

Pediatric Surgery International. 38(12) (pp 2013-2018), 2022. Date of Publication: December 2022.

[Article]

AN: 2019659793

Background: As a minimally invasive procedure, laparoscopic inguinal hernia repair in children was introduced. Percutaneous internal ring suturing (PIRS) is a popular technique. The main concern is that the spermatic cord will be trapped and/or the vasculature of the testes will be damaged in boys. This can be avoided by performing a careful dissection or by skipping the peritoneum over the cord and/or the vessels. The aim of the study was to compare the incidence of recurrence or complication (e.g. hydrocele) in children with skipped peritoneum on the cord and/or vessels compared to those without skipped peritoneum during laparoscopic PIRS repair.

Method(s): The charts of children who underwent laparoscopic PIRS repair for inguinal hernia between 2017 and 2021 were analyzed. Complications and recurrence were assessed. The video

recordings were viewed, and data on skipping (group 1) or not skipping (group 2) the peritoneum on vas deferens was recorded. The rates of recurrence and complications were compared between groups.

Result(s): There were 101 boys with a total of 125 inguinal hernias in the study. There were 45 right-sided hernias, 32 had left-sided hernias, and 24 had bilateral hernias. According to the video investigation, there were 63 hernias in group 1 and 62 hernias in group 2. In each group, there were two recurrences (3% for both groups). There were no other postoperative complications.

Conclusion(s): To avoid spermatic cord or vessel damage, skipping the cord appears to be an acceptable path that does not appear to increase recurrence or complication rates while also ensuring the safety of spermatic structures.

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Publisher

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55.

Predictive scores failing at identifying psychiatric disabilities following childhood bacterial meningitis calls for revision of current follow-up guidelines.

Johansson Kostenniemi U., Silfverdal S.-A.

Embase

Infectious Diseases. 54(7) (pp 514-521), 2022. Date of Publication: 2022.

[Article]

AN: 2015336485

Backgrounds: Psychiatric disabilities affect one in three survivors of bacterial meningitis. Since current guidelines do not recommend psychiatric follow-up in all children, disabilities are often detected late. Identifying children with elevated risk of psychiatric disabilities using predictive scores could be one strategy for detecting psychiatric disabilities without having to conduct psychiatric evaluations in all children. Therefore, we searched for existing predictive scores and later tested five predictive scores' ability to predict psychiatric disabilities following childhood bacterial meningitis.

Method(s): From an existing dataset, we selected 73 children with bacterial meningitis of whom 22 later developed psychiatric disease and 15 experienced concentration or learning difficulties. Using these, we tested each predictive score's sensitivity at their cut-off level for predicting psychiatric disease and concentration or learning difficulties using a chi-square test. Furthermore, we performed a receiver operating characteristic curve (ROC) analysis to assert the area under the curve (AUC) as a measure of overall predictive performance.

Result(s): The sensitivity of each predictive score' ranged from 6 to 38% for psychiatric disease and from 8 to 57% for concentration or learning difficulties. In the ROC-analysis, the AUC was 0.59-0.73 and 0.53-0.72, respectively.

Conclusion(s): All predictive score failed at identifying children later developing psychiatric disabilities, excluding this as a feasible strategy for detecting psychiatric disabilities. Hence,

current guidelines for bacterial meningitis need to be revised to recommend psychiatric evaluations in all children. KEY NOTES Current guidelines not recommending psychiatric evaluations in all children following bacterial meningitis may result in late detection of psychiatric disabilities. We tested predictive scores' ability to identify children later developing psychiatric disabilities following bacterial meningitis. All predictive score failed at identifying children later developing psychiatric disabilities, excluding this as a feasible strategy. Hence, current guidelines for bacterial meningitis need to be revised to recommend psychiatric evaluations in all children. Copyright © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

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Publisher

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56.

The December effect in pediatric elective surgery utilization: differences between privately and publicly insured children.

Gil L.A., McLeod D., Pattisapu P., Minneci P.C., Cooper J.N.

Embase

Journal of Pediatrics. (no pagination), 2022. Date of Publication: 2022.

[Conference Paper]

AN: 2021159263

Objectives: The objective of this study was to identify differences in December elective surgery utilization between privately and publicly insured children, given that increases in the prevalence and size of annual deductibles may be driving more families with commercial health insurance to delay elective pediatric surgical procedures until later in the calendar year. Study design: We identified patients aged <18 years who underwent myringotomy, tonsillectomy +/- adenoidectomy, tympanoplasty, hydrocelectomy, orchidopexy, distal hypospadias repair, or repair of inguinal, umbilical, or epigastric hernia using the 2012-2019 state inpatient and ambulatory surgery and services databases of 9 states. Log-binomial regression models were used to compare relative probabilities of procedures being performed each month. Linear regression models were used to evaluate temporal trends in the proportions of procedures performed in December.

Result(s): Our study cohort (n = 1 001 728) consisted of 56.7% privately insured and 41.8% publicly insured children. Peak procedure utilization among privately and publicly insured children was in December (10.1%) and June (9.6%), respectively. Privately insured children were 24% (95% CI 22%-26%) more likely to undergo surgery in December (P <.001), with a significant increase seen for 8 of 9 procedures. There was no trend over time in the percentage of procedures performed in December, except for hydrocelectomies, which increased by 0.4 percentage points/year among privately insured children (P =.02).

Conclusion(s): Privately insured children are >20% more likely than publicly insured children to undergo elective surgery in December. However, despite increases in the prevalence of high deductibles, the proportion of procedures performed in December has not increased over recent years.

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57.

Laparoscopic versus open inguinal hernia repair in infants: an initial experience.

Leng S., Jackson T., Houlton A., Dumitriu E., Pacilli M., Nataraja R.

Embase

ANZ journal of surgery. 92(10) (pp 2505-2510), 2022. Date of Publication: 01 Oct 2022.

[Article]

AN: 639253874

BACKGROUND: Inguinal hernia repair is a common operation performed in children. In Australia, open repair (OR) continues to be the preferred method of treatment in infants, despite laparoscopic repair (LR) gaining popularity amongst some international centres. Our aim was to analyse initial outcomes with LR at our paediatric centre.

METHOD(S): We conducted a retrospective review of all patients <1 year of age who received LR or OR between January 2017 and July 2021 at our institution. Data were retrieved from both electronic and scanned medical records. Data were analysed using an unpaired t-test, Mann-Whitney test, Fisher's exact test or simple linear regression. A P-value <0.05 was considered significant.

RESULT(S): A total of 376 patients were identified: LR was performed in 73 patients, and OR in 303 patients. Bilateral repair was more common amongst patients receiving LR: 56.2% versus 21.5%, P =0.0001, treating either a symptomatic hernia or an intra-operative contralateral inguinal defect (70%). All LR patients received general anaesthetic, compared to 82.8% of patients in the OR group, P =0.0001. There were no recurrences following LR and 3 with OR (P =1.0). The metachronous contralateral inguinal hernia rate following OR was 10% (21/206). There was no significant difference in other complications, including wound infection, haematoma, testicular atrophy, and hydrocele formation.

CONCLUSION(S): In our population OR was performed more often than LR. Operative complication rates were equivalent between OR and LR groups. However, infants that underwent OR were significantly more likely to develop a MCIH.

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58.

Tele-consent using mixed reality glasses (NREAL) in pediatric inguinal herniorrhaphy: a preliminary study.

Yun W.-G., Youn J.K., Ko D., Yeom I., Joo H.-J., Kong H.-J., Kim H.-Y.

Embase

Scientific reports. 12(1) (pp 3105), 2022. Date of Publication: 24 Feb 2022.

[Article]

AN: 637360128

There is an increasing demand and need for patients and caregivers to actively participate in the treatment process. However, when there are unexpected findings during pediatrics surgery, access restrictions in the operating room may lead to a lack of understanding of the medical condition, as the caregivers are forced to indirectly hear about it. To overcome this, we designed a tele-consent system that operates through a specially constructed mixed reality (MR) environment during surgery. We enrolled 11 patients with unilateral inguinal hernia and their caregivers among the patients undergoing laparoscopic inguinal herniorrhaphy between January through February 2021. The caregivers were informed of the intraoperative findings in real-time through MR glasses outside the operating room. After surgery, we conducted questionnaire surveys to evaluate the satisfaction and usefulness of tele-consent. We identified contralateral patent processus vaginalis in seven out of 11 patients, and then additionally performed surgery on the contralateral side with tele-consent from their caregivers. Most caregivers and surgeons answered positively about the satisfaction and usefulness of tele-consent. This study found that tele-consent with caregivers using MR glasses not only increased the satisfaction of caregivers and surgeons, but also helped to accommodate real-time findings by adapting surgical plan through the tele-consent.

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59.

Laparoscopic Hydrocelectomy of Encysted Hydrocele of the Canal of Nuck with High Ligation in Children or Iliopubic Tract Repair in Adults.

Lee S.R.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(6) (pp 684-689), 2022. Date of Publication: 01 Jun 2022.

[Article]

AN: 638202816

Background: Encysted hydrocele of the canal of Nuck (EHCN) is homologous to spermatic cord hydrocele in males. EHCN causes swelling in the inguinal region and should be considered in the differential diagnosis of inguinal hernias and masses in females. Complete excision and internal inguinal ring closure are the recommended treatments for symptomatic EHCN. In this study, we aimed at evaluating the safety and feasibility of laparoscopic hydrocelectomy, as well as age-appropriate procedures for EHCN.

Material(s) and Method(s): The medical records of 161 female adults and children, who underwent laparoscopic transabdominal hydrocelectomy from January 2014 to December 2020 at a single institution, were reviewed retrospectively and symptoms, location of EHCN, type of fluid in EHCN, postoperative complications, recurrence, and operating time were analyzed.

Laparoscopic hydrocelectomy was performed and the internal inguinal ring was closed with high ligation in children and iliopubic tract repair (IPTR) in adults.

Result(s): Fifty-two pediatric (age 2-11 years) and 109 adult (age 21-51 years) female patients were included. More adult patients had inguinal pain (34.9%, 38/109) compared with children (3.8% 2/52) ($P < .001$). More EHCNs were located in the inguinal canal than protruding into the abdominal cavity in both groups. Regarding the fluid characteristics, hemorrhagic and inflammatory hydroceles were more common in adults than in children ($P < .001$). There were no serious complications, neither recurrence nor chronic pain was observed in either group except for a surgical-site hematoma in 1 adult patient.

Conclusion(s): Laparoscopic hydrocelectomy together with additional age-appropriate procedures, including high ligation in children and IPTR in adults, is a safe and feasible method for treating EHCN.

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Publisher
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60.

Optimizing the Working Space for Single-Port Laparoscopic Totally Extraperitoneal Closure of Inguinal Hernia with TPV Protocol in Infants and Young Children.

Gu S., Wang Y., Bao J., Luo H.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(6) (pp 690-695), 2022. Date of Publication: 01 Jun 2022.

[Article]

AN: 638202813

Purpose: To evaluate the outcomes of single-port laparoscopic internal ring closure of inguinal hernia, optimized according to TPV (tilt, pad, and void) protocol, in infants and young children. Method(s): From August 2018 to March 2021, a prospective cohort study was conducted including 400 patients younger than 3 years with either left-or right-side inguinal hernia treated with single-port laparoscopic totally extraperitoneal (TEP) closure of the internal ring using a two-hooked core needle apparatus. Patients whose hospitalization ID ended with an odd number were included in group A (n = 200). They were surgically treated with single-port laparoscopy optimized according to TPV protocol, in which the operating table was placed at a 30degree head-down tilt position (tilt), the hip was padded by 4-5 cm (pad), and the bladder was voided (void). The remaining patients in group B (n = 200) were conventionally treated with single-port laparoscopic TEP closure of the internal ring. Success rate of surgery, surgery duration, and postoperative complications of two groups were compared.

Result(s): A significantly higher success rate of surgery was detected in group A than in group B (198/200 versus 182/200, P <.05). Regardless of unilateral or bilateral inguinal hernia, surgery duration was significantly shorter in group A than in group B (unilateral inguinal hernia, 14.38 +/- 2.85 minutes versus 21.17 +/- 4.47 minutes; bilateral inguinal hernia, 20.73 +/- 4.58 minutes versus 28.99 +/- 4.12 minutes, both P <.05). In addition, the incidence of postoperative complications was significantly lower in group A (1/200 versus 8/200).

Conclusion(s): TPV protocol to optimize working space for single-port laparoscopic TEP closure of inguinal hernia can increase the success rate, shorten surgery duration, and decrease the incidence of postoperative complications.

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61.

Clinical Investigation and Management of Scrotal Cysts.

Khaja M.A., Khaleel M.I.

Embase

European Journal of Molecular and Clinical Medicine. 9(7) (pp 805-811), 2022. Date of
Publication: June 2022.

[Article]

AN: 2020685233

Background: Scrotal cystic swellings can grow to enormous sizes without generating any pain. They are often painless. It is necessary to research the best method of care for each type of scrotal cystic swelling that can be treated in nizams institute as there are several ways to treat different cystic swellings. Martial and Methods: One hundred cases of scrotal cystic swellings that satisfied the methodological criteria were examined in advance. Ultrasonography of the scrotum and a clinical examination led to the final diagnosis. Surgery was used to treat every instance. Result(s): The majority of patients (60%) were right-handed, and the majority of the patients (86%) had scrotal swelling as their primary complaint. Primary vaginal hydrocele was the most prevalent cystic swelling (76%) and was followed by epididymal cyst, spermatocele, and sebaceous cyst. The treatment known as the Lord's plication was linked to early patient discharge and few post-operative problems.

Conclusion(s): The most typical cystic enlargement of the scrotum was primary vaginal hydrocoele. The majority of the cystic swells were successfully surgically corrected. Lord's surgical technique had the fewest post-operative complications.

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62.

Efficacy of different doses of intranasal dexmedetomidine in preventing emergence agitation in children with inhalational anaesthesia: A prospective randomised trial.

Lei D.-X., Wu C.-J., Wu Z.-Y., Wang L.-Y., Zhao Q., She Y.-J.

Embase

European Journal of Anaesthesiology. 39(11) (pp 858-867), 2022. Date of Publication: 01 Nov 2022.

[Article]

AN: 2020580160

BACKGROUND Emergence agitation is a common paediatric complication after inhalational anaesthesia. Intranasal dexmedetomidine can prevent emergence agitation effectively, but the optimal dose is uncertain. **OBJECTIVE** The aim of our study was to investigate the 95% effective dose (ED₉₅) of intranasal dexmedetomidine for the prevention of emergence agitation after inhalational anaesthesia for paediatric ambulatory surgery. **DESIGN** A prospective, randomised, placebo-controlled, double-blind, clinical trial. **SETTING** The study was conducted in Guangzhou Women and Children's Medical Center in China from August 2017 to December 2018. **PATIENTS** Three hundred and eighteen children scheduled for ambulatory surgery were enrolled into two age groups of less than 3 years and at least 3 years. **INTERVENTION** The children in each age group were randomised into five equal subgroups to receive either intranasal dexmedetomidine 0.5, 1.0, 1.5 or 2.0 µg kg⁻¹ (Groups D0.5, D1.0, D1.5 and D2.0), or intranasal isotonic saline (group C) after induction. **MAIN OUTCOME MEASURE** The primary outcome was the ED₉₅ dose of intranasal dexmedetomidine for preventing emergence agitation after inhalational anaesthesia for paediatric ambulatory surgery. **RESULTS** The incidences of emergence agitation for Groups C, D0.5, D1.0, D1.5 and D2.0 were 63, 40, 23, 13 and 3% in children less than 3 years, and 43, 27, 17, 7 and 3% in children at least 3 years. The ED₉₅ of intranasal dexmedetomidine for preventing emergence agitation was 1.99 µg kg⁻¹ [95% confidence interval (CI), 1.83 to 3.80 µg kg⁻¹] in children less than 3 years, and 1.78 µg kg⁻¹ (95% CI, 0.93 to 4.29 µg kg⁻¹) in children at least 3 years. LMA removal time for groups D1.5 and D2.0 was 9.6 ± 2.2 and 9.7 ± 2.5 min, respectively, for children less than 3 years, and 9.4 ± 2.0 and 9.9 ± 2.7 min in children at least 3 years, respectively. Length of stay in the postanesthesia care unit for Groups D1.5 and D2.0 was 34.3 ± 9.6 and 37.1 ± 11.2 min, respectively, in children less than 3 years, and 34.7 ± 10.2 and 37.3 ± 8.3 min in children at least 3 years, respectively. These times were longer in the D1.5 and D2.0 subgroups than in the control subgroup in the two age groups of less than 3 years and at least 3 years, respectively: 7.2 ± 1.9 min in children less than 3 years and 7.3 ± 2.5 min in children at least 3 years for LMA removal time, 22.2 ± 7.9 min in children less than 3 years and 22.0 ± 7.7 min in children at least 3 years for PACU stay time in control subgroup, respectively (P < 0.05). **CONCLUSION** Intranasal dexmedetomidine prevented emergence agitation after paediatric surgery in a dose-dependent manner. The optimal dose of intranasal dexmedetomidine for preventing emergence agitation was higher in younger children. **TRIAL REGISTRY** chictr.org.cn: ChiCTR-IOR-17012415.

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63.

Clinical Significance of Terminal Syringomyelia and Accompanying Congenital Anomalies of Neurosurgical Interest in Adult and Pediatric Patients with Tethered Cord Syndrome.

Rakip U., Canbek I., Yildizhan S., Boyacl M.G., Cengiz A., Aslan A.

Embase

Journal of Child Science. 12(1) (pp E92-E103), 2022. Date of Publication: 19 Sep 2022.

[Article]

AN: 2020423594

Magnetic resonance imaging (MRI) can be used to examine tethered cord syndrome (TCS) and terminal syringomyelia (TS). Additionally, there is increasing evidence of an association between congenital anomalies and TCS. We aimed to identify the clinical and radiological characteristics of syringomyelia and other anomalies in pediatric and adult patients with TCS. This study included 54 TCS patients (mean age, 17.37 +/- 15.83 years; 31 females) admitted to our department between 2010 and 2019. The patients were divided into two age groups: pediatric (<18 years; 63%) and adult (>18 years). Clinical findings, direct vertebrae radiographs, lower extremity radiographs, and spinal/cranial MRI findings were used to evaluate all patients.

Computed tomography (CT) was performed to reveal the structure of the septum in patients with Diastematomyelia. Cranial ultrasonography or CT was performed if the fontanel was open or closed, respectively, in pediatric hydrocephalus cases. Pelvic ultrasonography and urodynamic tests were performed to evaluate other comorbid anomalies and urinary system pathologies. A thick filum terminale (73.3%) and diastematomyelia (44.4%) were found to cause spinal tension. The most common accompanying pathology was syringomyelia (78%). The common symptoms were urinary incontinence and bowel problems (71%), scoliosis (68%), and progressive lower extremity weakness (64.4%). It is difficult to distinguish the exact cause of symptoms in patients with TCS and TS. Due to the greater occurrence of other congenital spinal anomalies accompanying TCS, both preoperative symptoms and clinical findings are more severe in the pediatric group than in the adult group, and postoperative results may be more negative.

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Publisher

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64.

Laparoscopic Percutaneous Extraperitoneal Closure for Hydrocele of the Canal of Nuck in Children.

Deguchi K., Saka R., Nomura M., Masahata K., Watanabe M., Kamiyama M., Ueno T., Tazuke Y., Okuyama H.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(9) (pp 1022-1026), 2022.

Date of Publication: 01 Sep 2022.

[Article]

AN: 2020328852

Background: Hydrocele of the canal of Nuck (HCN) is a rare cause of inguinal swelling in women. The optimal surgical procedure for HCN in children remains unclear. To assess the safety and efficacy of laparoscopic percutaneous extraperitoneal closure (LPEC) for HCN in a pediatric population, a retrospective study was conducted. In addition, to clarify the pathogenesis of HCN, we assessed the morphological findings of the internal inguinal ring (IIR).

Material(s) and Method(s): We retrospectively analyzed 10 consecutive female patients with HCN who underwent LPEC at our hospital between January 2010 and May 2020. Age, operative time, and complications were recorded. Concerning the findings of the IIR, we classified the morphological features as follows: Type 1 (flat), Type 2 (narrow patent processus vaginalis [PPV] with a peritoneal veil), and Type 3 (widely opening PPV).

Result(s): The median age of patients who underwent LPEC was 3 (1-12) years. Although 2 patients showed contralateral inguinal hernia (IH), there were no cases of ipsilateral IH. All patients showed ipsilateral PPV, and the morphological features of the IIR were mostly classified as Type 3 (70%). In total, 6 of 8 HCN cases without preoperatively diagnosed contralateral IH had contralateral PPV (75%), and all were closed by LPEC. All operations were accomplished laparoscopically, and the postoperative course was uncomplicated, with no recurrences observed during the study period.

Conclusion(s): LPEC is a safe and simple surgical approach to repair the HCN in children with minimal complications.

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Publisher

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65.

A prospective assessment of the utility of high-resolution ultrasound and color doppler in evaluating the scrotal pathologies.

Kumar K.S.S., Pagadala S.D.

Embase

European Journal of Molecular and Clinical Medicine. 9(5) (pp 314-320), 2022. Date of Publication: June 2022.

[Article]

AN: 2020222631

Aim: To classify (etiologically) and to evaluate various scrotal pathologies using ultrasonography and describe the role of high-resolution ultrasound and colour doppler in their diagnosis and differentiation.

Method(s): A prospective study was conducted in the RVM Institute of Medical Sciences & Research Centre, Laxmakkapally, Telangana, India for the period of 1 year. The 100 patients with clinical features of scrotal diseases were include in this study. All the patients included in the study underwent scrotal ultrasonography using 7.0-12.0 MHZ high frequency linear array transducer coupled with Colour Doppler in Esaote My Lab 40 and Phillips affinti 70G equipments.

Result(s): The patients most commonly involved were those belonging to the age group of 30 to 40 years (38%). The least number of patients belonged to the age group of 0-10 years (4%). On USG, the total number of lesions detected were 120. The most common cause of scrotal pathologies was hydrocele (n=31, 25.83%) followed by epididymal cyst (n=20, 16.67%), epididymo-orchitis (n=16, 13.33%), epididymitis (n=9; 7.5%), funiculitis (n=8, 6.67%), varicocele (n=7, 5.83%), pyocele (n=6, 5%), testicular torsion (n=5, 4.17%), testicular abscess (n=5, 4.17%), inguino-scrotal hernia (n=4, 3.33%), testicular microlithiasis (n=3, 2.5%), testicular tumour (n=3, 2.5%) and tubercular epididymo-orchitis (n=3, 2.5%). The number of scrotal lesions seen on the left side were 45(37.5%), on the right side were 35 (29.17%) and in bilateral locations were 20(16.67%). Associated symptoms included swelling, pain, fever and infertility. Almost all the scrotal pathologies were associated with scrotal swelling (n=97, 97%) except in 3 cases.

Epididymal cysts were seen in 20 patients, Acute epididymo-orchitis (n=16) was most commonly seen on the left side. Hydrocele (n=31) was the most common scrotal pathology detected in this study. Varicocele 7 patients was most commonly seen on the left side. Testicular torsion was detected in 5 (n = 5) patients. 3 (n=3, 60%) patients had right testicular torsion.

Conclusion(s): High frequency ultrasonography with Color Doppler study serves as an excellent diagnostic imaging modality in the evaluation of scrotal diseases. It is the investigation of choice since it is highly sensitive, easy to perform, widely available, repeatable and involves no risk of ionizing radiation. Periodic follow-up USG scans are recommended for patients with inflammatory scrotal lesions to monitor response to treatment and to reveal the development of complications.

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2022

66.

Pitfalls and Practical Challenges in Imaging of the Pediatric Scrotum.

Chaudhry H., Siddiqi M., Simpson W.L., Rosenberg H.K.

Embase

Ultrasound Quarterly. 38(3) (pp 208-221), 2022. Date of Publication: 08 Sep 2022.

[Review]

AN: 2020144129

Ultrasound is the modality of choice for evaluation of the pediatric scrotum, as it provides excellent image quality without the use of radiation, need for sedation/anesthesia, or use of contrast material and can be used for serial examination. Ultrasound of the scrotum has proven to be useful for assessment of a wide gamut of congenital, infectious, inflammatory, endocrine,

neoplastic, and traumatic abnormalities in pediatric patients of all ages from the tiniest premature infant to a fully grown young adult. This review article presents a varied spectrum of conditions that may affect the pediatric scrotum, what the radiologist needs to know to meet the challenge of limiting the differential diagnosis, and how to avoid pitfalls when imaging the scrotum.

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Publisher

Lippincott Williams and Wilkins

Year of Publication

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67.

Single-port laparoscopic percutaneous extraperitoneal internal ring closure for paediatric inguinal hernia using a needle grasper.

Chen P., Li S., Yu L., Jin S., Su J., Yang Z., Sun X., Sun M.

Embase

Pediatric Surgery International. 38(10) (pp 1421-1426), 2022. Date of Publication: October 2022.

[Article]

AN: 2018458181

Background: Single-site laparoscopic percutaneous extraperitoneal closure has been widely used for the repair of paediatric inguinal hernia. In this study, we aimed to introduce the usage of a needle grasper in single-port laparoscopic herniorrhaphy in children.

Method(s): In our study, 447 children with inguinal hernia underwent single-port laparoscopic percutaneous extraperitoneal closure between October 2018 and October 2021 in Shenzhen Children' hospital were retrospectively reviewed.

Result(s): Among 447 patients, there were 396 males and 51 females with a mean age of 2.24 +/- 0.36 years. A contralateral patent processus vaginalis was present in 165 unilateral hernia patients. All patients underwent laparoscopic percutaneous extraperitoneal closure successfully without converting to open operation. The mean operating time in unilateral and bilateral hernia patients were 10.23 +/- 2.25 min and 14.54 +/- 2.81 min respectively. One patient had subcutaneous emphysema, two male patients had inguinal hernia recurrence and none had complications such as hydrocele and testicular atrophy. Additional 0.3 cm port was done in 4 cases. The mean follow-up time was 22.36 +/- 4.56 months.

Conclusion(s): Single-port laparoscopic percutaneous extraperitoneal closure of paediatric inguinal hernia using a needle grasper is a feasible and safe procedure. It has the advantages of fewer skin surgical incisions, short operating time, low complication and low recurrence rate.

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Publisher
Springer Science and Business Media Deutschland GmbH
Year of Publication
2022

68.

Pediatric surgery backlog at a Ugandan tertiary care facility: COVID-19 makes a chronic problem acutely worse.

Klazura G., Kisa P., Wesonga A., Nabukenya M., Kakembo N., Nimanya S., Naluyimbazi R., Sekabira J., Ozgediz D., Langer M.

Embase

Pediatric Surgery International. 38(10) (pp 1391-1397), 2022. Date of Publication: October 2022. [Article]

AN: 2018352043

Background: 1.7 billion of the world's 2.2 billion children do not have access to surgical care. COVID-19 acutely exacerbated this problem; delaying or preventing presentation and access to surgical care globally. We sought to quantify the effect of COVID-19 on children requiring surgery in Uganda.

Method(s): Average monthly incident, elective pediatric surgical patient volume was calculated by sampling clinic logs before and during the pandemic, and case volume was quantified by reviewing operative logbooks for all surgeries in 2020 at Mulago Hospital, Kampala. Disability-Adjusted Life Years (DALYs) resulting from untreated disease were calculated and used to estimate economic impact using three different models.

Result(s): Expected elective pediatric surgery cases were 956. In 2020, pediatric surgery at Mulago was limited to 46 elective cases, approximately 5% of the expected incident cases, leading to a backlog of 910 patients and a loss of 10,620.12 DALYs. The economic impact of more than 10,000 disability years in Uganda is conservatively estimated at \$23 million USD with other measures estimating ~ \$120 million USD.

Conclusion(s): The COVID-19 pandemic limited access to pediatric surgery in Uganda, making a chronic problem acutely worse, with costly consequences for the children and health system.

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Publisher
Springer Science and Business Media Deutschland GmbH
Year of Publication
2022

69.

Sex Cord-Stromal Tumors of Testis: A Clinicopathologic and Follow-Up Study of 15 Cases in a High-Volume Institute of China.

Huang Y., Chen B., Cao D., Chen Z., Li J., Guo J., Dong Q., Wei Q., Liu L.

Embase

Frontiers in Medicine. 9 (no pagination), 2022. Article Number: 816012. Date of Publication: 31 May 2022.

[Article]

AN: 2017874535

Objectives: To report the first series of testicular sex cord-stromal tumors (TSCSTs) with detailed clinicopathologic findings and long-term follow-up in the Chinese population.

Patients and Methods: From 2008 to 2018, 15 patients with TSCST were included in our study. The tumors were analyzed for epidemiological parameters, clinical characteristics, tumor markers, therapy, and follow-up data.

Result(s): The median age of the patients was 28 years (range, 13-80 years). Para-aortic lymph node metastases were detected in 2 patients after radiological evaluation. Orchiectomy was performed in all patients, and the median diameter of the tumor was 1.5 cm (range, 0.5-5.0 cm). Nine Leydig cell tumors (LCTs), 5 Sertoli cell tumors (SCTs), and 1 unclassified type were confirmed after pathologic evaluation. Thirteen patients (86.7%) were categorized as stage I, and 2 patients (13.3%) were categorized as stage II. The median clinical follow-up was 39.0 months (range, 5-97 months), which showed 10 alive patients, such as 1 patient with progression at 40 months after orchiectomy. The 3- and 5-year progression-free survivals were 100 and 90.0%, respectively.

Conclusion(s): Testicular sex cord-stromal tumor at stages I and II is a rare subtype with benign behavior and a favorable prognosis in the Chinese population. However, lymph node metastases may be the dominant risk factor for patients with TSCST.

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Frontiers Media S.A.

Year of Publication

2022

70.

The technique and results of fenestrated laparoscopic-assisted internal Ring-rrhaphy (FLAIR) for boys with a high risk of recurrence inguinal hernia.

Shikha A., Han W.S.P., Wong J.

Embase

Journal of Pediatric Endoscopic Surgery. 4(3) (pp 99-111), 2022. Date of Publication: September 2022.

[Article]

AN: 2017868481

Introduction: The laparoscopic percutaneous inguinal hernia repair has gained popularity. One of the more popular percutaneous techniques involves hydrodissection and anterior diathermy. However, because these maneuvers may lead to injury and lack snugging of large hernias, a modified technique was meant to eliminate the diathermy and hydrodissection, create multiple needle injuries, incorporate transversalis fascia in the closure, and always skip over the vas deferens and vessels. Aim and method: An aggregational modified technique, based on the international collective experience and the available evidence, was defined and called Fenestrated Laparoscopic-Assisted Internal Ring-rrhaphy (FLAIR). The study provides a challenge to the FLAIR technique using it only in boys with a high risk for recurrence (HRH). Boys with HRH are defined to be patients younger than 1-year, strangulated hernia at any age, recurrent hernia after an open repair, or those with a very large hernia. Between July 2016 and December 2018 FLAIR was performed for HRH and cases were followed up until June 2021. Operative findings and complications were documented alongside any complications or complaints during follow-up.

Result(s): 73 HRH hernias were repaired with FLAIR. The HRH category was found to be 42 patients younger than 1-year-old, 16 strangulated hernias, 12 large hernias, and 3 recurrent hernias after an open repair. No intraoperative complications were encountered. The mean follow-up period was 38 months (24-52 months). No recurrence or testicular atrophy was encountered during the follow-up period. 3 patients were found to have a hydrocele at 6-week follow-up which resolved on the subsequent follow-up. The palpable subcutaneous knot was the complaint of 18% of the patients at the 6-week follow-up, but none caused concern at the 5-month follow-up.

Conclusion(s): The FLAIR technique is reliable and safe with no recurrence or complications over the mid-term follow-up.

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Publisher

Springer

Year of Publication

2022

71.

Testicular, Epididymal and Vasal Anomalies in Pediatric Patients with Cryptorchid Testes and Testes with Communicating Hydrocele.

Niedzielski J., Nowak M., Kucharski P., Marchlewska K., Slowikowska-Hilczer J.

Embase

Journal of Clinical Medicine. 11(11) (no pagination), 2022. Article Number: 3015. Date of Publication: June-1 2022.

[Article]

AN: 2016922581

The goal of this study was to determine the prevalence of the testicular, epididymal, and vasal anomalies (TEVA) in cryptorchid and communicating hydrocele pediatric patients. Six hundred and ninety-one prepubertal boys underwent inguinal exploration for 741 undescended (UDT) or hydrocele testes. Two hundred and fifty-five TEVA were detected in 154 UDT boys, compared to 32 defects in 24 hydrocele patients ($p < 0.001$). The TEVA were more frequent in bilateral UDT ($p = 0.009$). Multiple defects were observed more frequently in the intra-abdominal testicles ($p = 0.028$). A correlation was found between the testicular atrophy index (TAI) and the incidence and number of TEVA in the UDT boys ($p < 0.001$). The smaller the testis (higher TAI), the more the defects that appeared in it and the higher the frequency of their appearance. Another correlation was established between testis position and the incidence and number of TEVA ($p < 0.001$). The higher the testis position, the more the defects that appeared in it and the higher the frequency of their appearance. A correlation was established between the position and the volume of the affected testis ($p < 0.001$). The higher the gonad position, the more severe the atrophy observed in it. The TEVA were more frequent in the UDT boys than in the hydrocele patients. We revealed that the risk of abnormal fusion between the testis, epididymis, and vas deferens is connected with the testis position (intra-abdominal testes) and bilateral non-descent.

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Publisher

MDPI

Year of Publication

2022

72.

Risk factors for metachronous contralateral inguinal hernia after laparoscopic percutaneous extraperitoneal closure for unilateral inguinal hernia in children.

Mori H., Ishibashi H., Yokota N., Shimada M.

Embase

Surgery Today. 52(10) (pp 1491-1496), 2022. Date of Publication: October 2022.

[Article]

AN: 2015138372

Purposes: We use the laparoscopic percutaneous extraperitoneal closure (LPEC) method as the standard procedure for pediatric inguinal hernia. Despite judging there to be no contralateral patent processus vaginalis (PPV) at the time of the first LPEC, we experienced five cases in which metachronous contralateral inguinal hernia (MCH) developed, so we report the characteristics, including the predictors.

Method(s): For pediatric inguinal hernia, the LPEC method was used in 1277 cases from 2005 to 2019 in our department. Of these, 374 patients underwent unilateral LPEC, and we compared the 5 patients with MCH onset and the 369 without MCH onset. The items to be examined were the

gender, age, presence of a low birth weight, initial-onset side, and contralateral internal inguinal ring classification.

Result(s): There was no significant difference in the gender, age, initial-onset side, or contralateral internal inguinal ring classification between the two groups. Low-birth-weight infants were significantly more common among those with MCH than among those without MCH.

Conclusion(s): The only predictor of a contralateral onset after LPEC for pediatric inguinal hernia was a low birth weight. Therefore, for the above-mentioned unilateral LPEC cases, the possibility of a contralateral onset after LPEC due to acquired factors rather than congenital factors should be considered.

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Publisher

Springer

Year of Publication

2022

73.

Feasibility of percutaneous endoscopic gastrostomy insertion in children receiving peritoneal dialysis.

Kempf C., Holle J., Berns S., Henning S., Bufler P., Muller D.

Embase

Peritoneal Dialysis International. 42(5) (pp 482-488), 2022. Date of Publication: September 2022.

[Article]

AN: 2014218308

Background: Peritoneal dialysis (PD) is the preferred dialysis modality for paediatric patients with end-stage kidney disease. Frequently, malnutrition is encountered. Percutaneous endoscopic gastrostomy (PEG) is the preferred mode of feeding because of its minimal invasive mode of placement and easy handling in daily life. However, reports of a high risk for early post-interventional peritonitis hampered this procedure during PD and controlled studies on the benefit of peri-interventional management to prevent peritonitis are lacking. Here, we report the safety profile of PEG insertion among a cohort of children on PD by using a prophylactic antibiotic and antifungal regimen as well as modification of the PD programme.

Method(s): We performed a single-centre analysis of paediatric PD patients receiving PEG placement between 2015 and 2020. Demographic data, peri-interventional prophylactic antibiotic and antifungal treatment as well as modification of the PD programme were gathered and the incidence of peritonitis within a period of 28 days after PEG was calculated.

Result(s): Eight PD patients (median weight 6.7 kg) received PEG insertion. Antibiotic and antifungal prophylaxis were prescribed for median time of 4.0 and 5.0 days, respectively. After individual reduction of PD intensity, all patients continued their regular PD programme after a median of 6 days. One patient developed peritonitis within 24 h after PEG insertion and simultaneous surgery for hydrocele.

Conclusion(s): Applying an antibiotic and antifungal prophylactic regime as well as an adapted PD programme may reduce the risk for peritonitis in paediatric PD patients who receive PEG procedure.

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Publisher
SAGE Publications Inc.
Year of Publication
2022

74.

Modified Laparoscopic Percutaneous Extraperitoneal Closure Using a Sledge-Shaped Needle for Inguinal Hernia and Hydrocele in 1199 Pediatric Patients.

Hua Y., Wang C., Lu S., Yin B., Li X., Ke S., An Q., Xu Z., Ma Y.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 32(1) (pp 96-101), 2022. Date of Publication: 01 Jan 2022.

[Article]

AN: 637070606

Background: The objective of the study is to determine the safety and efficiency of the modified laparoscopic percutaneous extraperitoneal closure (LPEC) to treat pediatric patients with inguinal hernia or hydrocele.

Method(s): From January 2014 to July 2018, the patients with inguinal hernia or hydrocele who were operated on using modified LPEC were included. We modified LPEC with a sledge-shaped needle and reinforcement flag. By means of medial umbilical fold, the reinforcement surgery should be performed on the patients with huge internal rings (diameter >1.5 cm). Operative time, complication rate, incidence of reinforcement, and contralateral patent processus vaginalis were described between inguinal hernia and hydrocele.

Result(s): In this study, 764 patients with inguinal hernia and 435 patients with hydrocele were successfully performed by the modified LPEC. The 383 (50.1%) patients with inguinal hernia and 266 (61.1%) patients with hydrocele were identified with a contralateral patency of internal ring and underwent simultaneous prophylactic surgery. During surgical procedures, the medial umbilical fold reinforcement (inguinal hernia/hydrocele = 50/1) was performed on 51 patients. Hernia recurrence occurred in 2 cases. All patients had a good cosmetic appearance without additional dissection.

Conclusion(s): Modified LPEC using a sledge-shaped needle and applying the medial umbilical fold reinforcement is a safe and effective surgical procedure.

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2022

75.

Laparoscopic extraperitoneal technique versus open inguinal herniotomy in children: historical controlled intervention study.

Suttiwongsing A., Khorana J., Ruangwongroj P., Niruttivat K.

Embase

World Journal of Pediatric Surgery. 5(4) (no pagination), 2022. Article Number: e000436. Date of Publication: 21 Jul 2022.

[Article]

AN: 2019542072

Objective To compare surgical outcomes of percutaneous extraperitoneal simple purse string method of laparoscopic hernia (LH) repair with a traditional open inguinal hernia (OH) repair in children with indirect inguinal hernia in a single center. **Methods** This study is a historical-controlled intervention study of two groups of patients: patients in the controlled group had OH repair performed from January 2016 to December 2017, and patients in the study group had LH repair from January 2018 to December 2019 at a single institution. Outcomes of the OH and LH groups, in terms of operative time, recurrence, complications, incidence of metachronous contralateral inguinal hernia (MCIH) and contralateral patent processus vaginalis (CPPV) were analyzed. **Results** Three hundred and five patients were enrolled in the study. Among them, 95 cases underwent laparoscopic percutaneous extraperitoneal closure herniotomy (LH group), and 210 cases underwent conventional open herniotomy (OH group). In terms of operative time, only unilateral herniotomy in females of the OH group was significantly less than that of the LH group (15.7+/-7.1 vs 20.5+/-7.4 min, p=0.004). No significant difference in overall complication was observed between the two groups of patients. The incidence of CPPV in the LH group was 15.7% (15/95), and MCIH in OH group was 10.9% (23/210). **Conclusions** Laparoscopic herniotomy may prevent the need for a second operation of metachronous contralateral hernia. Both open and laparoscopic techniques are equivalent in pro and cons.

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Publisher

76.

Orchidopexy during inguinoscrotal hydrocele repair: is it necessary?.

Bawazir O.A., Alsaegh M.O.

Embase

Chirurgia (Turin). 35(2) (pp 71-75), 2022. Date of Publication: April 2022.

[Article]

AN: 2019034522

BACKGROUND: The advantage of concomitant orchidopexy during the repair of the inguinoscrotal hydrocele is controversial. Our objective was to compare the traditional inguinal repair with or without transscrotal orchidopexy for the management of inguinoscrotal hydroceles in children.

METHOD(S): From 2012 to 2020, 341 patients had a surgical repair for scrotal hydrocele; 287 patients with simple hydrocele were excluded. Fifty-four patients who underwent large hydrocele repair were included and divided into two groups. Patients who had traditional inguinal repair were included in group A (N.=29), and group B included patients who had the inguinal approach with trans-scrotal orchidopexy (N.=25).

RESULT(S): The mean age in group A was 11.21+/-1.44 versus 11.08+/-1.28 months in group B, and there was no difference in age either at presentation or at the surgery between groups (P=0.39 and 0.73, respectively). Patients in group B had longer operative time (52+/-10.75 vs. 61+/-11.92 minutes in groups A and B, respectively; P<0.001). No patient had postoperative bleeding in both groups. Group A had significantly more hematoma (48% vs. 8%; P=0.002) and scrotal swelling at 6 weeks (31% vs. 4%; P=0.014). Return to normal size was significantly faster in group B (4.8+/-1.7 vs. 1.5+/-0.8 months in groups A and B, respectively; P<0.001).

CONCLUSION(S): Inguinal hydrocelectomy with orchidopexy is safe and feasible for the management of large inguinoscrotal hydrocele. This technique has a low complication rate.

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2022

77.

The relationship between contralateral patent processus vaginalis and metachronous contralateral inguinal hernia in children with unilateral inguinal hernia: a prospective observational study.

Zhu L., Chen X., Xu W., Liu J., Huang X., Xiong J., Lv Z.

Embase

Hernia. 26(4) (pp 1161-1168), 2022. Date of Publication: August 2022.

[Article]

AN: 2018260500

Purpose: Laparoscopic contralateral patent processus vaginalis (CPPV) repair in children is debatable due to the high CPPV rate, but low metachronous contralateral inguinal hernia (MCIH) rate. We conducted this study to find risk factors for MCIH.

Method(s): We conducted a prospective, observational trial with patients recruited from Shanghai Children's Hospital. Eligible participants were patients under 16 years old with unilateral inguinal hernia whose parents did not opt for simultaneous CPPV repair. The subjects were followed for 24 to 34.1 months. Patients who developed MCIH were analyzed to identify the relationship between CPPV and MCIH.

Result(s): Between October 17, 2018, and July 31, 2019, we included 184 patients and 182 completed follow-up. MCIH occurred in ten patients, of which 7 (7.53%) had CPPV and three (3.37%) had no CPPV. Univariate analysis showed that age ($p = 0.025$, OR = 0.938) and CPPV diameter ($p = 0.003$, OR = 1.783) were related to the development of MCIH. In multivariate analysis, only diameter of CPPV ($p = 0.008$, OR = 1.411) was associated with MCIH. The receiver operating characteristic (ROC) curve was used to test, and it was found that when the diameter of CPPV was greater than 4 mm, the Youden index was the highest, with a specificity of 62.8% and a sensitivity of 100%.

Conclusion(s): The incidence of MCIH was not statistically higher in patients with CPPV compared with those without CPPV, so there is no indication for routine CPPV repair. The risk of MCIH development increases with CPPV diameter. 4 mm is the optimal cutoff point. Large CPPVs (> 4 mm) could be treated to prevent future hernias. Trial registration: The Chinese Clinical Trial Registry (www.chictr.org.cn), number ChiCTR2000041307.

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Place Holder 11

Embase

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Publisher

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Year of Publication

2022

78.

Do sclero-embolization procedures have advantages over surgical ligature in treating varicocele in children, adolescents and adults? Results from a systematic review and meta-analysis.

Fabiani A., Pavia M.P., Stramucci S., Antezza A., De Stefano V., Castellani D.

Embase

Andrologia. 54(8) (no pagination), 2022. Article Number: e14510. Date of Publication: September 2022.

[Review]

AN: 2018018384

We aimed to systematically review complications, and recurrence rate of varicocele treatment by comparing the surgical ligature versus sclero-embolization techniques in children, adolescents and adults. The secondary outcomes were the evaluation of semen parameters and spontaneous

pregnancy rate in adults. The review was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses framework. Continuous variables were pooled using the inverse variance of the mean difference (MD) with a fixed effect, and 95% confidence interval (CI). The incidences of complications were pooled using the Cochran-Mantel-Haenszel Method with the random effect model and reported as Odds Ratio (OR), and 95% CI. Statistical significance was set two-tail p-value < 0.05. Twenty studies were included. Incidence of postoperative hydrocele was significantly higher in the surgical ligation group (OR 3.06 95% CI 1.06-8.88, p = 0.04). Incidence of postoperative orchiepididymitis was significantly higher in sclero-embolization group (OR 0.26 95% CI 0.08-0.85, p = 0.02). Presence of normal spermatozoa was significantly higher sclero-embolization group compared with the surgical ligation group (MD 2.54% 95% CI 0.43-4.65, p = 0.02). No difference was found in overall complications, wound infection, testis pain, surgical site hematoma, total sperm count, sperm motility, pregnancy and recurrence rate. This review confirms that current data does still not support the superiority of one type of treatment over other ones.

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Publisher

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2022

79.

Clinical Efficacy of Laparoscopic Orchiopexy With the Modified Prentiss Maneuver for Non-palpable Testis Near the Internal Ring.

He T.-Q., Tong F.-Y., Wang Z., Liu Y., Hu J.-J., Chen Y.-F., Tu L., He J., Zhao Y.-W.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 906739. Date of Publication: 27 May 2022.

[Article]

AN: 2017910161

Objective: To compare the clinical efficacy and safety of laparoscopic orchiopexy with the modified Prentiss maneuver (LOMPM) and laparoscopic trans-inguinal orchiopexy (LTIO) for the treatment of non-palpable testis (NPT) <1 cm from the internal ring.

Method(s): Children with unilateral NPT who underwent laparoscopic orchiopexy at our center between February 2018 and January 2021 were retrospectively analyzed. According to the surgical method, they were divided into LOMPM and LTIO groups. The operation time, postoperative pain degree, postoperative complications and follow-up results were compared between the two groups.

Result(s): A total of 98 patients were included in this study, including 41 cases in the LOMPM group and 57 cases in the LTIO group. All patients underwent successful surgery. The LOMPM

group was superior to the LTIO group in terms of postoperative testicular position (lower scrotum: 90.2 vs. 71.9%, $P = 0.026$). There were no significant differences in operation time, postoperative pain score, and complications between the two groups. Preoperative testicular volume, postoperative testicular volume, and testicular growth rate in the LOMPM group were comparable to those in the LTIO group. There were no testicular atrophy, inguinal hernia and hydrocele in both groups after operation.

Conclusion(s): LOMPM was comparable in safety to LTIO, but LOMPM had a good post-operative testicular position, and was suitable for the treatment of NPT near the internal ring.

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Publisher

Frontiers Media S.A.

Year of Publication

2022

80.

Step towards elimination of *Wuchereria bancrofti* in Southwest Tanzania 10 years after mass drug administration with Albendazole and Ivermectin.

Mnkai J., Marandu T.F., Mhidze J., Urio A., Maganga L., Haule A., Kavishe G., Ntapara E., Chiwerengo N., Clowes P., Horn S., Mosoba M., Lazarus W., Ngenya A., Kalinga A., Debrah A., Riess F., Saathoff E., Geldmacher C., Hoerauf A., Hoelscher M., Chachage M., Kroidl I.

Embase

PLoS Neglected Tropical Diseases. 16(7) (no pagination), 2022. Article Number: e0010044. Date of Publication: July 2022.

[Article]

AN: 2017661838

Background Lymphatic filariasis is a mosquito transmitted parasitic infection in tropical regions. Annual mass treatment with ivermectin and albendazole is used for transmission control of *Wuchereria bancrofti*, the infective agent of lymphatic filariasis in many African countries, including Tanzania. Methodology In a general population study in Southwest Tanzania, individuals were tested for circulating filarial antigen, an indicator of *W. bancrofti* adult worm burden in 2009 before mass drug administration commenced in that area. Seven annual rounds with ivermectin and albendazole were given between 2009 and 2015 with a population coverage of over 70%. Participants of the previous study took part in a follow-up activity in 2019 to measure the effect of this governmental activity. Findings One thousand two hundred and ninety nine inhabitants of Kyela district in Southwest Tanzania aged 14 to 65 years who had participated in the study activities in 2009 were revisited in 2010/11 and 2019. Among this group, the prevalence of lymphatic filariasis of the 14-65 years olds in 2009 was 35.1%. A follow-up evaluation in 2010/11 had shown a reduction to 27.7%. In 2019, after 7 years of annual treatment and an additional three years of surveillance, the prevalence had dropped to 1.7%, demonstrating successful treatment by the national control programme. Risk factors for *W. bancrofti*-infection were the occupation as farmer, male sex, and older age. Most infected individuals in the 2019 follow-up study already had a positive test for filarial antigen in 2009 and/or 2010/11. Conclusions This data supports the findings of the Tanzanian Neglected Tropical Disease Control Programme (NTDCP), who conducted Transmission Assessment Surveys and found an impressive reduction in the prevalence of LF in children. Our results complement this data by showing a similar

decrease in prevalence of LF in the adult population in the same area. The elimination of LF seems achievable in the near future.

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Embase

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Publisher

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Year of Publication

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81.

The effect of using tablet computer on surgical stress: A single-blinded randomized controlled trial.

Evren Sahin K., Karkiner A.

Embase

Journal of Pediatric Urology. 18(3) (pp 340.e1-340.e9), 2022. Date of Publication: June 2022.

[Article]

AN: 2017525755

Introduction: The purpose of our study was to evaluate the effects of tablet computer method on children with and without anxiety. The study was designed as a prospective single-blinded randomized controlled trial.

Material(s) and Method(s): The population of the study were 300 patients between the ages of 4 and 10 years old who were scheduled for their first elective surgery for phimosis-inguinal hernia-hydrocele-undescended testis-hypospadias. The initial anxiety scores of the patients were evaluated using modified-Yale Preoperative Anxiety Scale (mYPAS). Group-Midazolam, Group-Tablet, Group-Control were formed by applying randomization to the patients. The anxiety levels of the patients were evaluated in the waiting room using mYPAS after 0.5 mg/kg midazolam or tablet computer. Patient anxiety about separation from their families was evaluated with Parental Separation Anxiety Scale (PSAS), and reactions to the anaesthesia mask were evaluated with Mask Acceptance Scale (MAS). Also, the time spent by the patients in the Post-Operative Care

Unit (PACU) was evaluated. Post-Hospitalization Behavior Questionnaire (PHBQ) scores of the patients were determined by the anesthesiologist one week after the surgery.
Result(s): The study compared the anxiety levels in groups. There were significant differences in the post-anxiolytic-mYPAS-scores and percentages of decrease from the preoperative baseline measurements ($p < 0.001$ and $p < 0.001$). There were significantly more children who were easily separated from their parents (PSAS-Score 1) in Group-Midazolam ($p < 0.01$). The children in Group-Midazolam also accepted the masks more readily (MAS-Score 1) than other ($p < 0.001$). Differences in the duration of the recovery time and mean PHBQ-scores between the groups were also significant ($p < 0.001$ for each). For children with anxiety, the recovery time for those in Group-Midazolam was significantly longer than other. For children without anxiety ($p < 0.001$), the duration of the recovery time in Group-Midazolam was also found to be significantly longer than other. The PHBQ-scores of the children in Group-Control with anxiety and without anxiety were significantly higher than other ($p < 0.05$ for each). Also, there were significant differences in the distribution of the PSAS-scores between the children with and without anxiety. Anxiety had no impact on the distribution of the MAS-scores ($p = 0.045$ and $p = 0.100$).
Conclusion(s): Playing tablet-based games in the preoperative period enabled pediatric patients to be more comfortable while waiting in their rooms, leaving their families, and applying an anaesthetic mask. In pediatric patient with and without anxiety, midazolam separation from the family and accepting the anesthesia mask is easiest in midazolam, second in those who are given a tablet computer.

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Elsevier Ltd

Year of Publication

2022

82.

A Canadian national survey: Perspectives on routine pathological examination of hernia sacs after inguinal hernia and hydrocele repair among pediatric urologists, surgeons, and pathologists. Lee M.J., Kim J.K., Fervaha G., Chua M.E., Brindle M.E., Terry J., Koyle M.A.

Embase

Journal of Pediatric Urology. 18(3) (pp 335-339), 2022. Date of Publication: June 2022.

[Article]

AN: 2017524211

Background/objective: This study aims to understand perspectives on routine pathological examination of hernia sacs following pediatric inguinal hernia and hydrocele repair among Canadian pediatric urologists, surgeons, and pathologists. Study design: All active members of Pediatric Urologists of Canada (PUC), Canadian Association of Pediatric Surgeons (CAPS), and the divisional heads of anatomical pathology at the Canadian children's hospitals (AP) were

invited to participate between June 2019 and January 2021 in an anonymous multiple-choice-based questionnaire.

Result(s): The response rates were 71% from PUC (24/34), 20% from CAPS (25/130), and 64% from AP (7/11). The majority of the surgeons (PUC:54%, CAPS:68%) did not routinely send hernia sacs for pathological examination after inguinal hernia repair. Most felt there was a little value in such examination (PUC:96%, CAPS:72%). Among those who submit hernia sacs, the majority did not receive reports that were clinically significant impacting patient management (PUC:82%, CAPS:50%). On the other hand, the pathologists had mixed opinion on the value of examining hernia sacs. Most of them only did gross examination (86%), unless requested by surgeons or concerning features were noted on gross examination. The majority have found clinically meaningful abnormal findings (71%), including vas deferens and portions of the spermatic cord.

Discussion(s): Currently, there are no evidence-based clinical guidelines on pathological assessment of hernia sacs after pediatric inguinal hernia and hydrocele repair. Instead of making it mandatory, future guidelines should highlight specimens that should be submitted for further investigations (e.g., challenging cases where inadvertent surgical injuries might have occurred). Future studies should also address whether patients who may be at higher risk of having clinically significant pathology can be identified pre- or perioperatively to more efficiently triage specimens that would benefit from pathological examination. Limitation of the study includes low response rate from the CAPS members during the COVID-19 pandemic.

Conclusion(s): While most of the pediatric urologists and surgeons felt there is a little value of pathological examination of hernia sacs following inguinal hernia and hydrocele repair, half of the anatomical pathologists felt there is value. Future studies should aim to establish evidence-based clinical guidelines taking stakeholders perspectives into consideration.

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Publisher

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2022

83.

Ultrasound-guided Erector Spinae Muscle Block Versus Ultrasound-guided Caudal Block in Pediatric Patients Undergoing Lower Abdominal Surgeries.

Abdelrazik A.N., Ibrahim I.T., Farghaly A.E., Mohamed S.R.

Embase

Pain Physician. 25(4) (pp E571-E580), 2022. Date of Publication: July 2022.

[Article]

AN: 2017459692

Background: The erector spinae plane block is a new regional anesthetic technique that is gaining popularity in pediatric medicine.

Objective(s): This study aimed to evaluate the safety and efficacy of ultrasound-guided erector spinae block and compare its analgesic effect with that of the ultrasound-guided caudal block in pediatric patients.

Study Design: Prospective, randomized, double-blind, controlled study.

Setting(s): Department of Anesthesia and Intensive Care, faculty of medicine, Minia University, Egypt.

Method(s): Sixty-three children scheduled for unilateral lower abdominal surgeries, under general anesthesia were randomly allocated into 3 parallel equal groups: Group I (erector spinae block [ESB] group) received ultrasound-guided an erector spinae muscle block in a dose of 0.4 mg/kg of 0.25% bupivacaine between the 10th transverse process and the erector spinae muscles. Group II (caudal block [CB] group) received an ultrasound-guided caudal block in a dose of 2.5 mg/kg of 0.25% bupivacaine. The last group, Group III (control [C] group), did not receive any regional block. Our primary outcome was to evaluate the quality of postoperative analgesia using the Face, Legs, Activity, Cry, Consolability (FLACC) Pain Scale; secondary outcomes were to assess the time to first analgesic request, total analgesic requests during the first 24 hours, and the occurrence of any side effects.

Result(s): The early postoperative FLACC score was less in the ESB group than the CB group; both were lower than the control group. The erector spinae block had a longer duration of analgesia than the caudal block as the median (interquartile range [IQR]) of the duration of analgesia in the ESB group was 8 (8-12) hours while it was 6 (6-8) hours in group the CB group; both groups had a longer duration of analgesia compared to the C group 0.25 (0.17-4) hours. The total amount of analgesia was less in the ESB group than the CB group. The number of patients who needed rescue intravenous fentanyl analgesia was 14 patients in the C group while no patient needed intravenous fentanyl in the ESB and CB groups.

Limitation(s): Sensory evaluation of the patients was not done since the 2 blocks were done under general anesthesia but did not affect the outcome.

Conclusion(s): Ultrasound-guided erector spinae block was safe and effective in pediatric patients undergoing unilateral lower abdominal surgery as it provided a longer duration of analgesia and less analgesic requirement than caudal block and fewer side effects.

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Publisher

American Society of Interventional Pain Physicians

Clinical Trial Number

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Year of Publication

2022

84.

Laparoscopic hydrocelectomy with transabdominal preperitoneal hernioplasty or iliopubic tract repair for treatment of encysted spermatic cord hydrocele.

Lee S.R.

Embase

Surgical Endoscopy. 36(7) (pp 5540-5545), 2022. Date of Publication: July 2022.

[Article]

AN: 2016399727

Background: An encysted spermatic cord hydrocele (ESCH) causes an inguinal swelling resembling an inguinal hernia (IH). An ESCH should be considered as a differential diagnosis of IH. Although laparoscopic operations have been performed to treat ESCHs in pediatric patients, such operations have not been reported in adults. This study was performed to evaluate the outcomes of laparoscopic hydrocelectomy for treatment of ESCHs in adults.

Method(s): The medical charts of 49 patients who underwent laparoscopic transabdominal hydrocelectomy for ESCHs from January 2015 to December 2020 at a single institution were retrospectively reviewed. The patients were divided into those with and without an IH. Laparoscopic hydrocelectomy was performed, and the internal inguinal ring was closed with iliopubic tract repair (IPTR) or transabdominal preperitoneal (TAPP) hernioplasty depending on the presence of an IH. The patients' age, ESCH location, postoperative complications, recurrence, and operating time were examined.

Result(s): The patients' mean age was 46.7 (20-77) years. All patients underwent laparoscopic hydrocelectomy without open conversion. ESCHs were more common on the right side (35/49, 71.4%) than on the left (14/49, 28.6%). The presenting symptom in all patients was inguinal swelling. The ESCH was located inside the inguinal canal in 47 patients and protruded to the abdominal cavity from the inguinal canal in 2 patients. After laparoscopic hydrocelectomy, 32 patients without an IH underwent IPTR and 17 patients with an IH underwent TAPP hernioplasty. The mean operating time was shorter in the IPTR than TAPP hernioplasty group. The postoperative complications and hospital stay were not different between the two groups. There were no recurrences in either group.

Conclusion(s): Laparoscopic hydrocelectomy with IPTR or TAPP hernioplasty is safe and feasible for treatment of ESCHs in adults.

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Publisher

Springer

Year of Publication

2022

85.

A systematic review of the safety of blocking the il-1 system in human pregnancy.

Brien M.-E., Gaudreault V., Hughes K., Hayes D.J.L., Heazell A.E.P., Girard S.

Embase

Journal of Clinical Medicine. 11(1) (no pagination), 2022. Article Number: 225. Date of Publication: January-1 2022.

[Review]

AN: 2015144841

Blockade of the interleukin-1 (IL-1) pathway has been used therapeutically in several inflammatory diseases including arthritis and cryopyrin-associated periodic syndrome (CAPS). These conditions frequently affect women of childbearing age and continued usage of IL-1 specific treatments throughout pregnancy has been reported. IL-1 is involved in pregnancy complications and its blockade could have therapeutic potential. We systematically reviewed all reported cases of IL-1 blockade in human pregnancy to assess safety and perinatal outcomes. We searched several data-bases to find reports of specific blockade of the IL-1 pathway at any stage of pregnancy, excluding broad spectrum or non-specific anti-inflammatory intervention. Our literature search generated 2439 references of which 22 studies included, following extensive review. From these, 88 different pregnancies were assessed. Most (64.8%) resulted in healthy term deliveries without any obstetric-cal/neonatal complications. Including pregnancy exposed to Anakinra or Canakinumab, 12 (15.0%) resulted in preterm birth and one stillbirth occurred. Regarding neonatal complications, 2 cases of renal agenesis (2.5%) were observed, and 6 infants were diagnosed with CAPS (7.5%). In conclusion, this systematic review describes that IL-1 blockade during pregnancy is not associated with increased adverse perinatal outcomes, considering that treated women all presented an inflammatory disease associated with elevated risk of pregnancy complications.

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Publisher

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86.

Going, gonad, gone. Gender inequalities in the management of gonadal torsion: a cohort study.

Richardson A., Brigid A., Emmett J., Natale J., Baskind N.E.

Embase

Human Fertility. 25(2) (pp 247-255), 2022. Date of Publication: 2022.

[Article]

AN: 2005476422

Gonadal torsion (when the gonad twists on its ligamentous supports) is a surgical emergency in both men and women. Prompt management is essential to preserve gonadal function. Our aim was to compare the timeliness with which men and women who underwent surgery for suspected gonadal torsion are managed. All adult patients who underwent surgery for suspected gonadal torsion between 1/4/16 and 31/3/18 were reviewed and the following times recorded: symptom onset; hospital presentation; gynaecological/surgical review; decision for theatre; and knife-to-skin (KTS). The surgical procedure(s) and intra-operative findings were also documented. In total, 31 women (mean age 29.4 +/- 7.1yrs) and 49 men (mean age 23.2 +/- 7.0yrs) were identified. Women waited significantly longer than men at every stage ($p < 0.01$). Time intervals between hospital presentation and review, review and decision for theatre, and decision and KTS were 1.6

(1.2-2.6 hrs), 0.3 (0.0-0.9 hrs) and 1.7 (1.5-2.5 hrs) for men and 4.3 (3.1-15.3 hrs), 10.3 hrs (2.4-20.7 hrs) and 4.7 (2.3-9.3 hrs) for women, respectively. Torsion was confirmed in 20 (64.5%) women and 25 (51.0%) men. Intraoperatively, 13(65%) ovaries were reportedly necrotic compared to only 6 (24%) testes ($p = 0.0076$). All necrotic gonads were removed despite conservative surgery being recommended practice during the study period. Women with suspected gonadal torsion received suboptimal care compared to their male counterparts, which has potentially catastrophic consequences for the subsequent fertility of this predominantly young population.

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Publisher

Taylor and Francis Ltd.

Year of Publication

2022

87.

Enhanced recovery after surgery strategy to shorten perioperative fasting in children undergoing non-gastrointestinal surgery: A prospective study.

Ying Y., Xu H.-Z., Han M.-L.

Embase

World Journal of Clinical Cases. 10(16) (pp 5287-5296), 2022. Date of Publication: 06 Jun 2022.

[Article]

AN: 2018502261

BACKGROUND Enhanced recovery after surgery strategies are increasingly implemented to improve the management of surgical patients. **AIM** To evaluate the effects of new perioperative fasting protocols in children ≥ 3 mo of age undergoing non-gastrointestinal surgery. **METHODS** This prospective pilot study included children ≥ 3 mo of age undergoing nongastrointestinal surgery at the Children's Hospital (Zhejiang University School of Medicine) from January 2020 to June 2020. The children were divided into either a conventional group or an ERAS group according to whether they had been enrolled before or after the implementation of the new perioperative fasting strategy. The children in the conventional group were fasted using conventional strategies, while those in the ERAS group were given individualized fasting protocols preoperatively (6-h fasting for infant formula/non-human milk/solids, 4-h fasting for breast milk, and clear fluids allowed within 2 h of surgery) and postoperatively (food permitted from 1 h after surgery). Pre-operative and postoperative fasting times, pre-operative blood glucose, the incidence of postoperative thirst and hunger, the incidence of perioperative vomiting and aspiration, and the degree of satisfaction were evaluated. **RESULTS** The study included 303 patients (151 in the conventional group and 152 in the ERAS group). Compared with the conventional group, the ERAS group had a shorter pre-operative food fasting time [11.92 (4.00, 19.33) vs 13.00 (6.00, 20.28) h, $P < 0.001$], shorter preoperative liquid fasting time [3.00 (2.00, 7.50) vs 12.00 (3.00, 20.28) h, $P < 0.001$], higher preoperative blood glucose level [5.6 (4.2, 8.2) vs 5.1 (4.0, 7.4) mmol/L, $P < 0.001$], lower incidence of thirst (74.5% vs 15.3%, $P < 0.001$), shorter time to postoperative feeding [1.17 (0.33, 6.83) vs 6.00 (5.40, 9.20), $P < 0.001$], and

greater satisfaction [7 (0, 10) vs 8 (5, 10), $P < 0.001$]. No children experienced perioperative aspiration. The incidences of hunger, perioperative vomiting, and fever were not significantly different between the two groups. CONCLUSION Optimizing fasting and clear fluid drinking before non-gastrointestinal surgery in children ≥ 3 mo of age is possible. It is safe and feasible to start early eating after evaluating the recovery from anesthesia and the swallowing function. Copyright © The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

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Embase

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Publisher

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88.

Factors associated with TNF-alpha levels in patients with indirect inguinal hernia: A cross-sectional study.

Warsinggih, Ulfandi D., Fajar A., Faruk M.

Embase

Annals of Medicine and Surgery. 78 (no pagination), 2022. Article Number: 103858. Date of Publication: June 2022.

[Article]

AN: 2018454429

Introduction: Risk factors associated with inguinal hernia include a patent processus vaginalis due to an obliteration failure, defects in the transversalis fascia, increased intra-abdominal pressure, smoking, malnutrition, genetic factors, connective tissue defects and impaired collagen metabolism. Type I collagen predominates in the fascia, which plays a key role in the development of an inguinal hernia. Molecularly, the production of abnormal matrix components or increased inflammatory mediators in collagen such as TNF-alpha has a very important role in the occurrence of inflammation in inguinal hernias. The study aimed to determine the factors associated with TNF-alpha levels in patients with indirect inguinal hernias.

Method(s): We evaluate the effect of TNF-alpha on the anterior rectus sheath tissue collagen in 46 patients with indirect inguinal hernia using a cross-sectional study design. The ELISA method was used to evaluate the levels of collagen TNF-alpha. We used ANOVA, Pearson's correlation test, and Spearman's correlation test to determine which results were statistically significant, defined by a p-value < 0.05 .

Result(s): Body mass index (BMI) average results were 25.7 kg/m². Mean clinical onset was 70.13 months across 46 samples. TNF-alpha levels and BMI were correlated ($p = 0.009$). The TNF-alpha levels in the clinical-grade group ($p = 0.044$) and the clinical onset group ($p = 0.047$) varied according to ANOVA.

Conclusion(s): Clinical onset, BMI, clinical grade of indirect inguinal hernia, and TNF-alpha levels have a significant relationship.

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Publisher

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Year of Publication

2022

89.

Congenital inguinal hernia, hydrocoele and undescended testis.

Khoo A.K., Cleeve S.J.

Embase

Surgery (United Kingdom). 40(5) (pp 320-325), 2022. Date of Publication: May 2022.

[Review]

AN: 2017753129

Congenital inguinal hernias (CIH), hydrocoeles and undescended testes (UDT) are common groin conditions in neonates, infants and children that are encountered by general practitioners, paediatricians, general surgeons and paediatric surgeons. CIH, hydrocoeles and UDT share a common embryological origin. Clinical differentiation between the three conditions can be challenging, particularly as they may exist in isolation or combination in the same patient.

Accurate clinical distinction is imperative as the management and outcome is different for each condition. Surgery and outcomes for these conditions is discussed.

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Embase

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Publisher

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90.

Laparoscopic lymphatic and artery sparing microsurgical varicocelectomy - technique, results and long-term outcomes.

Drlik M., Faltusova E., Valova Z., Sedlacek J., Dite Z., Kocvara R.

Embase

Journal of Pediatric Urology. 18(2) (pp 114.e1-114.e6), 2022. Date of Publication: April 2022.

[Article]

AN: 2017212281

Introduction and objective: It is generally considered that artery sparing suprainguinal varicocelectomy is associated with a higher risk of persistence in comparison with the non-sparing (Palomo) procedure. Artery sparing is desirable in specific conditions. Based on our 21-year long experience, this study aims to describe technical details and standard steps of the procedure, leading to a comparatively low recurrence rate.

Material(s) and Method(s): 336 patients, prospectively collected, who underwent laparoscopic lymphatic and artery-sparing microsurgical varicocelectomy as a primary operation between March 1999 and February 2020, were retrospectively evaluated. Patient age was 7-21.5 years (mean 15.4). The left side was involved in 313 (93.2%), both sides in 23 (6.8%) patients. In total 359 varicoceles were repaired, in which 281 cases were grade III, 65 grade II and 13 cases were grade I. The most common indications for surgery were left testicle hypotrophy, demonstrated in 167 (49.7%) patients, an abnormal spermogram in 48 (14.2%), pain in 28 (8.3%) and bilateral involvement in 23 (6.8%) of patients. The technique has been standardized into four steps: early artery identification; peeling the network of small veins off the artery; peeling the lymphatic vessels off medium and large size veins and division of all veins; check of residual vascular bundle containing the artery and lymphatics only (video - Appendix A). Mean postoperative followup was 27.1 (range 0.5-174) months. Complications were recorded. Persistent varicocele was defined as clinically significant varicocele accompanied by renotesticular reflux on Doppler ultrasound. Ultrasound was used to rule out hydrocele formation and testicular atrophy.

Result(s): Persistent varicocele was recorded in 15 of 359 (4.2%) cases; secondary hydrocele was detected in 1 case (0.3%). Testicular atrophy was not detected in any of the operated patients. Most complications were recorded in the first 3 years after the introduction of the method; 5 recurrences of 290 (1.7%) cases were detected over the last 18 years (Table).

Discussion(s): The method meets all requirements of subinguinal microscopic repair. The artery preservation is desirable in previous (and for future) inguinal and subinguinal surgery cases where collaterals could be compromised. Artery sparing allows for a future vasectomy. Boys with a varicocele on a solitary testicle may be good candidates for this procedure as well. We consider the method as alternative for experienced laparoscopic surgeons. Conclusion: The laparoscopic lymphatic and artery sparing microsurgical varicocelectomy is safe and effective method with a low recurrence rate like the non-sparing suprainguinal repairs. [Table presented]

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Publisher

Elsevier Ltd

Year of Publication

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91.

Crossed Testicular Ectopia: Report of Two Cases in Children of Consanguineous Parents. Arredondo Montero J., Hernandez-Martin S., Ayuso Gonzalez L., Bronte Anaut M., Guarch Troyas R.

Embase

Urology. 164 (pp 241-243), 2022. Date of Publication: June 2022.

[Article]

AN: 2016871200

Crossed testicular ectopia (CTE) is an extremely rare anomaly of urogenital development. The etiopathogenic mechanism is unknown. Medical records of two biological siblings with a confirmed diagnosis of CTE being managed at our center were collected. The first patient was born with a non-palpable left testis. An exploratory laparoscopy was performed and a CTE was found. The second patient had an incarcerated left inguinal hernia and a mesopenile hypospadias. During surgery a CTE was observed. The parents were consanguineous. This is the first reported case of CTE in siblings.

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Publisher

Elsevier Inc.

Year of Publication

2022

92.

10-year experience of Paediatric varicocele embolization in a tertiary centre with long-term follow-up.

Wong S., Vigneswaran G., Maclean D., Bryant T., Hacking N., Maher B., Somani B., Manoharan S., Brownlee E., Griffin S., Modi S.

Embase

Journal of Pediatric Urology. 18(2) (pp 113.e1-113.e6), 2022. Date of Publication: April 2022.

[Article]

AN: 2016569140

Introduction: Paediatric varicocele embolization has many benefits over surgical ligation, but lacks published long-term data. We investigated technical and clinical outcomes in this under reported patient group.

Objective(s): To evaluate technical success, complications and recurrence rates following varicocele embolization in paediatric patients.

Material(s) and Method(s): A single-centre retrospective review of procedural data and electronic notes of consecutive patients referred for varicocele embolization over a 10-year period was performed (February 2010-March 2020). The primary outcomes were technical success and clinical efficacy (lack of symptom recurrence). Secondary outcomes included complications, testicular vein size reduction and procedural parameters including radiation exposure. Chi-square analysis was used to identify predictors of clinical success. Follow-up involved outpatient clinical assessment and telephone interview.

Result(s): 40 patients (median age 15) were referred for left-sided symptomatic varicocele.

Technical embolization success was achieved in 36/40 patients (90%), with 4 procedures abandoned (inaccessible vein). Embolization technique was platinum-based coils +/- sclerosant.

There were no immediate or long-term procedural complications. 32/36 patients completed short term follow-up at a median interval of 2.8 months. 30/32 (93.78%) experienced early clinical success. We found a significant reduction in peritesticular vein size following embolization (pre-3.70 vs post-2.56 mm, $p = 0.00017$) and a significant relationship between varicocele grade and early clinical success ($\chi^2 = 4.2$, $p = 0.04$), but not pre-treatment peritesticular vein size ($\chi^2 = 0.02$, $p = 0.88$). 33/36 patients completed long-term follow-up (median 4.2 years, range 0.36-9.9 years) producing a late clinical success rate of 93.9% (31/33). No post procedural complications including hydroceles were identified.

Discussion(s): This study demonstrates technical success, matching rates described in adult patients which is reassuring and in support of embolization in the younger patient cohort. More importantly, the overall clinical success rate is comparable with previous embolization studies. Reassuringly, all symptom recurrences occurred early in follow-up, and there is a cogent argument for a single follow-up appointment at this juncture. Our long-term average follow-up duration, primarily gained via telephone interview, exceeds other studies. Although our study has the longest follow-up for varicocele embolization in children, it is limited by a few patients being lost to early and long-term follow-up. This is a recognised issue faced by studies attempting to follow-up benign conditions with a high clinical success rate.

Conclusion(s): Paediatric varicocele embolization is a successful alternative to surgical ligation, with no complications and good clinical outcomes over a long-term follow-up. [Table presented]

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Publisher

Elsevier Ltd

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93.

Transumbilical Single-Site Laparoscopic Intraoperative Closure of the Internal Inguinal Ring for Pediatric Inguinal Hernia.

Ji Y., Li Y., Zhang X., Qiu T., Chen S., Xu Z.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 855537. Date of Publication: 15 Mar 2022.

[Article]

AN: 2015448601

Background: A new novel technique for pediatric inguinal hernia (PIH) repair, namely, transumbilical single-site laparoscopic intraoperative closure (TUSLIC) of the internal inguinal

ring (IIR) with a single instrument, was introduced. The short-term follow-up of TUSLIC for PIH was compared with that of transabdominal multiple-site laparoscopic extraperitoneal closure (TAMLEC) for PIH.

Method(s): Descriptive variables, perioperative clinical features, and short-term outcomes were retrospectively analyzed and compared between the patients who underwent TUSLIC and those who underwent TAMLEC.

Result(s): In total, 289 patients were enrolled in this study. Of these, 190 patients received TUSLIC, and 99 patients received TAMLEC. The descriptive variables (including sex, age, weight, and preoperative diagnosis of patients) were comparable between the two groups (P-values were 0.12, 0.71, 0.69, and 0.23, respectively). The mean operative times for unilateral hernia repair and bilateral hernia repairs in TAMLEC group were significantly less than those in TUSLIC group ($P < 0.01$). The values of surgical site infection, umbilical bleeding, testicular atrophy, iatrogenic ascent of the testis, and secondary hydrocele were not significantly different between the two groups. There were no suture granulomas, and recurrence occurred in TUSLIC group, though at a significantly lower rate than in TAMLEC group ($P < 0.05$).

Conclusion(s): TUSLIC is a feasible, safe, and reliable minimally invasive method for PIH. Compared with TAMLEC, TUSLIC has the advantages of minimized complications and a low recurrence rate.

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Publisher

Frontiers Media S.A.

Year of Publication

2022

94.

Comparison of Single-Incision Scrotal Orchiopexy and Traditional Two-Incision Inguinal Orchiopexy for Primary Palpable Undescended Testis in Children: A Systematic Review and Meta-Analysis.

Yu C., Hu Y., Wang L., Kang L., Zhao J., Lu J., Lin T., He D., Wu S., Wei G.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 805579. Date of Publication: 15 Mar 2022.

[Review]

AN: 2015448369

Purpose: To compare the safety, efficacy, and cosmetic results of single-incision scrotal orchiopexy (SISO) and traditional two-incision inguinal orchiopexy (TTIO) for primary palpable undescended testes (PUDTs) in children.

Material(s) and Method(s): A systematic literature search of all relevant studies published on PubMed, Embase, Medline, Cochrane Library, Web of Science database, and Wanfang data until July 2021 was conducted. The operative time, hospitalization duration, conversion rate, wound infection or dehiscence, scrotal hematoma or swelling, testicular atrophy, reascent, hernia or hydrocele, analgesics needs, and cosmetic results were compared between SISO and TTIO using the Mantel-Haenszel or inverse-variance method.

Result(s): A total of 17 studies involving 2,627 children (1,362 SISOs and 1,265 TTIOs) were included in the final analysis. The conversion rate of SISO was 3.6%. The SISO approach had a

statistically significant shorter operative time than the TTIO approach for PUOT (weighted mean difference -11.96, 95% confidence interval -14.33 to -9.59, I² = 79%, P < 0.00001) and a shorter hospital stay (weighted mean difference -1.05, 95% confidence interval -2.07 to -0.03, P = 0.04). SISO needed fewer analgesics and had better cosmetic results than TTIO. SISO had a similar total, short-term, or long-term complication rate with TTIO.

Conclusion(s): Compared with TTIO, SISO has the advantages of shorter operative time, shorter hospitalization duration, less postoperative pain, and better cosmetic appealing results. SISO is a safe, effective, promising, and potential minimal invasive surgical approach for PUOT. SISO is an alternative to TTIO in selected cryptorchid patients, especially for lower positioned ones.

Systematic Review Registration: <https://www.crd.york.ac.uk/PROSPERO/>, identifier: CRD42021268562.

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Publisher

Frontiers Media S.A.

Year of Publication

2022

95.

Laparoscopic management of infantile hydrocele in pediatric age group.

Elhaddad A., Awad M., Shehata S.M., Shehata M.A.

Embase

Pediatric Surgery International. 38(4) (pp 581-587), 2022. Date of Publication: April 2022.

[Article]

AN: 2014942984

Purpose: To evaluate laparoscopic management of hydroceles in pediatrics, with evaluation of the internal inguinal ring (IIR) and the PPV (patent processus vaginalis) in different types of hydroceles, and the incidence of the contralateral PPV.

Method(s): The IIR and the type of hydrocele on the same side of 93 patients with 106 infantile hydroceles were evaluated and managed, in addition to contralateral side.

Result(s): The IIR on same side was closed in 8.5% (Type I) and patent in 91.5% (Type II and III) with different shapes. Contralateral IIR was open in 88.7% of cases. The operative time was 30.99 +/- 7.23 min, with no intra-operative complication. The vas deferens and testicular vessels were secured and there were no injuries or bleeding. The conversion rate was zero, and all procedures (Type II and II) were completed totally laparoscopic. No post-operative complications except a case of tense hydrocele developed scrotal edema that managed conservatively.

Conclusion(s): Laparoscopic hydrocelectomy is safe, applicable and feasible for management of different types of hydroceles in pediatrics. The IIR is patent in nearly all cases with/out communication to the hydrocele. The contralateral IIR can be managed in the same session.

Laparoscopic hydrocelectomy with/out hydrocelectomy and IIR closure is essential in preventing recurrence.

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Publisher

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Year of Publication

2022

96.

Re-evaluation of jumping purse-string suturing in pediatric laparoscopic hernia repair.

Luo Z., Cao Z., Wang K., Li S., Cao G., Chi S., Zhang X., Li K., Zhou Y., Guo J., Tian M., Tang S.

Embase

Surgical Endoscopy. 36(5) (pp 3277-3284), 2022. Date of Publication: May 2022.

[Article]

AN: 2013311462

Background: Reported recurrence rates using jumping purse-string suturing in laparoscopic hernia repair (LH) are higher than that of intact purse-string. This study aims to compare the outcomes of LH using transabdominal jumping purse-string suturing (TJS) with those using transabdominal intact purse-string suturing (TIS) and percutaneous extraperitoneal intact purse-string suturing (PEIS).

Method(s): A total of 3340 patients from three centers who have undergone laparoscopic hernia repair from January 2016 to June 2019 were retrospectively reviewed. Of these, 1460 patients received TJS, 724 patients received TIS, and 1006 patients received PEIS. One hundred and fifty patients were excluded due to the loss of follow-up. Demographic characteristics, intraoperative findings, and postoperative complications were analyzed.

Result(s): The hernia distribution characteristics and mean length of hospital stay were similar among the three groups ($p > 0.05$, $p > 0.05$). While the overall complication rates were similar among the three groups (0.34% in TJS vs. 0.41% in TIS vs. 0.50% in PEIS, TJS & TIS $p = 0.502$; TJS & PEIS $p = 0.813$), the incidence of intraoperative hematoma in TIS group and postoperative subcutaneous knot in PEIS group was significantly higher ((0.83% in TIS and 0.34% in TJS vs. 0.2% in PEIS, TJS & TIS $p = 0.018$; TJS & PEIS $p = 0.163$), (0% in TIS and 0% in TJS vs. 0.2% in PEIS, TJS & TIS $p = 0.415$; TJS & PEIS $p = 0.025$)). There were no differences in the recurrent rate in both unilateral and bilateral cases.

Conclusion(s): Transabdominal jumping purse-string suturing is not associated with a higher recurrence rate and is the recommended surgical approach.

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Publisher

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Year of Publication

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97.

Laparoscopic versus open inguinal hernia repair in children: A systematic review.

Zhao J., Yu C., Lu J., Wei Y., Long C., Shen L., Lin T., He D., Wei G., Kou L., Wu S.

Embase

Journal of Minimal Access Surgery. 18(1) (pp 12-19), 2022. Date of Publication: January-March 2022.

[Review]

AN: 636957026

Purpose: Considerable debates exist regarding the preferable technique to repair a paediatric inguinal hernia (PIH). This systematic review aims to compare the efficacy and safety of laparoscopic herniorrhaphy (LH) and open herniorrhaphy (OH) in PIH.

Method(s): The randomised controlled trials (RCTs) that compared the outcomes of LH and OH in PIH without region and language restrictions searched from the following databases: PubMed, Web of Science Database, Cochrane Library, SciELO Citation Index, Russian Science Citation Index, China National Knowledge Infrastructure, WanFang Data and China Science and Technology Journal Database.

Result(s): A total of 13 RCTs that involving 1207 patients included in the review. The LH displayed a shorter operative time for bilateral hernia repair (weighted mean difference = -8.23, 95% confidence interval [CI]: -11.22~-5.23, $P < 0.00001$), a lower complication rate (odds ratio [OR] = 0.32, 95% CI: 0.13-0.83, $P = 0.02$) along with a lower wound infection (OR = 0.14, 95% CI: 0.04-0.55, $P = 0.005$) and major male-specific post-operative complications (OR = 0.10, 95% CI: 0.04-0.24, $P < 0.00001$) and a less contralateral metachronous inguinal hernia (CMIH) incidence rate (OR = 0.09, 95% CI: 0.02-0.42, $P = 0.002$). No significant difference was found for unilateral operative time, time to full recovery, length of hospital stay, recurrence and hydrocele rates between the two techniques.

Conclusion(s): The present review reiterates that both the LH and OH techniques for the PIH repair are comparable. However, in some aspects, the LH is superior to the OH in terms of operative time for bilateral hernias, post-operative complications rate and CMIH incidence rate.

Rigorously designed RCTs are anticipated to confirm the clinical effects of both LH and OH.

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Publisher
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Year of Publication
2022

98.

Ultrasonographic Study of Scrotal Pathologies in Central Hospital, Warri, Nigeria.
Anibor E., Yovwin D.G., Ogbemudia L.U.
Embase
Pakistan Journal of Medical and Health Sciences. 6(1) (pp 1220-1222), 2022. Date of Publication: January 2022.
[Article]
AN: 2017382415
This inquiry evaluated the ultrasonographic diagnoses of scrotal pathologies seen at the Central Hospital, Warri in Nigeria. A collective of 135 patients between the ages of 1-70years were considered for this examination. The methodology encompassed a 3 years (2017 to 2019) review of 135 patients enrolled for scrotal ultrasound scan. Data assortment was done between October and December in 2019. Data analysis involved the Statistical Package for the Social Sciences (SPSS), version 23. Results were synchronized with regard to age, ethnic nationalities and the different scrotal pathologies. Chi-square was utilized to analyze the relationship between age and testicular lesions and p-value below 0.05 was termed significant. The preponderance of the patients 28(20.7%) in the sampled populace were in the 31 to 40 years age set. Epididymitis was the least frequent finding and lesions displayed an insignificant age variation ($p > 0.05$). The predominant scrotal pathologies logged are hydrocele and scrotal hernia.
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Publisher
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Year of Publication
2022

99.

Multiparametric ultrasound in torsion of the testicular appendages: A reliable diagnostic tool?.
Laimer G., Muller R., Radmayr C., Lindner A.K., Lebovici A., Aigner F.

Embase

Medical Ultrasonography. 24(1) (pp 33-37), 2022. Date of Publication: 2022.

[Article]

AN: 2017070253

Aim: Torsion of the testicular appendages represents the most common cause of an acute scrotum in prepubertal boys. Its sonographic appearances on gray-scale US and color Doppler US have already been presented in several studies. The aim of this analysis was to expand those already established techniques with strain elastography and thus present typical features of this entity on multiparametric US.

Material(s) and Method(s): Retrospective analysis of all patients presented to the urological department with an acute scrotum between January 2018 and July 2020 identified eleven patients 6-17 years old (mean, 11.1 years), discharged with the diagnosis torsion of the testicular appendages that were examined with a high-end ultrasound device.

Result(s): On gray-scale US all patients showed a round lesion with heterogenous echotexture adjacent to the upper pole of the testis/epididymis with a diameter of 4 to 11.1 mm (mean, 7.7 mm). Scrotal skin thickening and a concomitant hydrocele were found in 9 (81.8%) and 7 (63.6%) cases, respectively. On color Doppler images, all torsed appendages were avascular and in 9 (81.8%) patients we observed hyperemia of the adjacent epididymis. Strain elastography showed increased tissue stiffness in all documented images.

Conclusion(s): Torsion of the testicular appendages has a set of features on multiparametric US. Awareness of this features can facilitate diagnosis of torsion of the testicular appendages and reduce unnecessary surgical scrotal exploration or unwarranted antibiotic treatment.

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Publisher

Societatea Romana de Ultrasonografie in Medicina si Biologie

Year of Publication

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100.

Bridging the Gap - Building Surgical Subspecialty Telemedicine Clinics in the Rural Setting.
Ferari C., Mitchell K., Crigger C., Zupper S., Wildasin A., Ost M., Hendricks B., Al-Omar O.

Embase

Urology Practice. 9(2) (pp 127-132), 2022. Date of Publication: 01 Mar 2022.

[Article]

AN: 2017065961

Introduction: Pediatric urology is a much-needed subspecialty with a breadth of complex disorders that can often prove challenging to diagnose and manage. Exacerbating this need is the minimal exposure medical trainees receive to pediatric urology. Pediatric urology arrived in West Virginia in 1983 but the subspecialty has been inconsistently represented since then. Currently there are 2 fellowship-trained pediatric urologists in the state of West Virginia, which has an area of

approximately 24,038 square miles. We review our experience with the use of telemedicine in providing outreach to the wider parts of our medically underserved state and ultimately evaluate its efficacy from a patient-centric cost analysis and diagnosis concordance perspective. We hypothesized that the use of telemedicine would be cost and time-effective for patients in our rural state.

Method(s): We retrospectively reviewed our series of patients presenting from outside telemedicine "referral centers" in Martinsburg, Parkersburg and Wheeling for pediatric urological consultation. We evaluated reason for consultation, geographic driving distance, drive time and travel cost saved from telemedicine consultation.

Result(s): A total of 92 patients presented to outside designated telemedicine centers from August 2018 to April 2020. The mean driving time saved utilizing telemedicine consultation was 4 hours and 46 minutes, and mean driving distance saved was 299.8 miles. Travel costs saved in terms of fuel averaged \$173.88 per patient. The most common reason for consultation was undescended testis, followed by recurrent urinary tract infection and nocturnal enuresis. Of the 23 patients who required surgery, only 2 (8.7%) had an initial diagnosis that was not concordant with their operating room examination.

Conclusion(s): While modest, our data indicate a modern solution to a historical need in our state. Our high diagnosis concordance rate (91.3%) shows that a well-trained advanced practice provider can adequately perform an operative evaluation via telemedicine.

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Place Holder 11

Embase

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101.

Use of a risk communication survey to prioritize family-valued outcomes and communication preferences for children undergoing outpatient surgical procedures.

Arulanandam B., Selvarajan A., Piche N., Sheldon S., Bloom R., Emil S., Li P., Janvier A., Baird R., Sampalis J.S., Haggerty J., Guadagno E., Daniel S.J., Poenaru D.

Embase

Journal of Pediatric Surgery. 57(5) (pp 788-797), 2022. Date of Publication: May 2022.

[Article]

AN: 2016526208

Background: Effective shared decision-making in pediatric surgery requires clarity regarding which surgical outcomes are most important to patients and their families, and how they prefer to receive the information. Despite how essential this is for effective risk communication, little is known about the communication needs and preferences of patients and their families in elective pediatric surgery.

Method(s): We administered a mailed and online cross-sectional survey in English and French to 548 families before or after surgery for hernia/hydrocele repair or tonsillectomy/adenoidectomy between July 2019 and February 2021. The survey consisted of 22 questions eliciting most valued patient-reported outcomes (PROs) across 4 domains: health-related quality of life (5), functional status (5), symptoms and symptom burden (5), health behaviours and patient

experience (7), as well as overall impressions (3), surgical risks (5), communication preferences (4), and demographic questions (16).

Result(s): The survey was completed by 368 patient families (60 preoperative, 308 postoperative, response rate 67.2%). Most respondents (72%) indicated a significant desire to be informed on all listed PROs alongside surgical complications, and highly valued all functional and quality of life outcomes (92.9% & 89.8%, respectively). Preoperatively, patient families preferred to receive information in the form of pamphlets and websites, whereas postoperatively they preferred direct communication.

Conclusion(s): Families value functional and quality of life PROs as much as clinical outcomes, and increasingly seek more contemporary (electronic) means of risk communication than we currently offer. This data will inform the development of mobile tools for personalized communication in pediatric surgery.

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Publisher

W.B. Saunders

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102.

Varicocelectomy in adolescents - Does it safeguard future fertility? A single centre experience.

Patil N., Javali T.

Embase

Journal of Pediatric Urology. 18(1) (pp 5.e1-5.e10), 2022. Date of Publication: February 2022.

[Article]

AN: 2016193774

Background: There is paucity of literature comparing varicocelectomy to observant management amongst adolescent boys with hormonal and semen abnormalities resulting from high grade unilateral varicoceles and consequent testicular volume loss. Furthermore, it is not known whether surgical correction in such adolescents improves paternity rates in future compared to their non-operated cohort.

Objective(s): The primary objective was to compare adolescent boys with unilateral high grade varicocele with associated ipsilateral testicular volume loss who were operated versus those who were not, in relation to their fertility markers (hormonal, semen parameters, and testicular volume) over a 5 year follow up period. The secondary objective was to compare the paternity rates in the respective groups over long term. Study design: This was a single center, retrospective study of a prospectively maintained database conducted from 2010 to 2020, based on a standardized protocol. All adolescent boys >15 years of age (middle and late adolescence), with grade II or III unilateral varicoceles with abnormal fertility markers, who were operated (Group A) and not operated (Group B) were included. The changes in hormonal assay, sonographic assessment, semen analysis at presentation, 1st year and the 5th year follow up amongst both the groups were collated and analysed. Primary paternity rates amongst both the groups was documented by telephonic or email conversations.

Result(s): Of the 182 boys referred for varicocele management, 110 boys (Group A -70 boys and Group B - 40 boys) satisfied our inclusion criteria and were analysed. Mean age at presentation amongst Group A boys was 16.5 years (15-18 years) and Group B boys was 16 years (15-18 years). Grade III varicoceles were more predominant amongst both the groups. There was a significant improvement in all Group A boys (operated) in the fertility markers from the time at presentation to the 5th year follow up ($p < 0.001$). In Group B, (boys not operated) there was no significant improvement in the above parameters. The testicular catch up growth was 92% at the 5th year follow-up in Group A and 42% in Group B. At long term follow-up, the paternity rate was 80% and 36% in Group A and B respectively. Discussion and conclusion: In adolescent boys in whom hormonal assay, testicular volumes and semen characteristics are negatively affected by high grade unilateral varicoceles, surgical correction could normalize these values, thereby safeguarding their fertility in the long term.

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Publisher

Elsevier Ltd

Year of Publication

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103.

Telemedicine (virtual clinic) effectively delivers the required healthcare service for pediatric ambulatory surgical patients during the current era of COVID-19 pandemic: A mixed descriptive study.

Mahmoud M.A., Daboos M., Gouda S., Othman A., Abdelmaboud M., Hussein M.E., Akl M.

Embase

Journal of Pediatric Surgery. 57(4) (pp 630-636), 2022. Date of Publication: April 2022.

[Article]

AN: 2016064898

Background: Children often suffer from congenital or acquired diseases. Ambulatory cases represent the vast majority of pediatric surgical cases. COVID-19 pandemic-associated regulatory precautions had made the process of seeking medical advice at a suitable appointment such a big problem. We utilized telemedicine (online encounter) to deliver the required healthcare service for sorting and guiding pediatric ambulatory surgical patients. In this article, we aimed to: (1) present our experience, (2) evaluate the effectiveness, and (3) document the results of this technology to solve the problem of difficult healthcare accessibility.

Material(s) and Method(s): In this study, we compared the utilization of telemedicine (virtual clinic via video consultation) prospectively in the current era of the COVID-19 pandemic in the period from June 2020 to July 2021 to the in-person clinic encounter at the outpatient department (OPD) retrospectively in the previous year (from June 2019 until the end of May 2020) for perioperative management of pediatric ambulatory surgical patients. The study was conducted at 3 tertiary care pediatric surgery centers. The information recorded for analysis included: demographic data, surgical condition distribution, time interval from the appointment request till the actual encounter with the surgeon, conversation duration, distance traveled, and ultimate fate of the consultations. For both groups, service was evaluated after the first follow-up visit by a patient survey questionnaire (Patient Experience Assessment form) including questions relevant to each encounter.

Result(s): A total of 1124 pediatric patients with various ambulatory surgical conditions had been scheduled for virtual clinic video encounters. Of them, 1056 cases were evaluated by video consultation, supervised by their parents or caregivers, thus, achieving an attendance rate of 94%. Of the remaining cases, 2% (n = 23) were canceled and 4% (n = 45) did not attend the virtual clinic. Two-thirds of the cases live in rural /remote areas. Patients' overall satisfaction was 92%. This was in comparison to 872 pediatric ambulatory surgical patients scheduled for in-person clinic visits before the implementation of the virtual clinic. Of them, only 340 cases had attended the clinic, thus, achieving an attendance rate of 39%. Of the remaining cases, 450 cases (51.6%) were canceled and 82 cases (9.4%) did not attend the clinic (no show). About 48% of the cases live in rural areas. For this group, patients' overall satisfaction was 63%. The mean encounter duration was similar for both groups (~ 5 min). Surgical condition distribution was also similar (p-value: 0.694). For new cases, the time interval from appointment request till the actual encounter was very short for the virtual clinic group (range: 6-15 days) as compared to the in-person clinic group (range: 30-180 days). Patients were followed up for a median period of 14 +/- 3.25 months (range: 6-22 months) with no patient loss to follow-up.

Conclusion(s): Telemedicine can effectively bridge the patient-physician communication gap caused by the regulatory precautions mandated by the current COVID-19 pandemic. It achieved an attendance rate of 94% and parents' / patients' overall satisfaction of 92%.

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Publisher

W.B. Saunders

Year of Publication
2022

104.

Opioid reduction and elimination in pediatric surgical patients.

Svetanoff W.J., Aviles N., Edmundson E., Millspaugh D., Fraser J.D.

Embase

Journal of Pediatric Surgery. 57(4) (pp 670-677), 2022. Date of Publication: April 2022.

[Article]

AN: 2015638351

INTRODUCTION: Opioid overuse is a national concern. Mitigation strategies include judicious prescribing and encouragement of non-opioid therapies. This quality improvement project aimed to identify physician opioid prescribing and patient usage patterns at a pediatric academic center. METHOD(S): Patients who underwent same-day general, orthopedic, or plastic surgery procedures were contacted 7 - 28 days post-operatively. Inquiries were made about opioid usage, non-opioid strategies, and overall pain management satisfaction. A subset of general surgery patients not prescribed opioids was compared to those prescribed opioids.

RESULT(S): Between August 2017 - May 2020, 558 surveys were obtained. There was a significant increase in the use of non-opioid therapies between 2017 and 2020 (83.5% vs 97%, $p=0.04$). Almost all patients' opioid prescriptions were filled; however, 78-98% had leftover opioids. Only 20-25% disposed the excess opioids. In subset analysis of general surgery patients, no inguinal hernia or orchiopexy patient who was discharged without opioids required opioids later. More non-opioid patients used other therapies (acetaminophen, heat ($p=0.03$)); however, pain management satisfaction was higher in the opioid group (99% vs 94%, $p=0.01$).

CONCLUSION(S): While our opioid prescribing has decreased, physicians are still prescribing more opioids than patients require. Further education on non-opioid pain therapies and proper disposal of opioids are needed. LEVEL OF EVIDENCE: III TYPE OF STUDY: prospective quality improvement study

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Publisher

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Year of Publication

2022

105.

Pearls and Pitfalls of Pediatric Scrotal Imaging.

Sintim-Damoa A., Cohen H.L.

Embase

Seminars in Ultrasound, CT and MRI. 43(1) (pp 115-129), 2022. Date of Publication: February 2022.

[Article]

AN: 2013117132

Ultrasonography (US) is the primary imaging modality for the evaluation of pediatric scrotal disease. The ability to obtain exceptional anatomical detail and testicular perfusion information without ionizing radiation makes it the essential tool for evaluating scrotal pain and palpable masses. Challenges arise in both the performance and interpretation of scrotal US in the child. Optimizing imaging parameters and recognizing key differentiating US features help minimize misinterpretations that can lead to poor patient outcomes. Key pearls and pitfalls in pediatric scrotal ultrasound methods and diagnoses are reviewed. Knowledge of what is normal for the various ages of childhood from neonate through adolescence is necessary for accurate US analysis. Imaging evaluation of key causes of the acute painful scrotum including testicular appendage torsion, epididymitis, and testicular torsion are discussed. Sonographic features for the diagnosis of benign and malignant scrotal masses, microlithiasis, and cryptorchidism are reviewed.

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Publisher

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2022

106.

Laparoscopic totally extraperitoneal ligation for pediatric inguinal hernia: a novel surgical treatment.

Koo E.-J., Jung E.

Embase

Surgical Endoscopy. 36(2) (pp 1320-1325), 2022. Date of Publication: February 2022.

[Article]

AN: 2010569084

Background: Laparoscopic repair is widely performed for the management of pediatric inguinal hernia (PIH), and different laparoscopic surgical methods are used. Herein, we present the application of laparoscopic totally extraperitoneal ligation (TEPL), which is a novel surgical method for PIH repair and is similar to traditional high ligation.

Method(s): In this study, 103 pediatric patients underwent laparoscopic TEPL for inguinal hernia. Data including demographic characteristics, clinical presentation, time of surgery, length of hospital stay, and postoperative complications were analyzed retrospectively.

Result(s): The patient's median age at surgery was 4.3 years, and the median body weight at surgery was 18 kg. The preoperative diagnoses were as follows: n = 53, right inguinal hernia; n = 45, left inguinal hernia; and n = 5, bilateral inguinal hernia. All patients were discharged on the day of surgery. The operative times were 27.2 min for unilateral inguinal hernia and 28.8 min for bilateral inguinal hernia. All patients, except one who had scrotal bruise, did not present with postoperative complications.

Conclusion(s): Laparoscopic TEPL, which is similar to traditional high ligation, is used for the treatment of PIH. Moreover, it is safe, beneficial, and feasible. Double ligation is performed on the extraperitoneal space, and the assessment of contralateral patent processus vaginalis is not complex. However, further studies should be conducted to assess for long-term outcomes.

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Publisher

Springer

Year of Publication

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107.

The effect of magnesium sulfate on emergence agitation in children undergoing general anesthesia: A systematic review and meta-analysis.

Shen Q.-H., Xu-Shen, Lai L., Chen Y.-J., Liu K., Sun L.-J.

Embase

Journal of Clinical Anesthesia. 78 (no pagination), 2022. Article Number: 110669. Date of Publication: June 2022.

[Review]

AN: 2016824617

Study objective: Emergence agitation (EA) is a common complication in pediatric patients after general anesthesia. The effectiveness of magnesium sulfate in decreasing the incidence of EA in children remains controversial. Therefore, a systematic review and meta-analysis was performed to assess the efficacy of magnesium sulfate in preventing EA in pediatric patients following general anesthesia.

Design(s): Systematic review and meta-analysis.

Setting(s): PubMed, Embase, Web of Science, and Cochrane Library were searched to identify eligible randomized controlled trials from their respective database inception dates to June 30, 2021.

Patient(s): Pediatric patients (< 18 years old) undergoing general anesthesia.

Intervention(s): Intravenous administration of magnesium sulfate. Measurements: The primary outcome of the meta-analysis was EA incidence. The risk of bias of the included studies was

evaluated using the revised Cochrane risk of bias tool for randomized trials (RoB 2.0). Grading of Recommendations, Assessment, Development, and Evaluation was applied to assess the level of certainty.

Main Result(s): Eight studies with 635 participants were identified. The forest plot revealed no significant difference in the incidence of EA between patients treated with magnesium sulfate and the control group (risk ratio = 0.69, 95% confidence interval [0.44, 1.07]; P = 0.10, I² = 74%, moderate level of certainty). Additionally, magnesium sulfate did not reduce postoperative pediatric anesthesia emergence delirium scores but prolonged the emergence time. No significant differences were observed in postoperative complications (nausea, vomiting, laryngospasm, breath-holding, coughing, oxygen desaturation, and cardiac arrhythmias).

Conclusion(s): Administration of magnesium sulfate during general anesthesia did not affect the occurrence of EA in pediatric patients. However, magnesium sulfate can prolong the emergence time without adverse effects. PROSPERO registration number: CRD42021252924.

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Publisher

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Year of Publication

2022

108.

Prone position: A possible method to decrease post dural puncture headache (PDPH) during surgery.

Alizadeh R., Aghsaeifard Z., Fereydoonnia B., Hashemi M., Mostafazadeh M.

Embase

Annals of Medicine and Surgery. 74 (no pagination), 2022. Article Number: 103277. Date of Publication: February 2022.

[Article]

AN: 2016612447

Objectives: Postdural puncture headache (PDPH) is a complication associated with spinal and epidural anesthesia, characterized by a very severe dull, non-throbbing positional headache along with nausea, vomiting and other symptoms. The aim of this study was to compare positional character of PDPH, where the effects of prone and supine positions during surgery were compared for the risk of the headache.

Method(s): This cohort study, was carried out at (XXX) University of Medical Sciences from June 2019 to June 2020 after the approval from the Ethical Committee. 1416 patients participated in this study among whom either supine or prone positions were used for the surgery, based on the type of surgical requirements. All patients received spinal where, 18-gauge cannula was inserted and lactated ringer 4 mL per Kg per hour was used for the administration. Using an aseptic technique, a 26-gauge Quincke needle was inserted intrathecally via a midline approach into the L3-L4 or L4-L5 interspace with the patient in the sitting position. Patients received 10 mg 0.5% hyperbaric bupivacaine. 444 patients were operated in the prone position during surgery (P group) and the 972 patients were in the supine position (S group).

Result(s): We compared the rate of PDPH between the two groups. 3 (0.68%) patients with pilonidal sinus were operated in prone position experienced headache and 87 of those operated in supine position (8.95%) had headache ($P < 0.001$); and the odds ratio of developing headache when operated in supine position was 13.16.

Conclusion(s): Prone position during surgery appears to be a reliable way to reduce PDPH following spinal or epidural anesthesia.

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109.

Lymphatic filariasis elimination status: *Wuchereria bancrofti* infections in human populations and factors contributing to continued transmission after seven rounds of mass drug administration in Masasi District, Tanzania.

Lupenza E.T., Gasarasi D.B., Minzi O.M.

Embase

PLoS ONE. 17(1 January) (no pagination), 2022. Article Number: e0262693. Date of Publication: January 2022.

[Article]

AN: 2016539263

Background Lymphatic filariasis (LF) affects more than 120 million people globally. In Tanzania, nearly six million people are estimated to live with clinical manifestations of the disease. The National LF control program was established in 2000 using Mass drug administration (MDA) of Ivermectin and Albendazole to individuals aged 5 years and above. This study assessed the infection status in individuals aged 15 years and above who are eligible for participation in MDA. The level of compliance to MDA and the reasons for non-compliance to MDA were also assessed. Methods A community based cross-sectional study was conducted in two villages of Masasi District. A total of 590 participants aged 15 years and above were screened for the circulating filarial antigen (CFA) using the rapid diagnostic test. Night blood samples from CFA positive individuals were further analyzed for detection and quantification of *Wuchereria bancrofti* microfilaria (Mf) using the counting chamber technique. A pre-tested questionnaire was administered to collect information on compliance to MDA and the factors affecting continued transmission. Data were analyzed using SPSS Version 20. Chi-square test was used to compare the prevalence of CFA by gender and village where a P-value 0.05 was considered statistically significant. Results Out of 590 participants, 30 (5.1%) were positive for CFA and one (0.2%) was found positive for microfilaria of *Wuchereria bancrofti*. Compliance during the last round of MDA, in the year 2019 was 56% which is below the minimum coverage recommended by WHO. Absence from home during MDA and perceptions of being free from hydrocele or elephantiasis were the major reasons for non-compliance. Conclusion There is a significant decline in LF

transmission in Masasi District after seven rounds of MDA. However, the presence of individuals who are persistently non-compliant may delay elimination of LF in the District.

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Publisher

Public Library of Science

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2022

110.

Results of using the method of full extraperitoneal endoscopically assisted ligation of the hernial sac with inguinal hernia in children.

Kozlov Y., Kapuller V.

Embase

Journal of Pediatric Surgery. 57(1) (pp 153-157), 2022. Date of Publication: January 2022.

[Article]

AN: 2015187822

Background/Purpose: The aim of this study was to evaluate the effectiveness of a new technique for inguinal hernia repair in children: pediatric hernia extra-peritoneal ligation and percutaneous suturing (PHELPS) in comparison with another laparoscopic technique, subcutaneous endoscopically assisted ligation (SEAL).

Method(s): We demonstrate the results of laparoscopic treatment of 680 patients with inguinal hernias. Of these, 206 patients were operated using the new PHELPS technique. The remaining 474 children received the SEAL technique. The difference between the methods is that PHELPS consists of ligating the hernia around the neck of the hernial sac, including an intra-peritoneal component (aponeurosis and muscles), while the SEAL technique ligates the hernia sac only. We examined whether this factor may lead to more recurrence and hydrocele in the SEAL technique.

Result(s): Both groups of patients were comparable in terms of age, body weight at the time of surgery, and gender. The average total duration of inguinal herniorrhaphy, including the time of surgery in patients with one-and two-sided hernia localization, was comparable in both groups (17.50 min versus 17.22 min; $p = 0.518$). The study demonstrated a faster recovery of patients after using the PHELPS technique for the treatment of inguinal hernias, consisting in a statistically significantly lower number of doses of postoperative analgesia (1.01 versus 1.31; $p < 0.001$) and a shorter time of patient stay in the hospital (8.06 h versus 8.78 h; $p = 0.031$). Despite the fact that there were no statistically significant differences in the frequency of postoperative hydrocele (0 versus 6; $p = 0.090$), we found a statistically significant difference between the groups in terms of recurrence (0 versus 17; $p < 0.001$).

Conclusion(s): The PHELPS technique shows improved results in terms of recurrence and hydrocele as compared to SEAL.

Level of Evidence: Level III Type of study: Retrospective Comparative Study

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2022

111.

Application of dexmedetomidine combined with propofol intravenous anesthesia in laparoscopic day surgery in pediatric urology.

Wang X.-D., Yang B., Fan L.-L., Guo N., Song H.-B.

Embase

Pakistan Journal of Medical Sciences. 38(1) (pp 150-155), 2022. Date of Publication: January-February 2022.

[Article]

AN: 2015161531

Objectives: To evaluate the sedative and analgesic effects of dexmedetomidine combined with propofol intravenous anesthesia in laparoscopic day surgery in pediatric urology.

Method(s): Eighty male children with cryptorchidism and hydrocele who underwent laparoscopic daytime surgery in our hospital from January 2019 to January 2021 were selected and randomly divided into two groups: the experimental group and the control group. Children in the experimental group ranged in age from 5.7 to 11.3, with an average of 8.52 \pm 2.17 years old, while those in the control group ranged in age from 5.3 to 12.0, with an average of 8.60 \pm 2.07 years old. There were 12 cases of cryptorchidism and 28 cases of hydrocele in the experimental group, and 14 cases of cryptorchidism and 26 cases of hydrocele in the control group. Children in the control group received conventional propofol intravenous combined anesthesia, while those in the experimental group were given dexmedetomidine (2-5 ug/kg) intranasally on the basis of conventional propofol intravenous anesthesia. The anesthetic effect, analgesic effect, serum levels of inflammatory cytokines before and after surgery and adverse drug reactions in the two groups were compared and analyzed.

Result(s): The awakening time, extubation time and retention time in the resuscitation room of the experimental group were shorter than those of the control group, with a statistically significant difference ($P < 0.05$); The VAS pain scores of the experimental group were significantly lower than those of the control group at 15minutes, 12hour and 24hour after awakening, with a statistically significant difference ($P < 0.05$). In addition, the levels of TNF- α , CRP, IL-6 and other inflammatory factors in the control group were significantly higher compared with those in the experimental group 24h after surgery, with a statistical significance (TNF- α , $P = 0.02$; CRP, $P = 0.00$; IL-6, $P = 0.03$); The incidence of adverse drug reactions in the experimental group was 17.5%, while that in the control group was 12.5%, which was not statistically significant ($P = 0.53$).

Conclusion(s): Dexmedetomidine combined with intravenous propofol anesthesia may be helpful to shorten the extubation time, the recovery time and the stay time in the anesthesia resuscitative room, improve the analgesic effect, and may reduce the inflammatory response and the expression of serum inflammatory cytokines, with no significant increase in side effects.

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Place Holder 11

Embase

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Publisher

Professional Medical Publications

Year of Publication

2022

112.

Comparison of laparoscope-assisted single-needle laparoscopic percutaneous extraperitoneal closure versus open repair for pediatric inguinal hernia.

Wu S., Xing X., He R., Zhao H., Zhong L., Sun J.

Embase

BMC surgery. 22(1) (pp 334), 2022. Date of Publication: 09 Sep 2022.

[Article]

AN: 638990996

BACKGROUND: Laparoscopic-assisted repairs for pediatric inguinal hernia have gained gradual acceptance over the past decade. However, consensus about the optimal management is still lacking. The aim of this study is to compare outcomes of a modified laparoscope-assisted single-needle laparoscopic percutaneous extraperitoneal closure (LPEC) versus open repair of pediatric hernias/hydrocele in a single institution. **MATERIALS AND METHODS:** We retrospectively reviewed the medical data of children who underwent laparoscope-assisted single-needle LPEC and open repair (OR) for inguinal hernia from 2014 to 2019. Data collection included demographics, laterality of hernia, surgical time and time to follow-up. We also reviewed and analyzed the evidence of recurrence, the incidence of metachronous contralateral inguinal hernia (MCIH), and other complications.

RESULT(S): In our cohort, 961 patients in the OR group and 1098 patients in the LPEC group were analyzed retrospectively. Mean operative time was significantly shorter in the LPEC group (22.3+/-3.5 min) than in the OR group (27.8+/-5.9 min) for bilateral hernia repair ($p<0.001$). Postoperative recurrence was 1.3% (13/1035) in the OR group and 0.5% (6/1182) in the LPEC group ($p=0.056$). Iatrogenic cryptorchidism occurred statistically more frequently in the OR group than in the LPEC group (0.4% vs. 0%, $p=0.013$). In addition, the incidence of MCIH was 3.7% (33/887) in the OR group and 0.3% (3/1014) in the LPEC group ($p<0.01$).

CONCLUSION(S): Comparing to open technique, laparoscope-assisted single-needle LPEC provides a simple and effective option for pediatric inguinal hernia/hydrocele repair with excellent outcomes, a low incidence of recurrence, and reduced MCIH.

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PMC Identifier

36085145 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=36085145>]

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Publisher

NLM (Medline)

Year of Publication

2022

113.

Contralateral patent processus vaginalis repair in boys: a single-center retrospective study.
Jinxiang L., Qingwei C., Shenghua Q., Yunqiang X., Haiyang L., Chengliang L., Meng X.

Embase

Scientific reports. 12(1) (pp 12073), 2022. Date of Publication: 15 Jul 2022.

[Article]

AN: 638494716

To ascertain the prevalence of contralateral patent processus vaginalis (CPPV) in life and the significance of the prevalence trends for treatment. We performed a retrospective review of all inguinal hernias (IHs) that underwent repair in our hospital from 2014 to 2018. We analyzed the frequency of occurrence and treatment in boys. We assessed and compared the history, initial sides of hernia, CPPV and prognoses in different age groups. We assessed all IH cases repaired in our hospital and selected male patients of a variety of ages, including boys and men. Recurrent cases were not enrolled. A total of 3243 cases were enrolled: 2489 [right-sided IH 1411 (56.69%) vs. left-sided IH 975 (39.17%), bilateral IH 103 (4.14%)] in children and 754 [right-sided IH 485 (64.32%) vs. left-sided IH 236 (31.30%), bilateral IH 33 (4.38%)] in adults. A total of 1124 CPPVs were identified in children with unilateral IH (2386), and 12 were identified in adults (267) ($p < 0.0001$). There were no significant differences in recurrence rate between different subgroups of children ($p > 0.05$). The incidence of IH in boys was significantly higher than that in men. The number of incident cases declines rapidly with age in boys. The processus vaginalis is normally obliterated and involuted but may instead remain patent for a long period before closure; routine exploration on the contralateral side may eliminate the possibility of spontaneous PPV closure.

Copyright © 2022. The Author(s).

PMC Identifier

35840606 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=35840606>]

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(Haiyang, Chengliang) Master of Medicine, Linyi Central Hospital, Linyi, Shandong, China

Publisher

NLM (Medline)

Year of Publication

2022

114.

Canal of Nuck Abnormalities in Pediatric Female Patients.

Saguintaah M., Eulliot J., Bertrand M., Prodhomme O., Bechard N., Bolivar-Perrin J., Taleb Arrada I., Simon A.-H., Baud C., Millet I.

Embase

Radiographics : a review publication of the Radiological Society of North America, Inc. 42(2) (pp 541-558), 2022. Date of Publication: 01 Mar 2022.

[Article]

AN: 637103231

A groin lump is not an uncommon condition in girls and female infants, and US plays a fundamental role in its exploration. The main pathologic conditions are related to the failure of obliteration of the canal of Nuck. Radiologists should gain a full understanding of the embryology and US anatomy of the inguinal canal before assessing this entity for the first time. An optimal age-adjusted US technique-including examinations at rest and during straining-is essential to help assess the canal of Nuck, diagnose a hernia, and analyze its content. The radiologist must be aware of the various types of hernial content depending on the patient's age, including intestinal, omental, ovarian, or tubouterine hernia, and the US features of each. Incarcerated hernias are common in girls and mostly contain an ovary. In such cases, it is crucial to screen for US signs suggestive of ovarian ischemic damage, thereby calling for urgent surgery. US can also depict a cyst or hydrocele of the canal of Nuck and its complications. Moreover, other rare pathologic conditions involving the inguinal area may be depicted at US, which helps guide appropriate treatment. US is the ideal modality for evaluating an inguinal lump in girls and female infants. Online supplemental material is available for this article.©RSNA, 2022.

PMC Identifier

35061516 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=35061516>]

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Publisher

NLM (Medline)

Year of Publication

2022

115.

Comparison of Inguinal Herniotomies with and Without Opening the External Oblique Aponeurosis in Children Above the Age of Two.

Kart Y., Ozturk C.

Embase

Nigerian journal of clinical practice. 25(1) (pp 33-36), 2022. Date of Publication: 01 Jan 2022.

[Article]

AN: 637084529

Background: Mitchell-Banks technique (MBT), in which inguinal canal is not opened, usually used in inguinal hernia repair in children under 2 years of age. The majority of pediatric surgeons tend to open the inguinal canal while performing inguinal hernia surgery in children over 2 years of age, called as modified Ferguson herniotomy (FH).

Aim(s): This study aimed to compare early and late complications of the MBT and FH in over 2 years of age patients who underwent inguinal hernia surgery.

Patients and Methods: We retrospectively reviewed the medical records of all children between 2 and 16 years old who underwent inguinal herniotomy procedure using the MBT and FH between January 2013 and December 2019. Patients were evaluated in terms of demographic data, early and late complications.

Result(s): This study included 834 children. Of these, 379 (44.8%) were operated on by an FH with opening the inguinal canal (Group 1), and 455 (55.2%) by MBT superficially to the external ring (Group 2). There were 68 (17.9%) females and 311 (82.1%) males in group 1, while there were 151 (33.2%) females and 304 (66.8%) males in group 2. Early complications were wound infection (1.1% in the group 1 vs. 1.3% in the group 2, $P = 1.00$) and scrotal hematoma (1.3% vs. 1.8%, $P = 0.89$). Late complications included recurrence (1.6% in the group 1 vs. 1.8% in the group 2, $P = 0.12$), undescended testis (2.1% vs. 0.7%, $P = 0.71$), testicular atrophy (1.5% vs. 0.4%, $P = 0.79$), and hydrocele (1.9% vs. 1.8%, $P = 0.87$). There was no statistically significant difference in terms of early and late complications ratio between two groups.

Conclusion(s): This study showed that inguinal hernia repair performed without opening the inguinal canal in children older than 2 years do not lead to an increase in complications. In this respect, MBT can be used as a simple and safe procedure in older children.

PMC Identifier

35046192 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=35046192>]

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Publisher

NLM (Medline)

Year of Publication

2022

116.

Spectrum of paediatric surgical cases in a private mission teaching hospital in Nigeria.

Ajao A.E., Adeniran J.O.

Embase

African journal of paediatric surgery : AJPS. 19(1) (pp 18-22), 2022. Date of Publication: 01 Jan 2022.

[Article]

AN: 636915768

Introduction: Establishing the nature of conditions requiring surgery among children in a particular location may be crucial for policy formulation and implementation as regards paediatric surgery.

Objective(s): This study aimed to describe the pattern and outcome of paediatric surgical cases operated upon in a newly established paediatric surgical unit in Nigeria. Subjects and Methods: This was a cross-sectional study of all subjects that were operated upon by the paediatric surgery unit over a 28-month period. Data obtained included age, sex, diagnosis, timing of surgery, post-treatment complications and outcome. Diagnoses were categorised based on the International Classification of Diseases 11th revision for morbidity and mortality statistics. Data analysis was done using Stata version 12.

Result(s): A total of 377 procedures were performed on 336 patients with a male-to-female ratio of 2.1:1. The median age at surgery was 36 months. Disorders of the digestive system (184, 48.8%) and developmental anomalies (119, 31.6%) accounted for majority of the cases, with inguinal hernias and hydrocoeles accounting for 17.0% of all cases. Thirty-six per cent of the procedures were emergent ones, and the overall complication rate was 23.6% (89/377). The unplanned re-operation rate was 7.4% (25/336) and mortality rate was 5.1% (17/336). Typhoid ileal perforation was responsible for 4 (23.5%) of the deaths.

Conclusion(s): Congenital anomalies and surgical infections represent a major surgical burden among children in our sub-region of Nigeria. There is, therefore, the need for focused research on these conditions and the integration of children surgery into public health programmes for children in sub-Saharan Africa.

PMC Identifier

34916346 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=34916346>]

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Publisher

NLM (Medline)

Year of Publication

2022

117.

To compare opioid based and opioid free anaesthesia in children undergoing day case surgery A randomised controlled trial to compare time to discharge readiness after opioid based and opioid free anaesthesia in children undergoing day case surgery

EBM Reviews - Cochrane Central Register of Controlled Trials

2022. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02512725 NEW

INTERVENTION: Intervention1: Opioid free anaesthesia : PROPOFOL 3MG/KG AND KETAMINE 0.5MG/KG INTRAVENOUS SINGLE DOSE Control Intervention1: OPIOID BASED ANAESTHESIA: PROPOFOL 3MG/KG AND FENTANYL 1mcg/KG INTRAVENOUS SINGLE DOSE,CONDITION: Health Condition 1: O- Medical and Surgical,PRIMARY OUTCOME: Mean time to discharge readiness (Ped-PADSS score more than or equal to 9) after opioid based and opioid free anaesthesia in children undergoing day case surgery.Timepoint: baseline, 30min, 60mins, 90mins, 120mins.,SECONDARY OUTCOME: 1.Mean (Â±SD) Heart rate (per min) and NIBP (mmHg) intra-operatively.

; 2. Mean time (minutes) taken to achieve Modified Aldrete score more than or equal to 9.

; 3. Mean (Â±SD) time (minutes) for rescue analgesia required till the time of discharge.

; 4. Median (IQR) pain assessment using FLACC score after every half an hour till discharge.

; 5. Median (IQR) Ramsay sedation scale after the surgery at score after every half an hour till discharge.

; 2. Proportion of patients developing side effects of drugs used (delirium, psychosis, hallucinations and apnea).Timepoint: every 30 minutes.,INCLUSION CRITERIA: ELECTIVE DAY CARE SHORT SURGERY SUCH AS INGUINAL HERNIA, VARICOCELE, UNDESCENDED TESTIS, HYDROCELE

118.

Prospective Randomized Controlled Trial Comparing Laparoscopic Palomo Surgery versus Scrotal Antegrade Sclerotherapy in Adolescent Varicocele

Chung KLY. Hung JWS. Yam FSD. Chao NSY. Li DCY. Leung MWY

EBM Reviews - Cochrane Central Register of Controlled Trials

Journal of urology. 101097JU0000000000003087p.2022. United States NLM (Medline)

[Journal article]

AN: CN-02505389 NEW

PURPOSE: Varicocele is a common condition in adolescence and the most common correctable cause of infertility. This study aimed to analyze and compare the outcomes of scrotal antegrade sclerotherapy (SAS) and laparoscopic Palomo surgery (LPS) in a tertiary referral centre.

MATERIALS AND METHODS: Patients with left grade 3 varicocele indicated for surgery were prospectively enrolled and randomly allocated to the SAS and LPS groups, with their respective contralateral normal testes taken as controls. The primary outcome measures were clinical varicocele recurrence, testicular catch-up growth, and post-operative hydrocele. All patients were evaluated clinically and using Doppler ultrasound by radiologists. **RESULTS:** From 2015 to 2020, 113 patients completed the study and were statistically analyzed (SAS, n = 57; LPS, n = 56). All patients had significantly smaller testes pre-operatively than the testicular volume differences with control testes were -23% in SAS and -19% in LPS. At 12-month follow-up, there were no statistical significant difference in clinical recurrences between the 2 groups (SAS = 5.3% vs LPS = 5.4%, P>.05, non-inferiority test). Testicular catch-up growths were observed in both groups, the mean testicular volume difference between the treatment and control testes reduced from -23% to -8.1% in SAS (P<.001) and -19% to -9.3% in LPS (P<.001) at 12-month follow-up. There was no post-operative hydrocele in SAS compared to 7 in LPS (0% vs 13%, P = .006).

CONCLUSION: Both SAS and LPS are safe and effective procedures for treatment of adolescent varicocele with significant positive effect on testicular catch-up growth. SAS is not inferior to LPS in terms of clinical recurrence rate and with significantly less post-operative hydrocele.

Publisher

NLM (Medline)

119.

Comparison of drugs for Premedication in the form of popsicles for elective pediatric surgeries
Comparison of popsicles of oral midazolam, ondansetron, Ketamine and Atropine (MOKA) vs midazolam, Ondansetron and Atropine (MOA) vs Ketamine, Ondansetron and Atropine (KOA) as oral premedication for elective pediatric surgeries

EBM Reviews - Cochrane Central Register of Controlled Trials

2022. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02498457 NEW

INTERVENTION: Intervention1: Group KOA- Ketamine, Ondansetron, Atropine: 1 popsicle (10ml) would contain: ketamine 2ml (100 mg), Ondansetron 2 ml (8 mg), Atropine 1ml (0.6 mg) and with 5ml of orange colour flavoured drink. This was given once preoperatively. Control Intervention1:

Group MOA - Midazolam, Ondansetron, Atropine: 1 popsicle (10ml) would have midazolam 1.5 ml of ampoule containing 5mg (7.5 mg), Ondansetron 2 ml (8 mg), Atropine 1ml (0.6 mg) and 5.5ml of orange colour. This was given once preoperatively. Control Intervention2: Group MOKA-

Midazolam, Ondansetron, Ketamine, Atropine: 1 popsicle (10ml) would consist of oral Midazolam 0.5 ml of preparation containing 5mg/cc (2.5 mg), Ondansetron 2 ml (8 mg), Ketamine 1.5 ml (75 mg) Atropine 1ml (0.6mg) with 6ml of orange colour flavoured drink. This was given once preoperatively.

CONDITION: Health Condition 1: Z412- Encounter for routine and ritual male

circumcision Health Condition 2: N433- Hydrocele, unspecified Health Condition 3: Q549-

Hypospadias, unspecified Health Condition 4: K409- Unilateral inguinal hernia, without

obstruction or gangrene Health Condition 5: S829- Unspecified fracture of lower leg, PRIMARY

OUTCOME: To compare the separation anxiety in pediatric patients between the three groups

MOKA (Midazolam+Ondansetron+Ketamine+Atropine), MOA (Midazolam+Ondansetron,

Atropine), KOA (Ketamine+ Ondansetron+Atropine)

; Timepoint: -To assess the parental separation at 10min, 20min, 30min after administration of popsicle

; This is done for all the three groups.

; SECONDARY OUTCOME: -To compare the Sedation score between the three groups.

; -To compare the ease of venous cannulation between the three groups.

; -To compare the mask acceptance between the three groups.

; -To compare the time of extubation between the three groups.

; -To compare the post anesthetic recovery between the three groups.

; -To compare the adverse effects between the three groups

; Timepoint: -To assess the sedation score at 10min, 20min, 30min after administration of popsicle

; -To assess the ease of venous cannulation and mask acceptance before induction of anesthesia

; -To assess the time taken for extubation and time taken to achieve a modified Aldrete score of more than 9, immediately after extubation

; -To note the side effects upto 24 hours postoperatively.

; This is done for all three groups., INCLUSION CRITERIA: -Elective surgeries -Weighing between 10 kgs- 40 kgs -Procedures lasting more than 30 min -ASA I or II patients

120.

Comparison of the Detection and Ligation of Patent Processus Vaginalis Between Laparoscopy-Assisted Transscrotal Orchiopexy and Single Scrotal Incision Orchiopexy.

Zhao W, Su C, Li S, Mo Z

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Frontiers in Surgery. 8:819057, 2021.

[Journal Article]

UI: 35174204

This study aimed to compare the detection and ligation of patent processus vaginalis (PPV) between laparoscopy-assisted transscrotal orchidopexy (LATO) and single scrotal incision orchidopexy (SSIO) for low palpable undescended testis (UDT). We performed a retrospective medical record review of transscrotal orchidopexies performed for low palpable UDT at our institution from 2017 to 2019; 33 and 39 boys underwent LATO and SSIO, respectively. Data collection included patient demographics, incidence of PPV, operative time, and clinical outcomes. All 95 testes were delivered into the scrotum. There was no significant difference between the two groups with respect to patients' age, side, and mean operative time. The incidence of PPV in the LATO group was significantly higher than that in the SSIO group (56.52 vs. 34.69%, $P = 0.04$). The incidence of contralateral PPV in the LATO group was 45%. One patient in the SSIO group underwent unilateral PV ligation and laparoscopic exploration revealed bilateral PPV owing to metachronous contralateral hydrocele. One patient in the LATO group demonstrated obliterated PV in the initial transscrotal procedure, but an ipsilateral PPV was found in the latter laparoscopic procedure. In conclusion, LATO has a higher detection rate and higher ligation of the PPV than SSIO, suggesting that, LATO may help reduce recurrent PPV-related issues. However, long-term follow-up results are needed to evaluate the advantages and disadvantages in a larger case series.

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Version ID

1

Place Holder 11

PubMed-not-MEDLINE

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8841425>

Year of Publication

2021

121.

Comparison of laparoscopic percutaneous internal ring suturing method and open inguinal hernia repair in children under 3 months of age.

Ergun E, Yagiz B, Kara YA, Abay AN, Balci O, Eryilmaz S, Ozguner IF, Karaman A, Karaman I
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Turkish Journal of Surgery. 37(3):215-221, 2021 Sep.

[Journal Article]

UI: 35112055

OBJECTIVES: Laparoscopic inguinal hernia repair in younger infants has not been completely accepted worldwide. The aim of this study was to evaluate the safety and feasibility of laparoscopic percutaneous internal ring suturing method in children aged younger than 3 months and compare the recurrence and complication rates with open repair; which may still be mentioned as the gold standard procedure.

MATERIAL AND METHODS: A total of 387 children underwent inguinal hernia repair in the clinic between 2016 and 2019. One hundred and forty of them were under 3 months old and divided into two groups; children who underwent laparoscopic percutaneous internal ring suturing (Group

1) and open surgery (Group 2). Selection of the surgical method was regardless of weight, sex or any patient characteristics other than surgeon's choice. Operation durations, complications and recurrences were compared between the two groups.

RESULTS: A total of 140 patients underwent surgery due to inguinal hernia. Group 1 included 85 and Group 2 included 55 children. There were two recurrences in each group ($p > 0.05$).

Operative durations were shorter in Group 1 for both; unilateral and bilateral repairs ($p < 0.0001$).

There were no intraoperative complications in any group. There was one major postoperative complication in Group 2: iatrogenic undescended testis, and none was observed in Group 1. In the laparoscopic group, 47% of the children who were diagnosed to have unilateral hernia were revealed to have bilateral inguinal hernias ($n = 31$).

CONCLUSION: Laparoscopic percutaneous internal ring suturing method seems favourable in terms of operative time. It also has the advantage of detecting contralateral patent processus vaginalis or asymptomatic contralateral inguinal hernia.

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Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

Ergun, Ergun, Yagiz, Beytullah, Kara, Yusuf Alper, Abay, Asli Nur, Balci, Ozlem, Eryilmaz, Sibel, Ozguner, Ismet Faruk, Karaman, Ayse, Karaman, Ibrahim

Institution

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8776410>

Year of Publication

2021

122.

Comparison of Recurrence and Complication Rates Following Laparoscopic Inguinal Hernia Repair among Preterm versus Full-Term Newborns: A Systematic Review and Meta-Analysis.

[Review]

Pogorelic Z, Anand S, Krizanac Z, Singh A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Children. 8(10), 2021 Sep 26.

[Journal Article. Review]

UI: 34682118

BACKGROUND: Laparoscopic inguinal hernia repair (LHR) in children has been widely performed in the last decades, although it is still not sufficiently researched in preterm infants. This systematic review and meta-analysis compared the recurrence and complication rates following laparoscopic hernia repair among preterm (PT) versus full-term (FT) newborns.

METHODS: Scientific databases (PubMed, EMBASE, Scopus, and Web of Science databases) were systematically searched for relevant articles. The following terms were used: (laparoscopic hernia repair) AND (preterm). The inclusion criteria were all preterm newborns with a unilateral or bilateral inguinal hernia who underwent LHR. The main outcomes were the incidence of recurrence of hernia and the proportion of children developing postoperative complications in comparison with FT newborns following LHR.

RESULTS: The present meta-analysis included four comparative studies. Three studies had a retrospective study design while one was a prospective study. A total of 1702 children were included (PT n = 523, FT n = 1179). The incidence of hernia recurrence showed no significant difference between the PT versus FT groups (RR = 2.58, 95% CI 0.89-7.47, p = 0.08). A significantly higher incidence of complications was observed in the PT group compared to the FT group (RR = 4.05, 95% CI 2.11-7.77, p < 0.0001). The PT group of newborns accounted for 81% and 72% of the major and minor complications. The major complications were either non-surgical (i.e., severe respiratory distress requiring reintubation with prolonged ventilation (or high-frequency ventilation), seizures, bradycardia), or surgical (i.e., hydroceles requiring operative intervention and umbilical port-site hernia).

CONCLUSIONS: LHR in PT infants is associated with similar recurrence rates as in FT infants. However, the incidence of complications is significantly higher in PT versus FT infants.

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1

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8534929>

Year of Publication

2021

123.

Laparoscopic Excision of Patent Processus Vaginalis for Pediatric Hydroceles.

Banieghbal B

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 13(10):e18416, 2021 Oct.

[Journal Article]

UI: 34646588

Background The standard surgical practice for pediatric hydrocele is resection and ligation of the patent processus vaginalis (PPV). Non-ligation of PPV for pediatric hydrocele is another possibility that can be repaired laparoscopically. **Material & methods** A retrospective study was undertaken over 10 years (Jan 2011-Feb 2020), of a case series of boys with hydroceles that underwent laparoscopic PPV (Lap PPV) excision. Exclusion criteria were for parents who requested open surgery (10 cases) or an omental plug noted at the PPV site during laparoscopy (one case). Laparoscopic PPV excision was performed via a transperitoneal approach. **Results** There were 43 cases of Lap PP excision, including three recurrences after open surgery. There were no conversions, complications, or recurrences in any patients. The average operative time for unilateral cases was 21 mins (range 15-30 mins). Three concurrent contra-lateral hydroceles were noted and resected during the primary procedure. Time to regular activity was within one day. There was no visible scar or recurrence after Lap PPV at six months post-surgery review. **Conclusion** Lap PPV excision appears to be at least equivalent to the "open and ligation" approach. During laparoscopy, both internal rings are assessed for a PPV. By avoiding an inguinal incision(s), a better cosmetic result is possible. It is conceivably safer than open surgery in recurrent cases.

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PMC Identifier

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Year of Publication

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124.

Laparoscopic vs. Open Repair Surgery for the Treatment of Communicating Hydrocele in Children: A Retrospective Study From a Single Center.

Liu J, Tang R, Wang X, Sui B, Jin Z, Xu X, Zhu Q, Chen J, Ma H, Duan G

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Frontiers in Surgery. 8:671301, 2021.

[Journal Article]

UI: 34055871

Purpose: This study evaluated the outcomes of laparoscopic repair (LR) and open repair (OR) surgery for communicating hydrocele in children. **Patients and Methods:** We collected the clinical data and follow-up data of all boys (<14 years) who underwent communicating hydrocele surgery in the pediatric surgery department at Yijishan Hospital of Wannan Medical College from January 2017 to December 2018 and retrospectively analyzed the data.

Results: In this study, 155 patients were retrospectively enrolled, including 90 patients in the OR group and 65 patients in the LR group. There were significant differences in operation time and the recurrence of hydrocele between the two groups. The persistence of scrotal swelling in the LR group was significantly lower than that in the OR group. There was no significant difference in postoperative hospitalization time or incision infection rate between the two groups. Conclusion: In conclusion, this study shows that laparoscopic treatment of children with communicating hydrocele has the advantages of a hidden incision, a shortened operation time, and a reduced postoperative recurrence rate and can be used as the preferred surgical method. However, laparoscopic treatment should be selected according to the specific condition of each child and cannot completely replace traditional open surgery.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8149793>

Year of Publication

2021

125.

Comparison of Open Repair and Laparoscopic Percutaneous Internal Ring Suturing Method in Repairing Inguinal Hernia in Children.

Kara YA, Yagiz B, Balci O, Karaman A, Ozguner IF, Karaman I

OID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 13(4):e14262, 2021 Apr 02.

[Journal Article]

UI: 33959445

Introduction An inguinal indirect hernia is one of the most frequent surgical conditions in children. In this study the experience with laparoscopic percutaneous internal ring suturing (PIRS) and open inguinal hernia surgery and their relations evaluated. **Methods** All children over 90 days of age and without having prior inguinal region surgery with a diagnosis of indirect inguinal hernia underwent surgical repair with open or laparoscopic PIRS technique. Patients' gender, age at surgery, inguinal hernias side, surgery duration, recurrence, complications, and follow-ups were collected. **Results** A total of 488 inguinal hernias of 405 patients were repaired. The diagnoses were unilateral inguinal hernia in 360 (88.9%) and it was bilateral in 33 (8.1%) patients. The operative technique was laparoscopic PIRS for 227 and open inguinal hernia surgery for 178 patients. In the PIRS group, a contralateral hernia was found in 48 of 205 children (23.4%). The surgery times were 23.3 (PIRS) and 33.7 (open) min for unilateral and 28 (PIRS) and 53.1 (open) min on average for bilateral inguinal hernia surgery. Mean follow-up was 30.4 months for PIRS and 24.4 months for open technique. Recurrence was observed in seven (3%) patients in PIRS and one (0.5%) in the open group and postoperative complications in three (1.3%) in PIRS and four (2.2%) in the open group. **Conclusion** PIRS method has the advantage to evaluate contralateral hernia at the same session, minimal scar related to surgery, and preserve the spermatic cord from manipulation. PIRS is an alternative feasible method and easy to perform to repair the inguinal hernia with/without communicating hydrocele in children.

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1

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8093124>

Year of Publication

2021

126.

Unusual case of a hydrocele.

Fulham C, Sanghavi R, Chopra J

OID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Archives of Disease in Childhood. 106(3):289-290, 2021 Mar.

[Journal Article]

UI: 32060032

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Year of Publication

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127.

A term infant with fetal giant meconium hydrocele caused by meconium peritonitis.

Shitara Y, Watanabe E, Takahashi N

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Pediatrics & Neonatology. 62(4):445-446, 2021 07.

[Journal Article]

UI: 33931345

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Year of Publication

2021

128.

Differential Diagnosis of Acute Scrotum in Childhood and Adolescence with High-Resolution
Duplex Sonography. Differenzialdiagnose des akuten Skrotums im Kindes- und Jugendalter mit
der hochauflösenden Duplexsonografie. <Differenzialdiagnose des akuten Skrotums im Kindes-
und Jugendalter mit der hochauflösenden Duplexsonografie.>

Deeg KH

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Ultraschall in der Medizin. 42(1):10-38, 2021 Feb.

[Journal Article]

UI: 33530122

Acute testicular pain in childhood can be caused by testicular torsion, torsion of the appendix testis, or epididymo-orchitis. Quick and reliable diagnosis is essential for determining the further course of action (surgery or conservative approach). The diagnostic tool of choice is high-resolution sonography with a linear transducer (> 10 MHz) combined with color and spectral Doppler sonography. The Doppler device settings should include a low pulse repetition frequency (< 4 cm/s), a low wall filter (< 100 Hz), and adequate gain. Comparison with the unaffected healthy testis is essential. The most important of the three diseases is torsion of the spermatic cord because it requires immediate surgical intervention and detorsion. The affected testis is enlarged and has an inhomogeneous echotexture with hypoechoic and hyperechoic areas as well as an associated hydrocele. In testicular torsion, color Doppler shows reduced or absent intratesticular vessels in comparison with the healthy contralateral testis. Spectral Doppler shows decreased flow velocities especially during diastole in intratesticular arteries and an increased resistance index. The investigation should always include imaging of the spermatic cord from the outer inguinal ring to the upper pole of the testis. In contrast to a normal finding, the vessels and the ductus deferens are not displayed as linear tubular structures but in form of a spiral twist. Ultrasound shows a target-like structure with multiple concentric rings. Color Doppler sonography shows the typical whirlpool sign. In torsion of the appendix testis, the appendix testis is enlarged in the groove between the testis and epididymis. The longitudinal diameter of the appendix testis can be greater than 5 mm. The echogenicity of the torsed appendage can vary between hypoechoic (acute torsion) and hyperechoic (prior torsion). An associated hydrocele of varying size is usually seen. Color Doppler sonography reveals a lack of perfusion of the enlarged appendix testis and increased vascularity of the testis and primarily the epididymis. Epididymo-orchitis is characterized by an enlarged epididymis and/or testis with inhomogeneous echogenicity (hypoechoic - hyperechoic). Color Doppler sonography shows increased vascularity in comparison with the unaffected testis. Spectral Doppler reveals increased diastolic flow velocities and a decreased resistance index. Idiopathic scrotal edema and an incarcerated inguinal hernia must be ruled out in the differential diagnosis.

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Collaborator Alias

Publisher

Bei akuten Hodenschmerzen im Kindesalter gilt es, zwischen Hodentorsion, Hydatidentorsion und Epididymoorchitis zu differenzieren. Wichtig ist eine zuverlässige und rasche Diagnose, um das weitere Prozedere (OP oder konservativ) festlegen zu können. Das Diagnostikum der Wahl ist die hochauflösende Sonografie mit einem Linearschallkopf (> 10 MHz) zusammen mit der farbkodierten und gepulsten Dopplersonografie. Bei der Einstellung des Dopplergeräts muss auf eine niedrige Pulsrepetitionsfrequenz (< 4 cm/s), einen niedrigen Wandfilter (< 100 Hz) und eine adäquate Verstärkung geachtet werden. Wichtig ist der Vergleich mit dem nicht betroffenen gesunden Hoden. Die wichtigste der 3 Erkrankungen ist die Samenstrangtorsion, da sie die sofortige operative Freilegung und Detorsion erfordert. Der betroffene Hoden ist vergrößert und weist ein inhomogenes Binnenreflexmuster mit echoarmen und echogenen Arealen sowie eine Begleithydrozele auf. Die Hodentorsion ist farbdopplersonografisch durch eine reduzierte oder fehlende Darstellung der intratestikulären Gefäße im Vergleich zum gesunden kontralateralen Hoden gekennzeichnet. Mit der gepulsten Dopplersonografie sind die Flussgeschwindigkeiten v. a. in der Diastole in intratestikulären Arterien erniedrigt und der Resistance-Index erhöht. Bei jeder Untersuchung muss der Samenstrang vom äußeren Leistenring bis zum oberen Hodenpol

dargestellt werden. Im Gegensatz zum Normalbefund stellen sich die Gefase und der Ductus deferens nicht als tubulare, linear verlaufende Strukturen dar, sondern sind spiralförmig verschlungen. Sonografisch findet man eine schiessscheibenförmige Struktur mit multiplen konzentrischen Ringen. Mit der farbkodierten Dopplersonografie zeigt sich das typische Whirlpool-Zeichen. Bei der Hydatidentorsion stellt sich eine vergroserte Hydatide im Bereich der Einkerbung zwischen Hoden und Nebenhoden dar. Der Längsdurchmesser der Hydatide kann dabei über 5 mm betragen. Die Echogenität der torquierten Hydatide kann zwischen echoarm (akute Torsion) und echogen (langer zurückliegende Torsion) schwanken. Meist findet man eine mehr oder minder große Begleithydrozele. Mit der farbkodierten Dopplersonografie ist die vergroserte Hydatide nicht durchblutet, während Hoden und v. a. Nebenhoden eine vermehrte Vaskularität aufweisen. Die Epididymoorchitis ist durch einen vergroserten Nebenhoden und/oder Hoden mit inhomogener Echogenität (echoarm - echogen) und eine Begleithydrozele gekennzeichnet. Mit der farbkodierten Dopplersonografie findet man im Vergleich zum nicht betroffenen Hoden eine vermehrte Vaskularität. Mit der gepulsten Dopplersonografie finden sich erhöhte Flussgeschwindigkeiten v. a. in der Diastole sowie ein erniedrigter Resistance-Index. Differenzialdiagnostisch müssen das idiopathische Skrotalödem und eine inkarzerierte Leistenhernie ausgeschlossen werden.

Language: German

Year of Publication

2021

129.

Risk factors for lymphatic filariasis and mass drug administration non-participation in Mandalay Region, Myanmar.

Dickson BFR, Graves PM, Aye NN, Nwe TW, Wai T, Win SS, Shwe M, Douglass J, Wood P, Wangdi K, McBride WJ

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Parasites & Vectors [Electronic Resource]. 14(1):72, 2021 Jan 22.

[Journal Article]

UI: 33482891

BACKGROUND: Myanmar commenced a lymphatic filariasis (LF) elimination programme in 2000. Whilst the country has made considerable progress since then, a number of districts have demonstrated persistent transmission after many rounds of mass drug administration (MDA). The causes of unsuccessful MDA have been examined elsewhere; however, there remains little information on the factors that contribute in Myanmar.

METHODS: We conducted an analysis of factors associated with persistent infection, LF-related hydrocoele and MDA participation in an area with ongoing transmission in 2015. A cross-sectional household survey was undertaken in 24 villages across four townships of Mandalay Region. Participants were screened for circulating filarial antigen (CFA) using immunochromatographic tests and, if positive, for microfilaria by night-time thick blood slide. Individuals 15 year and older were assessed for filariasis morbidity (lymphoedema and, if male, hydrocoele) by ultrasound-assisted clinical examination. A pre-coded questionnaire was used to assess risk factors for LF and for non-participation (never taking MDA). Significant variables identified in univariate analyses were included in separate step-wise multivariate logistic regressions for each outcome.

RESULTS: After adjustment for covariates and survey design, being CFA positive was significantly associated with age [odds ratio (OR) 1.03, 95% CI 1.01-1.06], per year], male gender (OR 3.14, 1.27-7.76), elevation (OR 0.96, 0.94-0.99, per metre) and the density of people per household room (OR 1.59, 1.31-1.92). LF-related hydrocoele was associated with age (OR 1.06, 1.03-1.09, per year) and residing in Amarapura Township (OR 8.93, 1.37-58.32). Never taking

MDA was associated with male gender [OR 6.89 (2.13-22.28)] and age, particularly in females, with a significant interaction term. Overall, compared to those aged 30-44 years, the proportion never taking MDA was higher in all age groups (OR highest in those < 5 years and > 60 years, ranging from 3.37 to 12.82). Never taking MDA was also associated with residing in Amarapura township (OR 2.48, 1.15-5.31), moving to one's current village from another (OR 2.62, 1.12-6.11) and ever having declined medication (OR 11.82, 4.25-32.91). Decreased likelihood of never taking MDA was associated with a higher proportion of household members being present during the last MDA round (OR 0.16, 0.03-0.74) and the number visits by the MDA programme (OR 0.69, 0.48-1.00).

CONCLUSIONS: These results contribute to the understanding of LF and MDA participation-related risk factors and will assist Myanmar to improve its elimination and morbidity management programmes.

Version ID

1

Place Holder 11

MEDLINE

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PMC Identifier

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Year of Publication

2021

130.

A Machine Learning Model to Maximize Efficiency and Face Time in Ambulatory Clinics.

Wang H.-H.S., Cahill D., Panagides J., Yang T.-Y.T., Finkelstein J., Campbell J., Estrada C.
Embase

Urology Practice. 8(2) (pp 176-182), 2021. Date of Publication: 01 Mar 2021.

[Article]

AN: 2022820568

Introduction: Ambulatory appointments are typically scheduled in fixed increments, resulting in suboptimal time utilization. Advanced analytics are rarely applied to address operational challenges in health care. We sought to develop a machine learning model that predicts the time pediatric urologists require to create a more efficient clinic schedule.

Method(s): We prospectively collected data from January to April 2018. Variables included demographics and visit level covariates. The primary outcome was defined as in-room doctor time spent. Univariate analysis was performed. Data were split into train/test in a 4: 1 ratio. Separate models using random forest were created for new and return visits. Two out-of-sample clinic days were used to compare the patient wait time between fixed-time visits and machine learning model. Patient punctuality simulation was performed 1,000 times for each day.

Result(s): A total of 256 visits (113 new/143 return) were included. Mean age at visit was 6.47 years. In univariate analysis, longer visits were significantly associated with new patients ($p < 0.01$), testing ($p < 0.01$), older patients and diagnoses like voiding dysfunction and neurogenic bladder. Conversely, morning clinic, previous urological surgery ($p < 0.01$), recent postoperation ($p < 0.01$) and diagnoses like penile complaints and hydrocele were associated with shorter visits. On average, our machine learning model predicted doctor time accurately to 3.6 (new patients) and 5.0 minutes (returning patients). In 1,000 simulated days with random patient punctuality machine learning reduced the wait time by 24% to 54%.

Conclusion(s): Pediatric urologists' clinic time can be accurately predicted with machine learning models. This insight can be incorporated into a robust scheduling model to minimize patient wait time, increase clinical efficiency and likely improve family satisfaction.

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Place Holder 11

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Lippincott Williams and Wilkins

Year of Publication

2021

131.

Laparoscopic percutaneous internal ring suturing for paediatric inguinal hernias: a South African tertiary centre experience.

Madziba S., Harilal S., Mangray H.

Embase

South African journal of surgery. Suid-Afrikaanse tydskrif vir chirurgie. 59(4) (pp 149-152), 2021. Date of Publication: 01 Dec 2021.

[Review]

AN: 636874650

BACKGROUND: Laparoscopic inguinal hernia repair is routine in many paediatric centres. One of several techniques described in 2006 is the laparoscopic percutaneous internal ring suturing

(PIRS) technique. This technique which is not widely used in South Africa has been adopted for paediatric inguinal hernias at our institution, and this is a review of the experience.

METHOD(S): The study is a retrospective review of the patients who underwent PIRS (a single port combined percutaneous procedure used to close the internal ring) at our hospital from October 2018 until March 2020. We describe the technique in our setting and review our cohort of patients, demographics, clinical presentation, operative duration and complications.

RESULT(S): One hundred and ten laparoscopic PIRS procedures were performed on 94 patients; 15 had bilateral inguinal hernias. Polydioxanone and Prolene were the sutures used for the procedures. Average operative time was 12 minutes for unilateral hernias and 33 minutes for bilateral hernias. All operations were completed laparoscopically. Follow-up was for a minimum of three months, but up to 21 months. Complications included three intraoperative haematomas, three hydrocoeles and two umbilical granulomas postoperatively. There were two recurrent hernias of which one was managed with redo PIRS; the other required open herniotomy for an irreducible obstructed hernia.

CONCLUSION(S): This review is supportive evidence that the PIRS technique for managing paediatric inguinal hernias in a tertiary institution in South Africa can be performed safely with few complications.

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34889537 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=34889537>]
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NLM (Medline)
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2021

132.

Acquired Testicular Disorders.

Izzo G., Pujia R., Aversa A.

Embase

Trends in Andrology and Sexual Medicine. (pp 147-169), 2021. Date of Publication: 2021.

[Chapter]

AN: 636313993

Acquired testicular disorders are a spectrum of disease characterized by the presence of testicular damage that may recognize traumatic etiology or, less frequently, may be due to environmental pollutants or drug adverse reactions, i.e., antiandrogens or corticosteroids. Even if traumatic disorders may often affect young adolescents, they are rather frequent also in adult life, while post-infective disease is more frequent in adult and elderly men. Recognizing clinical signs, diagnosis, and treatment options is important for clinicians to prevent infertility and associated sexual disturbances in most cases. This chapter will discuss most important features for diagnosing acquired testicular disease and its treatment.

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133.

Single Incision Laparoscopic Percutaneous Extraperitoneal Closure of Internal Ring for Incarcerated Inguinal Hernia in Children: A Single Center Experience with 104 Cases.
Son T.N., Van Bao H.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(12) (pp 1449-1454), 2021.
Date of Publication: 01 Dec 2021.

[Article]

AN: 636699664

Introduction: The aim of this report is to present our technique and outcomes of single incision laparoscopic percutaneous extraperitoneal closure of internal ring (SILPEC) for incarcerated inguinal hernia (IIH) in children.

Patients and Methods: The medical records of all children undergoing emergency SILPEC for IIH after unsuccessful attempted manual reduction between June 2016 and September 2020 at our center were reviewed. For SILPEC, two trocars 3.5-6 mm were placed through a single umbilical incision. A 17G epidural needle and a small wire-lasso were used for extraperitoneal closure of the internal ring.

Result(s): From a total of 2904 consecutive patients with inguinal hernia (IH) undergoing SILPEC, 104 patients (3.6%) had IIH. There were 84 boys and 20 girls with a median age of 18.5 months (ranged 1 month to 11 years). At the time of surgery under general anesthesia IIH was found to be spontaneously reduced in 26.9%; the hernia contents were bowel in 52.9%, great omentum in 13.5%, and ovary in 6.7% of the patients. All hernias were successfully reduced without additional ports or conversion to open surgery. Patent contralateral processus vaginalis (PCPV) was detected intraoperatively in 44.2% of the cases. The median operative time was 24 minutes for unilateral and 30 minutes for bilateral procedures. The median postoperative stay was 1 day. At a median follow-up of 28 months, there was no case of hydrocele, testicular atrophy, or iatrogenic cryptorchism. The postoperative cosmesis was excellent as all patients were virtually scarless. Recurrence occurred in 1.9% with no significant difference ($P = .669$) compared to the 1.4% recurrence rate of the 2800 patients with ordinary IH undergoing elective SILPEC during the same study period.

Conclusion(s): SILPEC for IIH in children is feasible, safe, with excellent postoperative cosmesis, and no significant difference in hernia recurrence between emergency SILPEC for IIH and elective SILPEC for ordinary IH.

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Place Holder 11

Embase

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Publisher

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Year of Publication

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134.

Safety and Efficacy of Laparoscopic Management of Intracanalicular Testes in Pediatrics.
Daboos M.A., Mahmoud M.A., Gouda S., Salama A., Akl M., Mahfouz M., Mohammed Y.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(11) (pp 1351-1355), 2021.

Date of Publication: November 2021.

[Article]

AN: 636535076

Introduction: Undescended testis is a relatively common congenital anomaly in male children with a prevalence of 1%-2% in live births. Upon discovering an empty scrotum, it is important to determine whether the testis is palpable, ectopic, retractile, or nonpalpable. A canalicular or "emergent" testis is a peeping one that freely slides to and fro between the abdominal cavity and inguinal canal. It may be impalpable initially, but at a time, it emerges from the internal ring to be palpable when it is "milked" down (where it was concealed from detection). It is reported that 15%-40% of cryptorchidism are viable peeping/canalicular testis. The laparoscopic approach for treating intracanalicular undescended testes offers many advantages over open inguinal orchiopexy. It maintains the integrity of the inguinal canal and eliminates the need to divide the epigastric vessels during dissection. The ability to dissect the testicular vessels at a higher level would increase the vessel length available to bring the testis down to the scrotum without strain. The aim of this study is to present our experience and evaluate laparoscopic approach for management of intracanalicular testes regarding operative safety, efficacy, and postoperative outcomes.

Patients and Methods: This is a prospective study conducted at Department of Pediatric Surgery, MCH Hospital, Bisha, Saudi Arabia and Pediatric Surgery Department, Al-Azhar University Hospitals, Cairo, Egypt, in the period from October 2018 to August 2020 to evaluate the safety and efficacy of laparoscopic orchiopexy for intracanalicular testis. Patients with retractile testes, ectopic testes, testes located distal to the external inguinal ring, and nonpalpable testes were excluded from the study.

Result(s): The study was conducted on 62 male children with 70 intracanalicular (peeping) testes, with age range from 8 months to 48 months (mean age: 24 months). Among them, 26 cases (~42%) were left-sided, 28 (~45%) were right-sided, and 8 (~13%) cases were affected bilaterally. Postoperatively, all testes maintained good size without postoperative hydrocele or inguinal hernia. One case (1.4%) required open redo-orchiopexy because of testicular re-ascent to the level of scrotal neck. Moreover, there was no evidence of testicular atrophy confirmed by postoperative ultrasonography. All patients had good satisfied cosmetic results obtained by parent's questionnaire at postoperative follow-up visits.

Conclusion(s): Laparoscopic orchiopexy for management of (intracanalicular) undescended testes is safe, effective, less invasive, without disturbance of inguinal canal anatomy, and with better cosmetic results.

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PMC Identifier

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Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc.
Year of Publication
2021

135.

B. infantis EVC001 Is Well-Tolerated and Improves Human Milk Oligosaccharide Utilization in Preterm Infants in the Neonatal Intensive Care Unit.

Bajorek S., Duar R.M., Corrigan M., Matrone C., Winn K.A., Norman S., Mitchell R.D., Cagney O., Aksenov A.A., Melnik A.V., Kopylova E., Perez J.

Embase

Frontiers in Pediatrics. 9 (no pagination), 2021. Article Number: 795970. Date of Publication: 05 Jan 2022.

[Article]

AN: 636960984

Not all infants carry specialized gut microbes, meaning they cannot digest human milk oligosaccharides and therefore do not receive complete benefits from human milk. *B. infantis* EVC001 is equipped to convert the full array of complex oligosaccharides into compounds usable by the infant, making it an ideal candidate to stabilize gut function and improve nutrition in preterm infants. A prospective, open-label study design was used to evaluate the tolerability of *B. infantis* EVC001 and its effects on the fecal microbiota in preterm infants in a Neonatal Intensive Care Unit. Thirty preterm infants <1,500 g and/or <33 weeks gestation at birth were divided into two matched groups, and control infants were enrolled and discharged prior to enrolling EVC001 infants to prevent cross-colonization of *B. infantis*: (1) fifteen control infants received no EVC001, and (2) fifteen infants received once-daily feedings of *B. infantis* EVC001 (8.0 x 10⁹ CFU) in MCT oil. Clinical information regarding medications, growth, nutrition, gastrointestinal events, diagnoses, and procedures was collected throughout admission. Infant stool samples were collected at baseline, Study Days 14 and 28, and 34-, 36-, and 38-weeks of gestation. Taxonomic composition of the fecal microbiota, functional microbiota analysis, *B. infantis*, and human milk oligosaccharides (HMOs) in the stool were determined or quantified using 16S rRNA gene sequencing, metagenomic sequencing, qPCR, and mass spectrometry, respectively. No adverse events or tolerability issues related to EVC001 were reported. Control infants had no detectable levels of *B. infantis*. EVC001 infants achieved high levels of *B. infantis* (mean = 9.7 Log₁₀ CFU/mug fecal DNA) by Study Day 14, correlating with less fecal HMOs (rho = -0.83, P < 0.0001), indicating better HMO utilization in the gut. In this study, *B. infantis* EVC001 was shown to be safe, well-tolerated, and efficient in colonizing the preterm infant gut and able to increase the abundance of bifidobacteria capable of metabolizing HMOs, resulting in significantly improved utilization of human milk. Clinical Trial Registration:

<https://clinicaltrials.gov/ct2/show/NCT03939546>, identifier: NCT03939546.

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Place Holder 11

Embase

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Publisher
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Clinical Trial Number
<https://clinicaltrials.gov/show/NCT03939546>
Year of Publication
2021

136.

Combined Malonic and Methylmalonic Aciduria Due to ACSF3 Variants Results in Benign Clinical Course in Three Chinese Patients.

Wang P., Shu J., Gu C., Yu X., Zheng J., Zhang C., Cai C.

Embase

Frontiers in Pediatrics. 9 (no pagination), 2021. Article Number: 751895. Date of Publication: 25 Nov 2021.

[Article]

AN: 636606706

Introduction: Combined malonic and methylmalonic aciduria (CMAMMA) is a rare metabolic disease caused by biallelic variants in ACSF3 gene. The clinical phenotype is highly heterogeneous in this disorder, ranging from asymptomatic to severe symptoms. No cases with CMAMMA were reported in China.

Material(s) and Method(s): In this study, three Chinese pediatric patients were diagnosed with CMAMMA unexpectedly while being treated for other ailments. To better characterize CMAMMA in a Chinese population, we made a multidimensional analysis with detailed clinical phenotype, semi-quantitative detection of urine organic acid, and analysis of ACSF3 gene variants.

Result(s): The clinical presentation of these patients is quite different; their main complaints were anemia, jaundice, or abnormal urine test, respectively. They showed no symptoms of the classic methylmalonic academia, but urine organic acid analysis showed elevated malonic acid and methylmalonic acid in all the patients repeatedly. Variants were found at four sites in ACSF3 gene. Patient 1 carried the compound heterogeneous variant c.689G> A (p.Trp230*)/c.1456G> A (p.Ala486Thr). A compound heterozygous variant c.473C> T (p.Pro158Leu)/c.1456G> A (p.Ala486Thr) was identified in patient 2. Patient 3 harbored a novel homozygous variant c.1447A> G (p.Lys483Glu).

Conclusion(s): Three Chinese patients were diagnosed with CMAMMA caused by ACSF3 variants. Their clinical course revealed that CMAMMA can be a benign condition that does not affect individual growth and development, but severe clinical phenotype may appear when other triggers exist. This study systematically elaborates CMAMMA in a Chinese population for the first time, broadens the spectrum of gene variant, and provides a strong basis for the etiological study of this disorder.

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Place Holder 11

Embase

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Publisher
Frontiers Media S.A.
Year of Publication
2021

137.

Pediatric Surgeons' Adoption of an Innovative Laparoscopic Technique for Inguinal Hernia Repair: A Mixed Methods Study.

Altschuler A., Chong A.J., Alavi M., Herrinton L.J.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(8) (pp 947-953), 2021. Date of Publication: August 2021.

[Article]

AN: 635724918

Purpose: We studied adoption of an innovative laparoscopic technique for pediatric inguinal hernia repair by pediatric surgeons and pediatric urologists following dissemination of evidence for its benefits.

Method(s): This mixed methods study included children who received inguinal hernia repairs during 2017-2019 and their surgeons. We examined surgeons' adoption and use of the innovative technique and rates of ipsilateral recurrence and metachronous contralateral repair. In-depth interviews with surgeons were used to identify themes regarding attitudes and practices regarding the adoption of surgical innovations.

Result(s): No ipsilateral recurrences were noted among open repairs after 1.5 years of average follow-up, while 1.54% (7/453) of unilateral and 0.50% (3/606 sides) of bilateral innovative surgeries required ipsilateral repair after 1.3 years of average follow-up. Among unilateral cases, metachronous contralateral repairs were performed in 1.63% (8/490) of open and 0.44% (2/453) of innovative surgeries. Surgeon interviews identified approaches to continued learning and change; the role of departmental culture, norms, and resources; and technical issues specific to pediatric surgery and pediatric inguinal hernia repair.

Conclusion(s): Outcomes may have improved over time as a consequence of learning. Differences among surgeons and departments influenced the speed of adoption. Surgeons linked the collegial model used when adopting the new technique to the apprenticeship model used during their training. We propose research into the collegial model to improve translation of evidence-based surgical innovations into practice.

Level of Evidence: Level III.

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Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2021

138.

Adolescent Varicocelectomy: Success at What Cost? Clinical Outcome and Cost Comparison of Surgical Ligation and Percutaneous Embolization.

Wickham A., Vu D., El-Arabi A., Gatti J.M.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(8) (pp 942-946), 2021. Date of Publication: August 2021.

[Article]

AN: 635724803

Objectives: Evaluate clinical outcome, recurrence, morbidity, and cost associated with laparoscopic surgical ligation versus percutaneous embolization of adolescent varicocele. We hypothesize that both approaches are similar in outcomes, complications, and cost.

Material(s) and Method(s): A retrospective review of 56 consecutive adolescent males, ≤ 18 years from 2006 to 2016 with clinical varicocele who underwent laparoscopic surgical ligation or percutaneous embolization. Patient demographics, operative time, postoperative complications, success, varicocele grade, recurrence, and hospital charges were abstracted.

Result(s): Mean age was 14.2 \pm 2.1 years; 48 (86%) patients having undergone laparoscopic surgical ligation and 8 (14%) percutaneous embolization. Intervention in 45 (80%) patients was for testicular hypotrophy (mean 27.4% \pm 15.6%) and 11 (20%) for pain symptomology. Median follow-up was 17.5 months (range 1-65 months). After ligation, 2 (4%) patients developed hydroceles (1 with subsequent hydrocelectomy) and 6 (12%) varicocele recurrence. There were no cases of hydrocele or varicocele recurrence after percutaneous embolization. Twenty ligation patients had postoperative scrotal ultrasound demonstrating an increase in testicular volume by a reduction in difference in testicular volume from 27.3% \pm 14.7% preoperatively to 11.2% \pm 13.6% postoperatively ($P < .001$). There was significant difference in mean operative time between the groups (surgical ligation 41.3 minutes versus percutaneous embolization 117.9 minutes, $P < .001$) and hospital charges for the procedure (surgical ligation \$3983 versus percutaneous embolization \$18,165, $P < .001$).

Conclusion(s): Contrary to our hypothesis, percutaneous embolization has seemingly lower rates of postoperative hydrocele and varicocele recurrence in comparison to surgical ligation but with three times the exposure to general anesthesia and at four times the price.

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2021

139.

Genital anomalies in newborns.

Mecarini F., Fanos V., Crisponi G.

Embase

Journal of Perinatology. 41(9) (pp 2124-2133), 2021. Date of Publication: September 2021.

[Review]

AN: 2010615048

Examination of genitalia should be an essential part of newborn assessment. Early detection of congenital disorders is essential to begin appropriate medical or surgical therapy and to prevent complications that could profoundly affect a child's life. The present review aims to describe the main genital anomalies in infants and provide images in order to help the physician in current clinical practice.

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Publisher

Springer Nature

Year of Publication

2021

140.

A clinical study of sonography and colour doppler in correlation with its histopathology of pediatric non neoplastic scrotal masses.

Choudhary R.K., Choudhary K., Singh R.

Embase

European Journal of Molecular and Clinical Medicine. 8(4) (pp 1488-1493), 2021. Date of Publication: June 2021.

[Article]

AN: 2015633087

Background: Testicular trauma and obstructed hernia can be differentiated by taking history from patient. Physical examination adds only a little information. Color Doppler ultrasound (US) is the modality of choice to differentiate testicular torsion from inflammatory conditions and can thus help in avoiding unnecessary surgical explorations. Color Doppler US alone has a limited role in the evaluation of testicular tumours. Grayscaleultrasonography in combination with color Doppler imaging is a well-accepted technique for assessing scrotal lesions andtesticular perfusion. Aims and Objectives: To Evaluate the study of Sonography and Colour Doppler in correlation with its histopathology and pediatric non neoplastic scrotal masses and also to compare non-neoplastic and neoplastic scrotal masses by characterization on B-modescan and Colour Doppler ultrasonography.

Material(s) and Method(s): The present study was carried out in 100 patients with clinically suggestive scrotal lesions. All cases were subjected to real time sonography examination. Main stress was laid to determine of organ of scrotal lesion to evaluate its nature size and echo texture and to see the results on management of serial Ultrasonography.

Result(s): Of 56 cases of non-inflammatory scrotal swellings, 5 cases were neoplastic lesions, remaining 51 cases were non-neoplastic swellings. The 5 cases of neoplastic swellings were three cases of testicular neoplasm, two case of spermatic cord neoplasm which was histopathologically confirmed.

Conclusion(s): When color Doppler sonography is supplemented with High frequency gray scale US, the sensitivity of diagnosing acute scrotal pathology will be increased.

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Publisher

EJMCM, International House

Year of Publication

2021

141.

Incidence of surgical procedures for gastrointestinal complications after abdominal wall closure in patients with gastroschisis and omphalocele.

Haghshenas M., Rolle U., Hutter M., Theilen T.M.

Embase

Pediatric Surgery International. 37(11) (pp 1531-1542), 2021. Date of Publication: November 2021.

[Article]

AN: 2013535595

Purpose: This study aims to define the extent of additional surgical procedures after abdominal wall closure (AWC) in patients with gastroschisis (GS) and omphalocele (OC) with special focus on gastrointestinal related operations.

Method(s): A retrospective chart review was performed including all operations in GS and OC patients in the first year after AWC (2010-2019). The risk for surgery was calculated using the one-year cumulative incidence (CI).

Result(s): 33 GS patients (18 simple GS, 15 complex) and 24 OC patients (12 without (= OCL), 12 OC patients with liver protrusion (= OCL +)) were eligible for analysis. 43 secondary operations (23 in GS, 20 in OC patients) occurred after a median time of 84 days (16-824) in GS and 114.5 days (12-4368) in OC. Patients with complex versus simple GS had a significantly higher risk of undergoing a secondary operation (one-year CI 64.3% vs. 24.4%; $p = 0.05$). 86.5% of surgical procedures in complex GS and 36.3% in OCL + were related to gastrointestinal complications. Complex GS had a significantly higher risk for GI-related surgery than simple GS. Bowel obstruction was a risk factor for surgery in complex GS (one-year CI 35.7%).

Conclusion(s): Complex GS and OCL + patients had the highest risk of undergoing secondary operations, especially those with gastrointestinal complications.

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Publisher

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Year of Publication

2021

142.

Testicular Temperature and the Effects of Orchiopexy in Infants with Cryptorchidism.

Shiraishi K., Takihara H., Matsuyama H.

Embase

The Journal of urology. 206(4) (pp 1031-1037), 2021. Date of Publication: 01 Oct 2021.

[Article]

AN: 635155875

PURPOSE: Testicular temperature should remain low to maintain optimal function of germ cells; however, information regarding testicular temperature in infants and the effect of cryptorchidism and its correction, including laparoscopic staged Fowler-Stephens orchiopexy (LSFSO), is limited.

MATERIALS AND METHODS: A total of 82 infants with unilateral palpable cryptorchidism, 24 with nonpalpable testes who underwent unilateral LSFSO and 20 with scrotal hydrocele were included. Ultrasonographic determination of testicular volume and measurement of testicular temperature but not scrotal surface temperature using a Coretemp CTM204 (Terumo, Tokyo) were performed before and 12 months after orchiopexy. The effects of the route of testicular delivery, conventionally through a new hiatus medial to the inferior epigastric vessels or through the transinguinal approach, were investigated in the LSFSO cases.

RESULT(S): Undescended testicular volume was significantly increased after orchiopexy (0.80 ml to 0.92 ml, $p < 0.0001$). The preoperative testicular temperature (35.1C) was significantly higher than that of the control (34.4C, $p < 0.0001$), and significant decreases in testicular temperature occurred after orchiopexy (34.3C, $p < 0.0001$). A multivariate analysis showed that a decrease in testicular temperature was a factor associated with postoperative testicular development. Twelve months after LSFSO, transinguinal approach was shown to be more effective in decreasing the testicular temperature than the conventional approach (34.4 and 35.3C, respectively, $p < 0.05$).

CONCLUSION(S): Orchiopexy is effective in correcting the high-temperature environment caused by cryptorchidism. In the case of nonpalpable testes treated by LSFSO, transinguinal fixation is more effective than the conventional approach in reducing testicular temperature, but a longer followup period is necessary to draw a final conclusion.

PMC Identifier

34033504 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=34033504>]

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Publisher

NLM (Medline)

Year of Publication

2021

143.

Umbilical two-port laparoscopic percutaneous extraperitoneal closure for patent processus vaginalis in boys: incision-hiding and solo-like surgery.

Xiao Y., Shen Z.

Embase

BMC surgery. 21(1) (pp 275), 2021. Date of Publication: 02 Jun 2021.

[Article]

AN: 635238176

BACKGROUND: Transumbilical two-port laparoscopic percutaneous extraperitoneal closure for the treatment of processus vaginalis patency in boys has been practising recent years. The applicable instruments and skills are still evolving. In this study, we used a self-made needle assisted by a disposable dissecting forceps to practise this minimal invasive method for patent processus vaginalis in boys. Its safety and effectiveness were studied. The methods for depth and orientation perceptions were analyzed.

METHOD(S): From January 2020 to November 2020, boys characteristic of symptomatic patency of processus vaginalis were performed open surgery consecutively. From December 2020, the authors began to propose transumbilical two-port laparoscopic percutaneous extraperitoneal closure for this kind of boy patients. The open group included fifteen boys and the laparoscopic group included ten ones. The data of the patients age, constituent ratios of unilateral and bilateral patency, operating time, postoperative stay in hospital, follow-up time, conversion, postoperative complications were assessed. Throughout the laparoscopic process, the parallel and synchronous movements of lens pole and dissecting forceps were maintained. Vas deferens protrude was imagined as one of the point to form the triangular manipulation plane.

RESULT(S): There were no statistically significant difference between the laparoscopic group and the open group for the following items: age, operating time, the constituent ratios of unilateral or bilateral patency of processus vaginalis ($P>0.05$). Postoperative stay in hospital and follow-up time of the laparoscopic group was significantly shorter than that of the open group ($P=0.0000$). No laparoscopic case was converted to open surgery. After 10 cases of laparoscopic practice, orientation perception was established. There were no postoperative complications for all the patients.

CONCLUSION(S): Our preliminary experience suggested that umbilical two-port laparoscopic percutaneous extraperitoneal closure is safe and convenient for patent processus vaginalis treatment in boys. It has the advantage of incision-hiding and can be manipulated like a solo-like surgery.

PMC Identifier

34078336 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=34078336>]

Institution

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Publisher

NLM (Medline)

Year of Publication

2021

144.

Clinical effect of minimally invasive surgery for inguinal cryptorchidism.

Wang Y., Chen L., Cui X., Zhou C., Zhou Q., Zhang Z.

Embase

BMC surgery. 21(1) (pp 21), 2021. Date of Publication: 06 Jan 2021.

[Article]

AN: 634065264

BACKGROUND: The purpose of this study was to investigate the clinical effect of minimally invasive surgery for inguinal cryptorchidism.

METHOD(S): The patients were divided into the minimally invasive surgery group (n=100) and the traditional surgery group (n=58). In the minimally invasive surgery group, patients with low inguinal cryptorchidism (n=54) underwent surgery with a transscrotal incision, and patients with high inguinal cryptorchidism (n=46) underwent laparoscopic surgery.

RESULT(S): There was no difference in the hospital stay duration or cost between the minimally invasive surgery group and the traditional surgery group ($P>0.05$). As for the operative time, minimally invasive surgery of low inguinal cryptorchidism was shorter than traditional surgery ($P=0.033$), while minimally invasive surgery of high inguinal cryptorchidism was comparable to traditional surgery ($P=0.658$). Additionally, there were no cases of testicular atrophy, testicular retraction, inguinal hernia or hydrocele in either group. There was no significant difference in the incidence of poor wound healing between the two groups ($P>0.05$). Although there was no significant difference in the incidence of scrotal hematoma between the two groups ($P>0.05$), the incidence in the minimally invasive surgery group was higher than that in the traditional surgery group.

CONCLUSION(S): Minimally invasive surgery including a transscrotal incision for low inguinal cryptorchidism and laparoscopic surgery for high inguinal cryptorchidism is as safe and effective as traditional surgery, and could also provide a good cosmetic effect for children.

PMC Identifier

33407324 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33407324>]

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Publisher

NLM (Medline)

Year of Publication

2021

145.

Application of damage control surgery in patients with sacrococcygeal deep decubitus ulcers complicated by sepsis.

Wei Z., Zhu J., Lin T., Cai H., Fang X., Zhu Y., Yang X., Cheng J.

Embase

Journal of International Medical Research. 49(10) (no pagination), 2021. Date of Publication: 2021.

[Article]

AN: 2014087375

Objective: To evaluate the clinical application of damage control surgery (DCS) in patients with sacrococcygeal deep decubitus ulcers complicated by sepsis.

Method(s): We conducted a 3-year retrospective clinical study of 32 patients with deep sacrococcygeal bedsores and sepsis admitted from January 2018 to January 2021. According to the concept of DCS, the wound was temporarily closed with vacuum sealing drainage after primary debridement, and a local rhomboid flap was designed to repair the wound in the second stage. Finally, the clinical therapeutic effect was observed.

Result(s): Twenty-nine patients were treated with skin flap translocation and were cured clinically. Specifically, the skin flap survived in 27 of the 29 patients after the first translocation attempt (success rate of 93.1%). One patient developed incisional dehiscence, and one patient developed a hydrocele under the skin flap.

Conclusion(s): Application of DCS in patients with sacrococcygeal deep decubitus ulcers complicated by sepsis improves the therapeutic success rate and reduces the risks of the operation and complication rate. It has unique advantages and is worthy of clinical promotion.

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PMC Identifier

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Place Holder 11

Embase

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2021

146.

The implementation and impact of a pilot hydrocele surgery camp for If-endemic communities in ethiopia.

Beyene A.D., Kebede F., Mammo B.M., Negash B.K., Mihret A., Abetew S., Oucha A.K., Alene S., Backers S., Mante S., Sifri Z., Brady M., McPherson S.

Embase

PLoS Neglected Tropical Diseases. 15(10) (no pagination), 2021. Article Number: e0009403.

Date of Publication: October 2021.

[Article]

AN: 2014497008

Background Ethiopia aims to eliminate lymphatic filariasis by 2020, through a dual approach of mass drug administration to interrupt transmission and morbidity control which includes making hydrocele surgery available in all endemic areas. Locating patients requiring surgery, providing high quality surgeries, and following up patients are all formidable challenges for many resource-challenged or difficult-to-reach communities. To date, hydrocele surgery in Ethiopia has only occurred when a patient has the knowledge, time and resources to travel to regional hospitals. Ethiopia tested the novel approach of using a surgical camp, defined as mobilizing, transporting, providing surgery at a static site, and following up of a large cohort of hydrocele patients within a hospital's catchment area, to address delays in seeking and receiving care. Methodology and results Health extension workers mobilized 252 patients with scrotal swelling from a list of 385 suspected hydrocele cases from seven endemic districts in the region of Beneshangul-Gumuz. Clinical health workers and surgeons confirmed 119 as eligible for surgery. Of 70 additional patients who self-referred, 56 were eligible for surgery. Over a two-week period at a regional hospital, 175 hydrocele excision surgeries were conducted. After discharge three days after surgery, trained clinical health workers followed up with the patients on Day 5, Day 8, Day 14 and 1st-month benchmarks with a randomized follow-up of a selection of patients conducted at 9-12 months. There were no post-operative complications upon discharge at Day 3 and 22, while

minor complications occurred (12.6%) between Day 3 and one month. The 9-12 month follow-up found patients self-reported an improvement in quality of life, health and economic status. Conclusion A hydrocele surgery camp was effective at providing a large number of quality surgeries in a short time. Using peripheral health workers to mobilize and follow up patients helped address delays in seeking and receiving quality care. Mainstreaming patient mobilization and follow-up into a community health system could be effective in other countries. The camp's results also influenced two regions in Ethiopia to change their policies in order to offer free hydrocele surgery (including patient transport, consultation, surgery, diagnostic tests and necessary medications).

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PMC Identifier

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Publisher

Public Library of Science

Year of Publication

2021

147.

The role of ultrasonography in the management of undescended testes. A 6 year review.

Al Darrab R., Almaini R., Alqarni H., Alfraidi O.B., Khan I., Melaibary B., Almodhen F., Jamalalail Y., Al Shammari A., Burki T.

Embase

Current Pediatric Research. 25(3) (pp 408-412), 2021. Date of Publication: 2021.

[Article]

AN: 2006934619

Background: Undescended Testis (UDT) is a common condition that has a potential to cause infertility and may become malignant if not treated surgically in time. Ultrasound is requested by different specialties for diagnosis of UDT before referring to a pediatric urology clinic.

Objective(s): To evaluate the trends for Ultrasound Scan (USS) requests by particular specialties before referral to a surgical team and to assess the sensitivity and specificity of ultrasound in accurately localizing UDT compared to per operative findings and its impact on the management plan.

Method(s): We reviewed all the patient between 1st of January 2014 to 1st of January 2019, who were referred to our paediatric urology department for UDT and had an USS testes before referral. Patients with ambiguous genital, hydrocele and redo orchidopexy were excluded. We recorded age at referral, referring specialty, their findings on clinical examination, the USS findings, and per operative findings. The results were expressed as mean/median, percentages, sensitivity, specificity and positive and negative predictive value.

Result(s): We received 670 referrals for UDT to our clinic during this period. Among these 207 patients (31.04%) had an USS done before referral to us. There were nearly equal number of

referrals made by the main specialties, which included neonatology, general paediatrics and family medicine. All the decisions as regards to surgery were based on the clinical examination in outpatient and the surgical approach of either open or laparoscopy was based on examination under anaesthesia irrespective of USS findings. The sensitivity and specificity of ultrasonography for correctly diagnosing a testis in the groin was 87.79% and 72.13%, in the abdomen 70.73% and 96.08% and for vanished testes 87% and 94.8% respectively when compared to per operative findings. USS missed diagnosed 43 out of 101 normal testes as either in the groin n=41(16.87%) or abdomen n=2(2.81%). This practice cost our hospital US\$ 10350 (US\$ 50 per scan).

Conclusion(s): The use of ultrasound does not aid significantly in the accurate diagnosis or management of undescended testes and incur unnecessary additional cost to the health system. Physicians should refrain from requesting ultrasound for localization of testes before referral to surgical team.

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Publisher

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Year of Publication

2021

148.

The operative time for unilateral inguinal hernia repair in children performed with percutaneous internal ring suturing (Pirs) or open approach method.

Wolak P.K., Strzelecka A., Piotrowska A., Dabrowska K., Wolak P.P., Piotrowska I., Nowak-Starz G.

Embase

Journal of Clinical Medicine. 10(6) (pp 1-9), 2021. Article Number: 1293. Date of Publication: 02 Mar 2021.

[Article]

AN: 2006784114

In this study, we compared the operative time for unilateral inguinal hernia repair in children performed with either an open approach (OA) or the Percutaneous Internal Ring Suturing (PIRS) method. It was a retrospective chart review of all patients ages 0 to 18 who underwent unilateral inguinal hernia repair in the Department of Pediatric Surgery, Urology and Traumatology of the Regional Hospital in Kielce between January 2011 and December 2018. Patients with bilateral hernias or additional problems were excluded. Of 878 patients qualified for the study, 701 were in the OA group and 177 in the PIRS group. Overall, the time needed to complete the procedure was significantly longer for the OA method. The operative time was longer if the hernia was left-sided ($p = 0.024$). Analysis by gender showed that operative time was generally longer in males. For both genders, surgery was shorter if the PIRS method was used. For males in the PIRS group the operative time was affected by the location of the hernia, and it was longer for a left-sided hernia. The take-home message is that the PIRS procedure is faster than the OA for

inguinal hernia repair in children and it might be considered as a preferred method, especially in females.

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Publisher

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Year of Publication

2021

149.

Implementation of an infant male circumcision programme, Pakistan. Implementacion de un programa de circuncision masculina infantil, Pakistn <Implementacion de un programa de circuncision masculina infantil, Pakistn.>

Moosa S., Muhammad A.A., Dogar S., Iftikhar S., Johnson W., Latif A., Samad L.

Embase

Bulletin of the World Health Organization. 99(4) (pp 250-258), 2021. Date of Publication: April 2021.

[Article]

AN: 2006935150

Objective To retrospectively review outcomes of a health provider-led infant circumcision programme in Pakistan. Methods Based on World Health Organization guidelines, we trained surgical technicians and midwives to perform circumcisions using the Plastibell device at two Indus Health Network facilities. Programme tools include a training manual for health providers, information brochures for families, an enrolment form and standardized forms for documenting details of the procedure and outcomes. Infants aged 1-92 days were eligible for the study. Health workers contacted families on days 1 and 7 after the procedure to record any adverse events. We compared the characteristics of infants experiencing adverse events with infants facing no complications using multivariate logistic regression. Findings Between August 2016 and August 2018, 2822 circumcised male infants with mean age 22.8 days were eligible for the study. Of these, 2617 infants (92.7%) were followed up by telephone interviews of caretakers. Older infants were more likely to experience adverse events than infants circumcised between 1-30 days of age: 31-60 days: Adjusted odds ratio, aOR: 2.03; 95% confidence interval, CI: 1.31-3.15; 61-92 days: AOR: 2.14; 95% CI: 1.13-4.05. Minor adverse events (100 infants; 3.8%) included failure of the bell to shed (90 infants) and minimal bleeding (10 infants). Major adverse events (eight infants; 0.3%) included bleeding that required intervention (four infants), infection (three infants) and skin tear (one infant). Conclusion Standardized training protocols and close monitoring enabled nonphysician health providers to perform safe circumcisions on infants aged three months or younger.

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Publisher

World Health Organization

Year of Publication

2021

150.

Men born small for gestational age or with low birth weight do not improve their rate of reproduction over time: a Swedish population-based study.

Liffner S., Bladh M., Nedstrand E., Hammar M., Martinez H.R., Sydsjo G.

Embase

Fertility and Sterility. 116(3) (pp 721-730), 2021. Date of Publication: September 2021.

[Article]

AN: 2013301283

Objective: To investigate whether the reduced reproductive rate among men born small for gestational age (SGA) or with low birth weight (LBW) is present after up to 44 years of follow-up.

Design(s): Population-based register study.

Setting(s): National registers in Sweden. Patient(s): All men born in Sweden between 1973 and 1993 (n = 1,045,167) followed up to 2018. Intervention(s): None. Main Outcome Measure(s):

Registered fatherhood, infertility diagnoses, and fertility treatments obtained from registers up to 2018 Result(s): Men born SGA or with LBW have a lower chance of becoming fathers than men born with normal birth characteristics: hazard ratio (95% confidence interval) 0.91 (0.90-0.92) and 0.88 (0.86-0.90), respectively. The reduction in reproductive rate is more evident after a longer follow-up time. Men born SGA were more likely to receive a diagnosis of infertility. Sperm donation and intracytoplasmic sperm injection were more often used in men born SGA, further strengthening the hypothesis of an association between birth characteristics and male infertility.

Conclusion(s): Men born SGA or with LBW have a lower chance of becoming fathers, but the reduction in fertility is smaller for the younger cohort. Further studies are needed to determine if this difference is maintained.

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Publisher

Elsevier Inc.

Year of Publication

2021

151.

15-Year varicocelectomy outcomes in pediatric age: Beware of genitofemoral nerve injury.

Soares-Aquino C., Vasconcelos-Castro S., Campos J.M., Soares-Oliveira M.

Embase

Journal of Pediatric Urology. 17(4) (pp 537.e1-537.e5), 2021. Date of Publication: August 2021.

[Article]

AN: 2012859337

Background: Varicocele affects 15% of adolescents. The main postoperative complications are recurrence and hydrocele; nerve injury is rarely reported.

Objective(s): The aims of this study are: to assess the complications after laparoscopic varicocelectomy, namely nerve injury; and to assess if nerve injury is more frequent using "hot" or "cold" ligation. Study design: Retrospective study of varicocele cases submitted to laparoscopic correction in our department from April 2006 to March 2020. Parameters analyzed were: age, clinical findings, surgical indication, operative technique, and outcomes. Comparison was done between the "cold" versus "hot" vessel section technique.

Result(s): 110 patients, with median age 14-years-old, were included. Most cases were on the left side and grade 3. Fifty patients (45%) presented complications: 21% recurrence; 18% hydrocele; and 3% genitofemoral nerve injury. Nerve injury was independent of the technique used.

Discussion(s): Genitofemoral nerve injury is a complication with unknown cause and all cases are related to laparoscopic technique. It was suggested that "hot" methods of ligation of the vessels can lead to higher incidence of the lesion, but that was not corroborated in our analysis. Possible explanations for its occurrence are: a wide peritoneal window opening created with electrocautery near the internal inguinal ring; and additional dissection required to isolate the testicular veins from the artery. Prospective studies are needed to clarify the real incidence of genitofemoral nerve injury and its causes.

Conclusion(s): Laparoscopic varicocelectomy seems to be safe and effective, although complications remain frequent regardless of the technique used. Genitofemoral nerve injury is a complication rarely described that may require rehabilitation, and so awareness for this problem is of paramount importance. [Table presented]

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Place Holder 11

Embase

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Publisher

Elsevier Ltd

Year of Publication

2021

152.

Could increased expression of aquaporin-1 be an etiological cause in childhood noncommunicating hydroceles that do not regress spontaneously?.

Tanriverdi H.I., Gunsar C., Nese N., Yilmaz O., Sencan A.

Embase

Journal of Pediatric Urology. 17(5) (pp 706.e1-706.e4), 2021. Date of Publication: October 2021. [Article]

AN: 2014041440

Background: Aquaporins are membrane water channel proteins that are expressed in the epithelium and endothelium. Their primary function is to control the flow of water in the membranes of the cells.

Objective(s): In this study, we investigated whether there is increased expression of aquaporin-1 in the tunica vaginalis of hydrocele patients in childhood that do not regress spontaneously and whether it has an effect on the etiology of hydrocele. Study design: Boys who were diagnosed with hydrocele and scheduled for surgery were included and formed the hydrocele group. Boys in the same age range who underwent surgery for inguinal hernia or undescended testicles were included as a control group. Aquaporin-1 expression was evaluated by immunohistochemical examination of capillaries in tissue samples taken from the tunica vaginalis during the operation. Aquaporin-1-positive vessels were counted by selecting 5 unrelated areas with the highest vascular density, and the average number of vessels was calculated for each case.

Result(s): A total of 48 male patients were included in the study. Of these, 27 constituted the hydrocele group (mean age 3.51 +/- 2.59 years), and 21 constituted the control group (inguinal hernia, n = 17; undescended testicle, n = 4) (mean age 3.95 +/- 3.80 years). The mean ages of both groups were statistically similar (p = 0.32). The mean numbers of aquaporin-1-positive vessels at the capillaries in the tunica vaginalis of the patients were 20.74 +/- 7.10 in hydrocele group and 17.23 +/- 4.07 in the control group. The expression of aquaporin-1 in the hydrocele group was significantly higher (p = 0.037).

Discussion(s): It was shown that aquaporin-1 expression was higher in adult cases with hydrocele. Also an increase in aquaporin-1 expression was detected in tunica vaginalis of children with hydrocele in our study.

Conclusion(s): It was thought that aquaporin-1 overexpression may play a role in non-communicating hydroceles in children.[Formula presented]

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Publisher

Elsevier Ltd

Year of Publication

2021

153.

Method comparison of beta-hydroxybutyrate point-of-care testing to serum in healthy children.
Parmar K., Mosha M., Weinstein D.A., Riba-Wolman R.

Embase

JIMD Reports. 62(1) (pp 85-90), 2021. Date of Publication: 2021.

[Article]

AN: 636447570

Ketone production is a physiological phenomenon that occurs to avoid irreversible neurological damage from hypoglycemia, thereby serving as a marker of metabolic stress. The primary ketone body, beta-hydroxybutyrate (BHB), guides the diagnostic evaluation and management of many hypoglycemic disorders. Serum and point-of-care (POC) BHB values were not been compared in children without diabetes or metabolic disorders. We aim at comparing the serum and point-of-care BHB values in healthy children after an overnight fast. Eligible participants were ≤ 18 years of age prospectively recruited from elective procedures through our surgery centers. Exclusion criteria included a history of diabetes, hypopituitarism, adrenal, metabolic or inflammatory disorders, dietary restrictions, trauma, or use of medications that might affect blood glucose. The main outcome measure was comparing serum and POC BHB levels after a period of fasting. Data from 94 participants (mean age 8.29 \pm 5.68 years, 54.3% male, 45.7% female, BMI mean 19.28 \pm 5.25 kg/m²) were analyzed. There was a strong correlation between serum BHB (mean 0.25 \pm 0.23 mmol/L) and POC BHB (mean 0.18 \pm 0.20 mmol/L) ($r_s = 0.803$, $p < 0.0001$). The majority (96.81%) of values for serum BHB compared with POC BHB fell within 0.1 \pm 0.1 mmol/L. The average of difference between serum and POC BHB (the bias) was 0.064 mmol/L (95% CI 0.047-0.081), and percentage error was 3.19%. Point-of-care BHB is accurate and comparable to serum BHB levels in our cohort of children after an overnight fast. Synopsis: Point-of-care BHB agrees with serum values in healthy children.

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Publisher

John Wiley and Sons Inc

Year of Publication

2021

154.

Twenty-year experience with macro-area school screening for andrological disease in paediatric age.

Zampieri N., Patane S., Camoglio F.S.

Embase

Andrologia. 53(11) (no pagination), 2021. Article Number: e14209. Date of Publication: December 2021.

[Article]

AN: 2013398232

Varicocele, phimosis and undescended testes are the most frequent andrological diseases in paediatric age; varicocele and undescended testes are primary causes of male infertility and the interests of research about these conditions have changed in the last years. The aim of the study was to report our experience after 20 years of macro-area school screening between 2000 and 2020. Data about school screening were reviewed and analysed. Subjects aged between 11 and 14 years underwent andrological visit. During the study period, three main andrological screenings were performed into our macro-area. The distribution of cohorts was different among the screenings. Among andrological diseases, varicocele diagnosis increased especially in the last 10 years. Phimosis was diagnosed less respect the first screening (2000-2001), while at present there were no cases of undescended testes. Our experience reported some interesting data, especially for the higher incidence of varicocele detected on two consecutive school screening; our results demonstrate also the importance and the preventive role of andrological check-up also in paediatric age and adolescence, to reduce the incidence of those diseases affecting the fertility potential.

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Publisher

John Wiley and Sons Inc

Year of Publication

2021

155.

The role of scrotal ultrasonography from infancy to puberty.

Spaziani M., Lecis C., Tarantino C., Sbardella E., Pozza C., Gianfrilli D.

Embase

Andrology. 9(5) (pp 1306-1321), 2021. Date of Publication: September 2021.

[Review]

AN: 2012385779

Background: Scrotal ultrasonography is an essential diagnostic tool in daily clinical practice. The availability of new-generation ultrasound machines characterized by clearly improved image quality, low health cost, and higher patient safety, represents only some characteristics of ultrasound investigation. The usefulness of scrotal ultrasonography is particularly evident in the period of life from infancy to puberty, during which males undergo important morphofunctional changes, and several pathological conditions may occur.

Objective(s): This pictorial review primarily aimed to investigate the aspects of ultrasonography related to the normal physiological development of the gonads from mini-puberty to pubertal onset. This study also aimed to provide an update on the use of ultrasonography in main andrological pathologies that may occur during this period. The conditions that are discussed in depth are: cryptorchidism, inguinoscrotal hernias, and hydrocele in the neonatal phase; acute scrotum, epididymo-orchitis, and testicular cancers in childhood; and hypogonadism, varicoceles, testicular microlithiasis, and oncohematological pathology in puberty.

Discussion(s): We provided an ultrasound slant for all the above-mentioned pathologies while purposely avoiding excessive deepening of the pathogenetic, clinical, and therapeutic aspects. Studying the ultrasound aspects of the gonads also facilitates differential diagnosis between various conditions and represents a good aid in evaluating therapeutic success (e.g., in hypogonadism or postsurgical evaluation of varicoceles and cryptorchidism).

Conclusion(s): Scrotal ultrasonography is now globally recognized as the necessary completion of clinical-laboratory overview in gonads evaluation. This diagnostic procedure is even more indispensable in the infancy-childhood-puberty period for the evaluation of normal gonadal development as well as diagnosis of other possible diseases.

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Publisher

John Wiley and Sons Inc

Year of Publication

2021

156.

An Alternative Technique for Transumbilical Single-Port Laparoscopic Percutaneous Precise Closure of the Inguinal Hernia Sac in Children: A 3-Year Single-Centre Study.

Xu X., Ding G., Cao X., Fu T., Cheng F., Sun S., Geng L.

Embase

Gastroenterology Research and Practice. 2021 (no pagination), 2021. Article Number: 6679519.

Date of Publication: 2021.

[Article]

AN: 2013475650

Objective. To evaluate the safety and reliability of a novel technique of single-port laparoscopic-assisted percutaneous precise closure of the inguinal hernia sac in children. Methods. From September 2016 through September 2019, children with inguinal hernia(s) treated with single-port laparoscopic-assisted percutaneous extraperitoneal closure using a guide wire were enrolled in this study. Operative time, surgical complications, recurrence rate, and cosmetic results were collected. Results. A total of 917 cases with inguinal hernia(s) were collected. Among them, there were 886 (96.61%) boys and 31 girls. Their mean age was 5.2+/-3.7 years. There were 693 (75.57%) cases with unilateral hernia. There were 224 cases with bilateral hernias or patent processus vaginalis, including 135 (14.72%) cases with an open contralateral ring which was confirmed intraoperatively. Twenty-three (2.51%) needed another port to complete the hernia sac separation. The operation time was 24.7+/-5.2 min and 14.6+/-3.8 min in bilateral and unilateral ones. Three cases complained of numbness in the thigh region or groin pain which subsided without medication in the 2nd postoperative month. There was no recurrence, and the incision scars were nearly invisible. Conclusion. Single-port laparoscopic-assisted percutaneous

extraperitoneal closure using a guide wire is a safe, less cost, and reliable technique in the treatment of inguinal hernia in children.

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Publisher

Hindawi Limited

Year of Publication

2021

157.

Relative frequency of hepatitis B virus, human papilloma virus, epstein-barr virus, and herpes simplex viruses in the semen of fertile and infertile men in Shiraz, Iran: A cross-sectional study.

Afrakhteh H., Joharinia N., Momen A., Dowran R., Babaei A., Namdari P., Motamedifar M., Jahromi B.N., Sarvari J.

Embase

International Journal of Reproductive BioMedicine. 19(8) (pp 699-706), 2021. Date of Publication: August 2021.

[Article]

AN: 2013724314

Background: About 8-12% of couples on reproductive age suffers from infertility worldwide. Since 1993, the role of genital tract infections by microbes, including viruses that can infect the sperm, in human infertility has been proposed.

Objective(s): To investigate the frequency of hepatitis B virus (HBV), human papilloma virus (HPV), Epstein-Barr virus (EBV), and herpes simplex virus (HSV) infection in the semen of fertile and infertile men referred to the Mother and Child Hospital, Shiraz, Iran.

Material(s) and Method(s): In this cross-sectional study, 350 men including 200 infertile and 150 fertile men were included. All semen samples were allowed to liquefy, followed by the assessment of sperm parameters. DNA was extracted using a DNA extraction kit (CinaGene, Tehran, Iran) according to the manufacturer's instructions. Detection of HBV, HPV, EBV, and HSV1/2 was done by the PCR method.

Result(s): The mean age of the participants was 36 +/- 7 yr. Molecular results showed that 16 samples (8%) of infertile men and 5 (3.3%) of fertile men were positive for HBV, which was not statistically significant ($p = 0.069$). Only one sample of the fertile participants was positive for HPV. None of the semen samples of the infertile or fertile groups was positive for the presence of EBV or HSV1/2.

Conclusion(s): The results of this study indicated that HBV, HPV, EBV, and HSV might not be involved in men's infertility. Further studies are recommended for clarifying the role of these viruses in infertility.

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Embase

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Publisher

Research and Clinical Center for Infertility

Year of Publication

2021

158.

Analysis of the social and clinical factors affecting the age of children when receiving surgery for hypospadias: A retrospective study of 1611 cases in a single center.

Zhang Z.-C., Liu X., Chen H.-S., Shi Y., Lin T., He D.-W., Wei G.-H., Luo Y.-T.

Embase

Asian Journal of Andrology. 23(5) (pp 527-531), 2021. Date of Publication: 01 Sep 2021.

[Article]

AN: 635922986

We aimed to explore the associations between the age at which children undergo surgery for hypospadias and a range of social and clinical factors in a single center. Our aim was to promote the early surgical treatment of children with hypospadias. For a 6-year period, social and clinical data were collected from all children undergoing surgery to repair hypospadias in Children's Hospital of Chongqing Medical University (Chongqing, China), located in southwest of China. We analyzed the correlations between age at surgery and a range of social and clinical factors. A total of 1611 eligible cases were recruited, with a mean age of 54.3 months and a median age of 42 months: 234 cases (14.5%) were classified into a "timely operation" group, 419 (26.0%) cases into a "subtimely operation" group, and 958 (59.5%) cases into a "delayed operation" group.

According to multivariate regression analyses, the higher the regional economic level, the closer the urethral opening to the perineum, and the higher the educational level of the guardians was, the younger the children were when they underwent the initial surgery for hypospadias; this was also the case for families without other children. Our subgroup analysis showed that the primary educational level of the guardians was a risk factor for subtimely surgery in their children (odds ratio [OR] = 1.52, 95% confidence interval [CI]: 1.08-2.15, $P < 0.05$). A lower regional economic level (OR = 1.87, 95% CI: 1.26-2.78, $P < 0.01$), a lower educational level of the guardians (OR = 3.84, 95% CI: 2.31-6.41, $P < 0.01$), and an anterior-segment urethral opening (OR1 [vs middle hypospadias] = 2.07, 95% CI: 1.42-3.03; OR2 [vs posterior hypospadias] = 2.63, 95% CI: 1.75-3.95; $P < 0.01$) were all risk factors for delayed surgery in children.

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PMC Identifier

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Publisher
Wolters Kluwer Medknow Publications
Year of Publication
2021

159.

Perinatal outcomes using ejaculate versus surgical sperm retrieval in patients undergoing intracytoplasmic sperm injection for male infertility-A retrospective analysis of 628 cycles.

Deepti M., Reka K., Chinta P., Karthikeyan M., Kunjummen A., Kamath M.

Embase

Journal of Human Reproductive Sciences. 14(1) (pp 49-55), 2021. Date of Publication: January-March 2021.

[Article]

AN: 634707997

Background: Men with azoospermia undergoing a surgical sperm retrieval are anxious about the well-being of the baby. It is therefore important to study the perinatal outcomes in this group compared to the ejaculate sample group.

Aim(s): The aim of the study was to compare the perinatal outcomes between ejaculate and surgical sperm retrieval (SSR) groups in couples undergoing intracytoplasmic sperm injection for male factor. Study Setting and Design: This was a retrospective cohort study conducted in a university-level infertility unit.

Material(s) and Method(s): It is a retrospective cohort study analysis of 628 assisted reproductive technique (ART) cycles with male factor and combined (male and female) factor infertility over a period of 5 years (January 2011-December 2015). All women who underwent a fresh embryo ART cycle were followed up. The study population included the ejaculate and SSR groups. The perinatal outcomes of these two groups were compared. The congenital anomaly risks among the two groups were also analyzed. Statistical Analysis: Chi-square test, Fisher's exact test and Logistic regression Results: A total of 628 ART cycles were included in the current study, of which 478 cycles used ejaculate sperm, while SSR was done in 150 cycles. The analysis was restricted to singletons, and the risk of preterm birth was 22.9% in the ejaculate group, 5.9% in the epididymal group, and 12% in the testicular group (epididymal vs. ejaculate odds ratio [OR], 0.21; 95% confidence interval [CI]: 0.02-1.66) (testicular vs. ejaculate OR, 0.46; 95% CI: 0.12-1.65). The risk of low birth weight was 23.7% in the ejaculate group, 11.8% in the epididymal group, and 20.0% in the testicular group (epididymal vs. ejaculate OR, 0.42; 95% CI: 0.09-1.9) (testicular vs. ejaculate OR, 0.80; 95% CI: 0.27-2.3). The incidence of congenital anomalies was 7.3% in the ejaculate group, 0 in the epididymal group, and 3.5% in the testicular group (epididymal vs. ejaculate OR, 0.28; 95% CI: 0.01-5.2) (testicular vs. ejaculate OR, 0.63; 95% CI: 0.10-3.7) which was not significantly different.

Conclusion(s): The current study showed no significant differences in the risk of adverse perinatal outcomes in the ejaculate group versus the surgically retrieved sperm groups.

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Publisher
Wolters Kluwer Medknow Publications
Year of Publication
2021

160.

HORMONAL PROFILE OF MEN DURING INFERTILITY.

Mohammed Z.I., Qasim M.T.

Embase

Biochemical and Cellular Archives. 21(1) (pp 2895-2898), 2021. Date of Publication: August 2021.

[Article]

AN: 2014522900

Even unilateral, cryptorchidism can cause decreased overall semen quality compared to to man normal. About 50% from men with cryptorchidism unilateral and 75% with bilateral have concentration spermatic with any less in 20 million/ml, same treated in phase proper. Post-mumps orchitis in the postpubertum destroys the germinal epithelium and is recognized as a cause of infertility. Venereal diseases, such as gonorrhoea, can obstruct the system ductal. Surgical history may explain some infertility cases, such as damage to the deferent ducts in children undergoing herniorrhaphy. Boys undergoing bladder neck Y-V surgery concomitant to correction of vesicoureteral reflux usually have retrograde ejaculation. Treatment survivors for neoplasia of testicles present sequelae of chemotherapy, radiotherapy and retroperitoneal lymphadenectomy that can result in infertility. Besides that, 60% of testicular cancer patients and 30% of boys with Hodgkin's lymphoma have altered sperm pre-treatment, indicating what the own neoplasm conditions change gives spermatogenesis.

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Publisher

Connect Journal

Year of Publication

2021

161.

Comparison of intra- and extra-corporeal laparoscopic hernia repair in children: A systematic review and pooled data-analysis.

Maat S., Dreuning K., Nordkamp S., van Gemert W., Twisk J., Visschers R., van Heurn E., Derikx J.

Embase

Journal of Pediatric Surgery. 56(9) (pp 1647-1656), 2021. Date of Publication: September 2021.

[Review]

AN: 2011216734

Background: Laparoscopic surgery is increasingly used to repair paediatric inguinal hernias and can be divided into intra- or extra-corporeal closing techniques. No statement regarding the superiority of one of the two techniques can be made. This study aims to provide evidence supporting the superiority of intra- or extra-corporeal suturing technique.

Method(s): A systematic literature search was conducted using PubMed, Embase, MEDLINE, and Cochrane Library databases. Randomised controlled trials and prospective studies comparing different laparoscopic techniques were eligible for inclusion. Data were pooled using a random-effects model, comparing single-port extra-peritoneal closure to intra-peritoneal purse string suture closing. Primary outcome was recurrence rate. Secondary outcomes were duration of surgery (min), peri- and post-operative complications (i.e. injury of spermatic vessels or spermatic cord, tuba lesions, bleeding and apnoea, haematoma/scrotal oedema, hydrocele, wound infection, iatrogenic ascent of the testis and testicular atrophy), contralateral patent processus vaginalis (CPPV) rate, post-operative pain, length of hospital stay and cosmetic appearance of the wound.

Result(s): Fifteen studies (n = 3680 patients, age range 0.5-12 years, follow-up range 3-10 months) were included in this systematic review. Intra-corporeal hernia repair was performed in 738 children and extra-corporeal repair was performed in 2942 children. A pooled data analysis could only be performed for the single port extra-corporeal closing technique and the three port intra-corporeal closing technique. We found that recurrence rate was lower in the single-port extra-corporeal closing technique compared to the intra-corporeal purse suture closing technique (0.6% vs 5.5%, 95% CI 0.107 (0.024-0.477); p < 0.001). Operation time was shorter for extra-corporeal unilateral and bilateral inguinal hernia repair compared with intra-corporeal approach, but no pooled data analysis could be performed. Due to the presence of substantial heterogeneity, it was not possible to assess other outcome measures.

Conclusion(s): Single-port extra-corporeal closure seems to result in less recurrent hernias and a shorter operative time compared to intra-corporeal purse suture closing technique. No difference regarding peri- and post-operative complications could be found and no statements regarding the length of hospital admission, post-operative pain and cosmetics could be made due to substantial heterogeneity.

Level of Evidence: Level II

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33674123 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33674123>]

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Publisher

W.B. Saunders

Year of Publication

2021

162.

Venolymphatic malformations: prenatal diagnosis using magnetic resonance imaging, perinatal outcomes and long-term follow-up.

Matos A.P.P., Werner H., Castro P.T., Fazecas e Costa T.M., Nogueira R.A., Peixoto-Filho F.M., Marchiori E., Araujo Junior E.

Embase

Pediatric Radiology. 51(7) (pp 1243-1252), 2021. Date of Publication: June 2021.

[Article]

AN: 2010297443

Background: Venolymphatic malformations are benign. Fetal MRI can more precisely demonstrate an infiltrative pattern of malformations than US.

Objective(s): To evaluate perinatal outcomes and long-term follow-up of fetal venolymphatic malformations treated in different medical facilities using fetal MRI.

Material(s) and Method(s): This retrospective cohort study evaluated 20 pregnant women between 22 weeks and 37 weeks of gestation who were referred from different institutions. They presented with fetuses with various diagnoses of cystic masses on routine US. The cases were studied using MRI. We analyzed prenatal data, perinatal outcomes and long-term follow-up.

Result(s): We reviewed the MRI scans of 20 patients with venolymphatic malformation. Referral diagnosis was changed in 40% (8/20) of cases, with postnatal concordance of 100% (20/20). Moreover, 65% (13/20) presented with venolymphatic malformation in more than one body segment. The neck was affected in 70% (14/20) of fetuses, while the head and thorax were affected in 30% (6/20) and 45% (9/20), respectively. There were intrathoracic lesions in 35% (7/20), lesions in the abdomen in 30% (6/20), and lesions in the perineum and extremities in 10% (2/20) each. Tracheal displacement, neck deflection and anatomical displacement caused by tumoral compression were present in 15% (3/20) of cases. Moreover, 25% (5/20) of newborns required neonatal intensive care unit admission, and all presented with cervical or thoracic venolymphatic malformation. Furthermore, 50% (10/20) of cases presented with complete resolution after medical therapy. The intrathoracic and cervical residuals (35%, 7/20) were monitored and treated.

Conclusion(s): MRI showed good correlation with postnatal examination of venolymphatic malformation, was useful in the differential diagnosis of fetal cysts on US, and presented a significant postnatal correlation with thoracic infiltration. The outcomes of prenatally diagnosed venolymphatic malformations are good despite the varying protocols among medical facilities. Copyright © 2021, The Author(s), under exclusive licence to Springer-Verlag GmbH, DE part of Springer Nature.

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Publisher

Springer Science and Business Media Deutschland GmbH
Year of Publication
2021

163.

Ambulatory Orchidopexy Is a Potential Solution to Improve the Rate of Timely Repair in Cryptorchid Boys: An 8 Year Retrospective Study of 4,972 Cases.
Zhao T., Deng F., Jia W., Gao X., Li Z., Tang X., Li D., Zhou R., Shu F., Zhang J., Zhang Z., Fu W., Liu G.

Embase

Frontiers in Pediatrics. 9 (no pagination), 2021. Article Number: 671578. Date of Publication: 04 May 2021.

[Article]

AN: 635031567

Background: Cryptorchidism is the most common congenital anomaly in pediatric urology. Although early surgery on cryptorchid boys is recommended by pediatric urologists worldwide, the actual age at orchidopexy is often older than the recommended age. Our medical center has started performing ambulatory orchidopexy since March 2016 at the ambulatory surgery center. We aimed to investigate whether ambulatory orchidopexy can improve the timely repair rate. Method(s): A retrospective analysis was conducted from 2012 to 2019 at our medical center. Ambulatory orchidopexy was started at our medical center on March 24, 2016. Boys born on or after September 24, 2015 were classified into the "with ambulatory medical resource" group, and boys born before September 24, 2014, were classified into the "without ambulatory medical resource" group. The timely repair rates were calculated and compared.

Result(s): A total of 4,972 cryptorchidism cases were included in the final study. Approximately 33.0% of cryptorchid boys received timely surgery (orchidopexy by the age of 18 months), and only 6.8% of all cryptorchid boys underwent surgery before the age of 1 year. After the performance of ambulatory orchidopexy, the timely repair rate increased from 25.7 to 37.0% ($P < 0.001$), and the percentage of patients receiving surgery before the age of 1 year increased significantly from 3.5 to 8.6% ($P < 0.001$). The proportion of timely repair in patients with ambulatory medical resources was significantly higher than that in patients without ambulatory medical resources (15.6% vs. 58.2%, $P < 0.001$). Significant changes in the rate of surgery before 12 months of age were also found between the two groups (2.4% vs. 14.8%, $P < 0.001$). Conclusion(s): After the performance of ambulatory orchidopexy in our medical center, the rates of both timely repair and receiving surgery before the age of 1 year increased significantly.

Ambulatory orchidopexy is a potential solution to improve the rate of timely repair in cryptorchid boys, and it is worthy of promotion in developing countries and regions.

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Place Holder 11

Embase

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Publisher

Frontiers Media S.A.

Year of Publication

2021

164.

Multifactor study of efficacy and recurrence in laparoscopic surgery for inguinal hernia.

Chen W.-L., Deng Q.-Q., Xu W., Luo M.

Embase

World Journal of Clinical Cases. 9(15) (pp 3559-3566), 2021. Date of Publication: 2021.

[Article]

AN: 2012002435

BACKGROUND Inguinal hernia is a common clinical manifestation in children with a low selfhealing rate. **AIM** To determine the effect of laparoscopic surgery on indirect inguinal hernia and the risk factors for postoperative recurrence and to provide a reference for the clinical treatment and prevention of recurrence. **METHODS** We selected 360 children who underwent laparoscopic high ligation in our hospital as the laparoscopic group and 120 patients treated for inguinal hernia with conventional surgery as the control group. The operation time, blood loss, incision length, hospitalization time, total hospitalization cost and surgical complications were compared between the two groups. According to telephone follow-up or return visits, the children who had recurrence within 2 years after the operation in the laparoscopic group were analyzed, and the laparoscopic high ligation hernia sac level was analyzed by the logistic multifactor method. Ligation was used to treat recurrence in children with inguinal hernia. **RESULTS** The operation time, blood loss, length of incision, and length of hospital stay in the laparoscopic group were lower than those in the control group ($P < 0.05$). The total hospitalization cost in the laparoscopic group was higher than that in the control group ($P < 0.05$). The operative complication rate was 1.67% lower than that in the control group (12.50%) ($P < 0.05$). In 360 children with laparoscopic high ligation of the hernia sac, 14 patients had recurrence within 2 years after surgery. After analysis, 14 cases in the recurrence group did not recur. The preoperative incarceration rate, inner ring diameter, ligature use and age difference were statistically significant ($P < 0.05$). According to logistic regression multivariate analysis, an inner ring diameter > 1.0 cm, the use of an absorbable ligature line and age > 3 years increased the risk of postoperative recurrence in children with inguinal hernia after laparoscopic high ligation of the hernia sac ($P < 0.05$). **CONCLUSION** Laparoscopic surgery for indirect inguinal hernia in children has the advantages of low trauma and a rapid postoperative recovery. An inner ring diameter > 1.0 cm, the use of absorbable ligature, and age > 3 years may increase the risk of recurrence after laparoscopic high ligation of the hernia sac.

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Publisher

Baishideng Publishing Group Co

Year of Publication

2021

165.

Incidence of complications, organizational problems, and errors: Unexpected events in 1605 patients.

Zoeller C., Kuebler J.F., Ure B.M., Brendel J.

Embase

Journal of Pediatric Surgery. 56(10) (pp 1723-1727), 2021. Date of Publication: October 2021.

[Article]

AN: 2010429378

Purpose: Besides surgical complications, a variety of adverse events may affect patients' comfort and outcome. The purpose of this prospective study was to identify the incidence and impact of all unexpected events in pediatric surgical patients.

Method(s): All unexpected events that occurred in our department during the period of February 2017-July 2018 were prospectively assessed. Complications associated with surgery, non-surgical treatment, errors and organizational problems were included. Events were classified using a modified version of Clavien-Dindo. Sentinel events were defined as death, serious injury, or the risk thereof (grade IV-V). Organizational events were analyzed separately. All events were discussed during morbidity and mortality-conferences, and the results and measures were documented.

Result(s): Unexpected events occurred in 297 of 1605 patients (18.5%), of whom 1124 (70%) had undergone surgery. More than half of all events were not associated with an operation (n=237; 54%). The severity of all events was mostly minor (grade I-IIIb; n=410; 94%). Twenty-eight sentinel events (IV-V) occurred (6% of all events). Twenty-two (2%) patients died; however, none of these deaths were related to surgery. The top 5 events included organizational problems in 78 instances (18%), wound healing disorders in 44 (10%), recurrence of initial problems in 36 (8%), dislocation of indwelling catheters in 26 (6%) and bleeding in 16 (4%). Errors were identified in 15 patients (3%). We derived 10 changes of concepts of management or treatment.

Conclusion(s): The incidence of unexpected events in pediatric surgical patients is high when complications associated with surgical and non-surgical treatment and organizational alterations are documented prospectively. In our study, most events were minor and did not substantially affect patients' outcomes. Prospective assessment helped to identify organizational shortcomings and develop preventive strategies.

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Publisher

W.B. Saunders

Year of Publication

2021

166.

Epidemiology of Pediatric Surgical Conditions Observed in a First-Level Hospital in Burundi.

Gortan M., Caravaggi P., Brooks G., Butoyi J.M.V., Bambara S., Nkurunziza J., Mulemangabo M., Nzeyimana G., Harakaneza P., Nshimirimana M., Tognon C., Gamba P., Parigi G.B., Dalla Gasperina D.

Embase

Frontiers in Pediatrics. 9 (no pagination), 2021. Article Number: 681478. Date of Publication: 28 May 2021.

[Article]

AN: 635246638

Background: Little is known about the surgical conditions affecting the pediatric population in low-income countries. In this article we describe the epidemiology of pediatric surgical diseases observed in Mutoyi hospital, a first-level hospital in Burundi. Methods and Findings: We retrospectively reviewed the records of all children (0-14 years) admitted to the Surgery ward from January 2017 to December 2017. We also reviewed the records of all the patients admitted to the Neonatology ward in 2017 and among them we selected the ones in which a surgical diagnosis was present. Five hundred twenty-eight children were admitted to the surgical ward during the study period. The most common conditions requiring hospitalization were abscesses (29.09%), fractures (13.59%), osteomyelitis (9.76%), burns (5.40%) and head injuries (4.36%). The average length of stay was 16 days. Fifty-six newborns were admitted to the Neonatology ward for a surgical condition; 29% of them had an abscess.

Conclusion(s): Conditions requiring surgical care are frequent in Burundian children and have a completely different spectrum from the western ones. This is due on one side to an under-diagnosis of certain conditions caused by the lack of diagnostic tools and on the other to the living conditions of the population. This difference should lead to intervention plans tailored on the actual necessities of the country and not on the western ones.

© Copyright © 2021 Gortan, Caravaggi, Brooks, Butoyi, Bambara, Nkurunziza, Mulemangabo, Nzeyimana, Harakaneza, Nshimirimana, Tognon, Gamba, Parigi and Dalla Gasperina.

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Publisher

Frontiers Media S.A.

Year of Publication

2021

167.

Laparoscopic percutaneous extraperitoneal closure with peritoneum reinforcement repair for pediatric inguinal hernia: A single-center experience with over 2,000 patients.

Duan S., Zhang P., Lin X., Zheng L.

Embase

Translational Pediatrics. 10(5) (pp 1317-1323), 2021. Date of Publication: May 2021.

[Article]

AN: 2012264509

Background: Inguinal hernia is one of the common diseases in infants and children that requires operative treatment. Laparoscopic inguinal hernia repair in children has become an alternative to the open procedure. Laparoscopic percutaneous extraperitoneal closure with peritoneum

reinforcement (LPECPR) is a safe and effective approach for pediatric inguinal hernia, and has a lower recurrence. This is a retrospective study to present our experience with children who underwent LPECPR.

Method(s): A total of 2,018 patients with inguinal hernia who underwent LPECPR in our hospital from July, 2011 to December, 2020 were reviewed. The surgical technique is modified on the basis of laparoscopic percutaneous extraperitoneal closure (LPEC) to close extraperitoneally by circuit suturing twice around the internal inguinal ring.

Result(s): All cases were completed LPECPR without conversion. There were no intraoperative complications. A total of 2,018 patients' laparoscopic procedures were achieved. The mean operative time was 14 and 20 min for unilateral and bilateral operations, respectively. Follow-up to date is 13.4 months (6-36 months), there were no postoperative complications, such as knot reactions, hydrocele formation, testicular atrophy or pain, except 3 recurrences (3/2,018, 0.15%).

Conclusion(s): This modified LPECPR technique can acquire lower recurrence rate for repair pediatric inguinal hernia. The midterm safety and efficacy of LPECPR are proven and it can be a routine procedure.

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Publisher

AME Publishing Company

Year of Publication

2021

168.

Significance of scrotal ultrasound in patients with testicular pathologies.

AKHTAR S., ABIDIN M.Z.U., YOUSAF M., FAROOQ M.Y., AKHTAR M.A., ALI M., KHAN S., ALLOUDIN A., ALAM M.A., BILAL M.

Embase

Pakistan Journal of Medical and Health Sciences. 15(4) (pp 786-789), 2021. Date of Publication: April 2021.

[Article]

AN: 2012033945

Background: Scrotal pain is a relatively frequent complaint confronting physicians in an emergency setting, and one that harbors potentially serious implications. Accurate diagnosis of testicular torsion and prevention of testicular infarction are of utmost concern in these patients.

Scrotal ultrasound is best diagnostic tool to detect and monitor of testicular aberrations in boys.

Aim(s): To determine the significance of scrotal ultrasound in patients with testicular pathologies.

Place and duration of study: Rahim Yar Khan Diagnostic Center from 1st May 2019 to 31

December 2020 Methodology: A descriptive study was conducted at Rahim Yar Khan Diagnostic Center. Data of 96 participants were designated done suitable sample method. SPSS version 21.0 was used for data analysis.

Result(s): Out of 96 patients, in which 74 patients (77.1%) had swelling, 22 patients (22.9%) had no swelling, 82 patients (85.4%) had trauma, 14 patients (14.6%) had no trauma, 88 patients (91.7%) had pain, 8 patients (8.3%) had no pain, 19 patients (19.8%) had both sides, 36 patients (37.5 %) had left side, 41 (42.7%) patients had right side pathology Cell Tumor, Chronic Hydrocele, Cyst, Hematoma, Hemiscrotum, Hernia. Large Cyst, Mass, Oedema, Scroto-lith, Spermatocele, Testicular Neoplasms, Solid Hypoechoic Mass, Epidydmorchitis were show 1%, frequency distribution of Calcification, Cystic Leison, Microlithiasis, Testicular Atrophy Were show

2%, frequency distribution of Epididymitis show frequency distribution was 3, frequency distribution of Abscess, Testicular Torsion 4, hematocele was 5, orchitis was 7, undescended testis was 8, varicocele was 10 and hydrocele was 31 and normal was 2.

Conclusion(s): Scrotal sonography is a high resolution, readily available and non-ionizing imaging modality for the differential diagnosis of scrotal pathologies. The addition of Doppler further characterize the pathologies that include but not limited to testicular torsion, varicocele and orchitis.

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Place Holder 11

Embase

Institution

(AKHTAR, ABIDIN, YOUSAF, FAROOQ, AKHTAR, ALI, KHAN, ALLOUDIN, ALAM, BILAL)

University Institute of Radiological Sciences and Medical Imaging Technology, Faculty of Allied Health Sciences, University of Lahore, Lahore, Pakistan

Publisher

Lahore Medical And Dental College

Year of Publication

2021

169.

Is There Bacterial Growth Inside the Tunica Vaginalis Cavity in Patients With Unsalvageable Testicular Torsion?.

HAMPL D., KOIFMAN L., CELINO E.F., ARAUJO L.R., SAMPAIO F.J., FAVORITO L.A.

Embase

Urology. 149 (pp 251-254), 2021. Date of Publication: March 2021.

[Article]

AN: 2010280931

Objective: To describe if there is bacterial growth on the tunica vaginalis cavity on patients with testicular torsion submitted to orchiectomy.

Material(s) and Method(s): We prospectively analyzed 176 patients with testicular torsion submitted to orchiectomy at our facility between January 2018 and January 2020. Sixty-five were included in this study and samples of the tunica vaginalis cavity were sent to the laboratory for gram staining, culturing and antibiotic sensitivity testing. Wound healing was also evaluated at a minimum of 3 checkpoints (days 15, 45, and 90 after surgery). Student's t test was used for comparison of quantitative data between negative and positive cultures ($P < .05$). The Mann-Whitney test was used to verify associations between categorical variables and negative vs. positive cultures ($P < .05$).

Result(s): Of the 65 patients included in the study, with median age of 18 years (IQR 15-21), culture was negative in 58 cases (89.2%). Median time lapse from symptoms to surgery was 6.90 days (IQR 3.92-10.73). Right testicular torsion was almost twice as common as on the left side (63.07% vs 36.93%). Hydrocele was present in 47 patients (72.3%) and all wounds were healed in 84.60%, 96.90%, and 100% of the cases on the 15th, 45th, and 90th days after surgery, respectively.

Conclusion(s): In the great majority of patients with testicular torsion treated with orchiectomy in our study, we did not observe bacterial growth in the tunica vaginalis cavity, and all patients' wounds were completely healed within 90 days after surgery.

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PMC Identifier

33278461 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33278461>]

Place Holder 11

Embase

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Publisher

Elsevier Inc.

Year of Publication

2021

170.

Risk-based stratification triaging system in pediatric urology: what COVID-19 pandemic has taught us.

Fernandez N., Prada S., Avansino J., Chavarriaga J., Hermida E., Perez J.

Embase

Pediatric Surgery International. 37(6) (pp 827-833), 2021. Date of Publication: June 2021.

[Article]

AN: 2010606875

Introduction and objective: SARS-COV-2 pandemic has affected the population worldwide requiring social distancing, quarantine and isolation as strategies to control virus propagation. Initial measures to reduce the burden to the health care system during the pandemic included deferring elective surgery. These damage control measures did not take into account the mid- and long-term implications. Management of congenital anomalies can be time sensitive with delays resulting in permanent disability, morbidity and increased costs to the healthcare system. This study reports the results of using a novel scoring system that enables triage of time sensitive congenital anomalies and pediatric surgical conditions and how implementation of Enhanced Recovery After Surgery (ERAS) principles allowed optimization of resources and reduced the burden to the system while allowing for appropriate care of pediatric patients with urgent urologic surgical conditions.

Method(s): We present a prospective case series of patients with congenital urological conditions scheduled and taken to surgery during COVID-19 pandemic. All pediatric urology cases that were pending and or scheduled for surgery at the moment the pandemic struck as well as all cases that presented to the emergency department with urological conditions were triaged and included for analysis using a modified Medically Necessary, Time-Sensitive Procedures: Scoring System (MeNTS). A modified MeNTS was implemented for pediatric patients, giving more priority to the impact of deferring surgical intervention on patient's prognosis. An individualized evaluation using this scoring system was applied to each patient. Intra- and postoperative ERAS principles were applied to all cases operated during the pandemic between March 20th and April 24th to reduce the burden to the healthcare system.

Result(s): A total of 49 patients were triaged and included for analysis with a mean age of 6.47 years of age. Adjusted MeNTS showed that all clinically emergent cases had a score of 12 or less. Cases that could be postponed for 2 weeks but no longer had a score between 13 and 15. The ones that could wait 6 weeks or longer had scores higher than 16. Score results were not the same for similar procedures and individualized assessments resulted in scores based on an individual patient's conditions. From the total cases, implementation of ERAS principles increased outpatient procedures from 68 to 90.4%.

Conclusion(s): Our results provide a novel triaging method to rank pediatric urological surgical management based on individualized patient's clinical conditions. Cutoff values of 12 and 16 allowed appropriate triage preventing the postponement of urgent urologic cases during the COVID-19 pandemic. Implementation of ERAS principles allowed for these procedures to be done in the outpatient setting, preserving valuable healthcare resources.

Type of Study: Prospective cohort study.

Level of Evidence: IV.

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PMC Identifier

33638662 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33638662>]

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(Hermida) Department of Anesthesia, Fundacion Santa Fe de Bogota, Universidad de los Andes, Bogota, Colombia

Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2021

171.

The frequency of random findings on abdominal/pelvis computed tomography in pediatric trauma patients.

Bastug B.T.

Embase

Current Medical Imaging. 17(2) (pp 306-309), 2021. Date of Publication: 2021.

[Article]

AN: 2006838270

Aim: In this study, we aimed to find the percentage of random pathologies and ab-dominopelvic region anomalies that are not related to trauma in pediatric patients.

Background(s): An abdominal assessment of an injured child usually involves computed tomography imaging of the abdomen and pelvis (CTAP) to determine the presence and size of injuries. Imaging may accidentally reveal irrelevant findings.

Objective(s): Although the literature in adults has reviewed the frequency of discovering these random findings, few studies have been identified in the pediatric population.

Method(s): Data on 142 (38 female, 104 male) patients who underwent CTAP during their trauma evaluation between January 2019 and January 2020 were obtained from our level 3 pediatric trauma center records. The records and CTAP images were examined retrospectively for extra traumat-ic pathologies and anomalies.

Result(s): 67 patients (47%) had 81 incidental findings. There were 17 clinically significant random findings. No potential tumors were found in this population.

Conclusion(s): Pediatric trauma CTAP reveals random findings. For further evaluation, incidental findings should be indicated in the discharge summaries.

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PMC Identifier

33334291 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33334291>]

Place Holder 11

Embase

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(Bastug) Department of Radiology, School of Medicine, Eskisehir Osmangazi University,
Eskisehir, Turkey
Publisher
Bentham Science Publishers
Year of Publication
2021

172.

Serum Protein N-Glycosylation Signatures of Neuroblastoma.

Qin W., Pei H., Li X., Li J., Yao X., Zhang R.

Embase

Frontiers in Oncology. 11 (no pagination), 2021. Article Number: 603417. Date of Publication: 16 Mar 2021.

[Article]

AN: 634608283

Background: Neuroblastoma is the most common extracranial childhood solid tumor which accounts for 10% of the malignancies and 15% of the cancer fatalities in children. N-glycosylation is one of the most frequent post-translation protein modification playing a vital role in numerous cancers. N-glycosylation changes in neuroblastoma patient serum have not been studied in existing reports. The comprehensive analyses of serum N-glycomics in neuroblastoma can provide useful information of potential disease biomarkers and new insights of the pathophysiology in neuroblastoma.

Method(s): The total serum protein N-glycosylation was analyzed in 33 neuroblastoma patients and 40 age- and sex-matched non-malignant controls. N-glycans were enzymatically released, derivatized to discriminate linkage-specific sialic acid, purified by HILIC-SPE, and identified by MALDI-TOF-MS. Peak areas were acquired by the software of MALDI-MS sample acquisition, processed and analyzed by the software of Progenesis MALDI.

Result(s): Three glyco-subclasses and six individual N-glycans were significantly changed in neuroblastoma patients compared with controls. The decreased levels of high mannose N-glycans, hybrid N-glycans, and increased levels of alpha2,3-sialylated N-glycans, multi-branched sialylated N-glycans were observed in neuroblastoma patients. what is more, a glycan panel combining those six individual N-glycans showed a strong discrimination performance, with an AUC value of 0.8477.

Conclusion(s): This study provides new insights into N-glycosylation characteristics in neuroblastoma patient serum. The analyses of total serum protein N-glycosylation could discriminate neuroblastoma patients from non-malignant controls. The alterations of the N-glycomics may play a suggestive role for neuroblastoma diagnosis and advance our understanding of the pathophysiology in neuroblastoma.

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Place Holder 11

Embase

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Publisher

Frontiers Media S.A.

Year of Publication

2021

173.

The characteristic of toddlers reproductive health in posyandu matahari, blimbing, malang, east java, indonesia.

Seputra K.P., Daryanto B., Prasetyo Z.A., Meiyanto J.D., Naim H.Y.

Embase

Indian Journal of Forensic Medicine and Toxicology. 15(3) (pp 3470-3473), 2021. Date of Publication: July-September 2021.

[Article]

AN: 2007667494

Background & Objective: The screening of reproductive health plays an essential role of early detection of reproductive health disorder. There was a study which suggested that there was at least one congenital disorder every 100 live births. The Congenital reproductive disorder are mostly found in type of hypospadias, enlarged clitoris, micropenis, fusion of labia majora, and genital ambiguity. Data collected in Saiful Anwar General Hospital revealed that period of 2012-2017 there were 109 hypospadias cases, 64 undescended testicle cases, and 80 cases of testicular torsion. However, for the Disorders of Sex Development cases, there were found 12 cases from period of 2015-2017, with mean age was school age (8-14 years old). Unfortunately, there was no data of congenital reproductive disorder in toddlers, thus we conducted screening of toddlers reproductive health in PosyanduMatahari which located in Malang, East Java, Indonesia in order to find out the number of incidence of toddlers congenital reproductive disorder and held the early detection.

Material(s) and Method(s): This is observational descriptive study. Screening was held in PosyanduMatahari which located in GedungSerbagunaRw. 14, Bunulrejo, Jodipan, Blimbing, Malang, in October 27, 2018. It used method of physical examination (age, weight, height, external genital examination), and if it was found suspicious of disease or disorder of toddler congenital reproductive health, thus it would be given referral to appropriate health care Results: This screening event involved 46 toddlers (1-5 years old). From 46 toddlers, there were 14 toddlers (30.43%), 10 toddlers suffered from Phimosis (21.74%), 1 toddler with Hydrocele (2.17%), dan 3 toddlers suffered from UDT (6.52), who were referred to urology clinic in Saiful Anwar General Hospital to undergo further examination and treatment.

Conclusion(s):The incidence of toddlers reproductive disorder of this event was 30,43%, showed that this age group (1-5 years old) had significant amount of congenital reproductive disorder and screening played important role for early detection and improving parental knowledge to prevent the delay of treatment for reproductive disorder.

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Place Holder 11

Embase

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Publisher

Institute of Medico-Legal Publications

Year of Publication

2021

174.

Implementation of a contextually appropriate pediatric emergency surgical care course in Uganda.

Ullrich S., Kisa P., Ruzgar N., Okello I., Oyania F., Kayima P., Kakembo N., Sekabira J., Situma M., Ozgediz D.

Embase

Journal of Pediatric Surgery. 56(4) (pp 811-815), 2021. Date of Publication: April 2021.

[Article]

AN: 2008566079

Background: Low- and middle-income countries like Uganda face a severe shortage of pediatric surgeons. Most children with a surgical emergency are treated by nonspecialist rural providers. We describe the design and implementation of a locally driven, pilot pediatric emergency surgical care course to strengthen skills of these providers. This is the first description of such a course in the current literature.

Method(s): The course was delivered three times from 2018 to 2019. Modules include perioperative management, neonatal emergencies, intestinal emergencies, and trauma. A baseline needs assessment survey was administered. Participants in the second and third courses also took pre and postcourse knowledge-based tests.

Result(s): Forty-five providers representing multiple cadres participated. Participants most commonly perform hernia/hydrocele repair (17% adjusted rating) in their current practice and are least comfortable managing cleft lip and palate (mean Likert score 1.4 +/- 0.9). Equipment shortage was identified as the most significant challenge to delivering pediatric surgical care (24%). Scores on the knowledge tests improved significantly from pre- (55.4% +/- 22.4%) to postcourse (71.9% +/- 14.0%, $p < 0.0001$).

Conclusion(s): Nonspecialist clinicians are essential to the pediatric surgical workforce in LMICs. Short, targeted training courses can increase provider knowledge about the management of surgical emergencies. The course has spurred local surgical outreach initiatives. Further implementation studies are needed to evaluate the impact of the training.

Level of Evidence: V

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PMC Identifier

33183745 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33183745>]

Place Holder 11

Embase

Institution

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Publisher

W.B. Saunders

Year of Publication

2021

175.

Identifying the deceiver: the non-neoplastic mimickers of genital system neoplasms.

Onder O., Karaosmanoglu A.D., Kraeft J., Uysal A., Karcaaltincaba M., Akata D., Ozmen M.N., Hahn P.F.

Embase

Insights into Imaging. 12(1) (no pagination), 2021. Article Number: 95. Date of Publication: December 2021.

[Review]

AN: 2013092253

Tumors of the genital system are common and imaging is of crucial importance for their detection and diagnosis. Several non-neoplastic diseases may mimic these tumors and differential diagnosis may be difficult in certain cases. Misdiagnosing non-neoplastic diseases as tumor may prompt unnecessary medical treatment or surgical interventions. In this article, we aimed to present the imaging characteristics of non-neoplastic diseases of the male and female genital systems that may mimic neoplastic processes. Increasing awareness of the imaging specialists to these entities may have a severe positive impact on the management of these patients.

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Place Holder 11

Embase

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Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2021

176.

Efficacy and safety of caudal dexmedetomidine in pediatric infra-umbilical surgery: A meta-analysis and trial-sequential analysis of randomized controlled trials.

Shah U.J., Nguyen D., Karuppiah N., Martin J., Sehmbi H.

Embase

Regional Anesthesia and Pain Medicine. 46(5) (pp 422-432), 2021. Date of Publication: 01 May 2021.

[Review]

AN: 633980608

Background Dexmedetomidine is used as a local-anesthetics adjuvant in caudal block to prolong analgesia in pediatric infra-umbilical surgery. Objective We evaluated the analgesic efficacy and safety of the addition of caudal dexmedetomidine to local anesthetics (vs local anesthetics alone) in pediatric infra-umbilical surgery. Evidence review We searched 10 databases for randomized controlled trials (RCTs) of pediatric patients undergoing infra-umbilical surgery, comparing caudal block with and without dexmedetomidine as local anesthetic adjuvant. We performed a frequentist random-effects meta-analysis (R statistical package). We analyzed continuous outcomes as a ratio of means (ROM) and dichotomous data as relative risk (RR), along with 95% CI. We included 19 RCTs (n=1190 pediatric patients) in the meta-analysis. The primary outcome was duration of analgesia (defined as 'the time from caudal injection to the time at which the study-specific pain score was greater than a cut-off threshold'). Findings Data from 19 included RCTs (n=1190) suggested that compared with control (mean duration 346 min), the addition of caudal dexmedetomidine significantly prolonged the duration of analgesia (ratio of means 2.14, 95% CI 1.83 to 2.49, p<0.001; a 'moderate' evidence). Trial-sequential analysis showed adequate 'information size' for the primary outcome. Caudal dexmedetomidine also reduced the number of analgesic administrations (a 'low' evidence), total acetaminophen dose (a 'moderate' evidence) and the risk of emergence delirium (a 'moderate' evidence). There were no significant differences

in adverse effects such as hypotension, bradycardia, post-operative nausea and vomiting, urinary retention and respiratory depression. Conclusions Our results suggest that the addition of dexmedetomidine to local anesthetic in caudal block significantly improves the duration of analgesia and reduces the analgesic requirements, while maintaining a similar risk-profile compared with local anesthetic alone. Further data on neurological safety are needed.

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33452203 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33452203>]

Place Holder 11

Embase

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Publisher

BMJ Publishing Group

Year of Publication

2021

177.

Incidental Findings in the Trauma Population: Interdisciplinary Approach and Electronic Medical Record Reminder Association with Pre-Discharge Reporting and Medicolegal Risk.

Smith L.M., King S.A., Shealy J.A., Heidel R.E., Morin-Ducote G.I., Husband L.D., Callison J.C., Rosen B.A., Savoy R.A., Daley B.J.

Embase

Journal of the American College of Surgeons. 232(4) (pp 380-385.e1), 2021. Date of Publication: April 2021.

[Article]

AN: 2010903649

Background: Incidental findings (IFs) are reported in 20% or more of trauma CT scans. In addition to the importance of patient disclosure, there is considerable legal pressure to avoid missed diagnoses. We reported previously that 63.5% of IFs were disclosed before discharge and with 20% were nondisclosed. We initiated a multidisciplinary systemic plan to effect pre-discharge disclosure by synoptic CT reports with American College of Radiology recommended follow-up, electronic medical records discharge prompts, and provider education.

Study Design: Prospective observational series patients from November 2019 to February 2020 were included. Statistical analysis was performed with SPSS, version 21 (IBM Corp).

Result(s): Eight hundred and seventy-seven patients underwent 1 or more CT scans for the evaluation of trauma (507 were male and 370 were female). Mean age of the patients was 57 years (range 14 to 99 years) and 96% had blunt injury. In 315 patients, there were 523 IFs (1.7 per patient); the most common were lung (17.5%), kidney (13%), and liver (11%). Radiology report compliance rate was 84% (210 of 249 patients). There were 66 studies from outside facilities. Sixteen IFs were suspicious for malignancy. A total of 151 patients needed no follow-up and 148 patients needed future follow-up evaluation. Pre-discharge IF disclosure compliance rate was 90.1% (286 patients); 25 were post discharge. Four patients remained undisclosed.

Compared with our previous report, clearer reporting and electronic medical records prompts

increased pre-discharge disclosure from 63.5% to 90.1% ($p < 0.01$, chi-square test) and decreased days to notification from 29.5 (range 0 to 277) to 5.2 (range 0 to 59) ($p < 0.01$, Mann-Whitney U test).

Conclusion(s): Timely, complete disclosure of IFs improves patient outcomes and reduces medicolegal risk. Collaboration among trauma, radiology, and information technology promotes improved disclosure in trauma populations.

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33385568 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33385568>]

Place Holder 11

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Publisher

Elsevier Inc.

Year of Publication

2021

178.

Testicular torsion in the medicolegal perspective: Why is the diagnosis missing?. Adli tip perspektifinden testis torsiyonu: Tani neden eksik? <Adli tip perspektifinden testis torsiyonu: Tani neden eksik?>

Tasci A.I., Danacioglu Y.O., Colakoglu Y., Arikan Y., Yalcinkaya N., Buyuk Y.

Embase

Ulusal Travma ve Acil Cerrahi Dergisi. 27(2) (pp 207-213), 2021. Date of Publication: 2021.

[Article]

AN: 2006993345

BACKGROUND: By examining patients with testicular torsion (TT) that caused problems in medicolegal terms, the present study aims to define markers causing medical neglect or malpractice in similar conditions and perform a retrospective examination to characterize the medical aspects of patients with TT.

METHOD(S): In this study, 53 patients who underwent orchiectomy for TT following interventions made between 2004 and 2019 in different hospitals of Turkey and had satisfactory clinical findings in their files based on medicolegal inspections were included.

RESULT(S): The median age of the patients was nine years. Twenty-three (43.4%) of the patients had TT on the left side, 29 (54.7%) had TT on the right side, and one (1.9%) patient had bilateral TT. It was noticed that 31 (58.5%) patients had epididymo-orchitis (EO), seven patients had (13.2%) urinary infection, five (9.4%) patients had a hydrocele, and four (7.5%) patients had renal colic, and the others had testicle contusion, gastroenteritis, inguinal hernia, and acute appendicitis as misdiagnoses. The mean time that passed between admission and TT diagnosis was detected as 59+/-11.2 hours. A statistically significant relation was detected between the branch of the physician who first evaluated the patients and the presence of performing scrotal examination and imaging during admission. The ratio of physical scrotal examinations by emergency service physicians was lower than with the urologists. Among the preliminary examiner allowed to be an advanced evaluation for the possibility of missing diagnosis by an

independent specialist physicians, 25 (47.2%) were urologists, 22 (41.5%) were emergency service physicians, four (7.5%) were pediatricians, and two (3.8%) were radiologists.
CONCLUSION(S): Physicians should perform the required evaluations for a suitable diagnosis and treatment by putting aside their medicolegal concerns and prevent the problems by giving priority to patient health. For the correct diagnosis and proper management of TT, it is necessary to increase the information levels of physicians, and patients should be explored urgently in the event of any clinical suspicion.

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33630295 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33630295>]

Place Holder 11

Embase

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Publisher

Turkish Association of Trauma and Emergency Surgery

Year of Publication

2021

179.

Demographic, ocular and associated neurological findings in corpus callosum malformations.

Kiziltunc P.B., Sahli E., Idil A., Atilla H.

Embase

Turkish Journal of Pediatrics. 63(2) (pp 291-299), 2021. Date of Publication: 2021.

[Article]

AN: 2007130537

Background. The corpus callosum is a primary commissural part of the brain which connects the two hemispheres. Processing sensory, motor, visuo-motor and cognitive functions are related to a healthy connection. In this study, we aimed to evaluate the ocular, neurologic and other systemic findings of corpus callosum malformations and to focus on the association between the ocular and neurological findings and the type of callosal malformation according to cranial magnetic resonance imaging (MRI). Methods. A retrospective chart review of 57 patients with corpus callosum malformation was performed. Demographic features, neurologic, ocular and other systemic findings were noted. Patients were divided into 3 groups according to the severity of corpus callosum malformation on MRI (total agenesis, partial agenesis and hypoplasia) and also evaluated as a part of a genetic disorder/syndrome or not. The differences between demographic features, ocular and neurological findings between these 3 groups and also between syndromic and non-syndromic groups were evaluated statistically. Results. Only 35.1% of patients had fixation and following pattern of visual acuity. Anterior segment pathologies were observed in 6.9% of patients. However, 57.9% of patients had posterior segment malformations. Only 19.3% of patients had a normal ocular alignment. There was no statistically significant difference of demographic features, ocular and neurologic findings between the 3 groups or between the syndromic/non-syndromic groups. Conclusions. Ocular findings can be reliable depending on the severity of the corpus callosum malformations. However, delay in fixation reflex development or loss of fixation should remind us of central nervous system pathologies especially corpus callosum malformations.

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PMC Identifier

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Embase

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Publisher

Turkish National Pediatric Society

Year of Publication

2021

180.

Pediatric urology in the era of COVID-19.

Pathak M., Sinha A.

Embase

Journal of Pediatric Endoscopic Surgery. 3(2) (pp 65-72), 2021. Date of Publication: June 2021.

[Review]

AN: 2010641509

Introduction: The coronavirus disease 2019 (COVID-19) has mandated the pediatric urologists to adapt to the changing dynamics and adopt the strategy to minimise the collateral damage. The purpose of this study is to compile all the available literature and published guideline to facilitate the patient management.

Material(s) and Method(s): PubMed, Scopus, and Google scholar database were systematically searched using the search terms "COVID-19" AND "pediatric" AND "urology". All published papers retrieved from this search were considered for this review based on PRISMA guidelines. In addition to this, World Wide Web search was conducted for guidelines, and recommendations published by scientific societies and their websites were searched for the desired information.

Result(s): Total eight articles and society recommendations met the inclusion criteria and included in the study. The general level of agreement was found on need to postpone the elective cases and ensuring the safety of hospital staff. The organ and life-threatening conditions like acute and symptomatic obstructive uropathy and testicular torsion should be treated on an emergent basis irrespective of COVID status. There is no evidence that any modality either open or laparoscopic has any advantage over the other. The protocols need to be modified based on stage of pandemic, availability of resources, and local guidelines. The restart of work once the pandemic is over should also be prioritised.

Conclusion(s): There are very few articles and society guidelines on pediatric urology care in the COVID era, but all the available guidelines stress on prioritisation, protocol-based management, and improvisation as per the circumstances.

Level of Evidence: V.

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Year of Publication
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181.

A single institution experience with Laparoscopic Hernia repair in 791 children.
Svetanoff W.J., Fraser J.A., Briggs K.B., Staszak J.K., Dekonenko C., Rentea R.M., Juang D., Aguayo P., Fraser J.D., Snyder C.L., Hendrickson R.J., St. Peter S.D., Oyetunji T.

Embase

Journal of Pediatric Surgery. 56(6) (pp 1185-1189), 2021. Date of Publication: June 2021.

[Article]

AN: 2011408829

Introduction: There are many described technique to performing laparoscopic inguinal hernia repair in children. We describe our outcomes using a percutaneous internal ring suturing technique.

Method(s): A retrospective review of patients under 18 years old who underwent repair between January 2014 - March 2019 was performed. A percutaneous internal ring suturing technique, involving hydro-dissection of the peritoneum, percutaneous suture passage, and cauterization of the peritoneum in the sac prior to high ligation, was used. $p < 0.05$ was considered significant during the analysis.

Result(s): 791 patients were included. The median age at operation was 1.9 years (IQR 0.37, 5.82). The median operative time for a unilateral repair was 21 min (IQR 16, 28), while the median time for a bilateral repair was 30.5 min (IQR 23, 41). In total, 3 patients required conversion to an open procedure (0.4%), 4 (0.6%) experienced post-operative bleeding, 9 (1.2%) developed a wound infection, and iatrogenic ascent of testis occurred in 10 (1.3%) patients. Twenty patients (2.5%) developed a recurrent hernia. All but two were re-repaired laparoscopically.

Conclusion(s): The use of percutaneous internal ring suturing for laparoscopic repair of inguinal hernias in the pediatric population is safe and effective with a low rate of complications and recurrence.

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Publisher

W.B. Saunders

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182.

Penile circumference and stretched penile length in prepubertal children: A retrospective, single-center pilot study.

Park S.K., Ergashev K., Chung J.M., Lee S.D.

Embase

Investigative and Clinical Urology. 62(3) (pp 324-330), 2021. Date of Publication: 2021.

[Article]

AN: 2007118337

Purpose: To determine references for penile circumference according to age in prepubertal children and whether this measurement can be used as a basic penile parameter along with stretched penile length in prepubertal children.

Material(s) and Method(s): A total of 750 children (mean age, 4.2+/-3.4 years) aged under 14 years without penile problems were enrolled in this study. Children with penile or testicular abnormalities were excluded. All data were gathered at the outpatient clinic by a single pediatric urologist from July 2017 to April 2020. Penile parameters (baseline and stretched penile length, penile circumference) and testicular volumes were measured by using an elastic ruler and a Prader orchidometer, respectively.

Result(s): Mean baseline and stretched penile lengths were 3.0+/-1.0 cm and 4.2+/-1.0 cm, respectively. The mean penile circumference was 4.2+/-0.9 cm. The stretched penile length was similar to penile circumference ($p=0.425$). This similarity was found for each age group except for the 0-1-year-old and 3-4-year-old age groups ($p=0.001$ and $p=0.034$, respectively). As children grow into adolescence, stretched penile length increases significantly compared to penile circumference.

Conclusion(s): Penile circumference increased with age like stretched penile length and testicular volume in prepubertal children. Stretched penile length and penile circumference were found to be similar. This study can be used as a basic reference for penile circumference values in prepubertal children.

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Publisher
Korean Urological Association
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2021

183.

Trends in treatment outcomes for retractile testis in Japanese boys: A single-center study.
Hori S., Aoki K., Nishimura N., Morizawa Y., Gotoh D., Fukui S., Nakai Y., Miyake M., Torimoto K., Yoneda T., Tanaka N., Fujimoto K.

Embase

International Journal of Urology. 28(3) (pp 327-332), 2021. Date of Publication: March 2021.

[Article]

AN: 2007582091

Objectives: To investigate the natural course of retractile testis by analyzing its prevalence and outcomes.

Method(s): This retrospective study included 215 boys in whom retractile testis was diagnosed after reviewing the medical history and physical examinations of the patients. Orchiopexy was performed once the testis became undescended. We investigated the trends in the prevalence and outcomes of retractile testis and compared clinical factors between cases that resolved spontaneously and those that required orchiopexy.

Result(s): Of 215 boys, 145 were finally evaluated. The mean age at diagnosis was 2 years, and 100 boys were aged ≤ 2 years when they were hospitalized. Seventy-three boys were referred to our institution through health examinations as babies. The condition improved spontaneously in 89 boys, while 43 boys underwent orchiopexy, and 13 boys remained under follow-up. The follow-up period between diagnosis and resolution was significantly longer in the spontaneous resolution group than in the surgical intervention group ($P = 0.011$). Bilateral retractile testis improved spontaneously in significantly more boys compared to unilateral retractile testis ($P = 0.0010$). Spontaneous resolution was observed in boys of all ages, but those diagnosed at ≤ 3 years of age had a significantly higher rate of spontaneous resolution compared to those who were diagnosed at > 3 years of age ($P = 0.0019$).

Conclusion(s): Our findings suggest that retractile testis cannot be affirmed as a variant of normal testis. Performing examinations at a young age is critical for preventing misdiagnosis, screening failures, and unnecessary surgery.

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Publisher

Blackwell Publishing

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184.

Asymptomatic patent processus vaginalis is a risk for developing external inguinal hernia in adults: A prospective cohort study.

Watanabe T., Yokoyama S., Iwahashi M., Mori K., Yamade N., Yamaguchi K., Takifuji K., Mitani Y., Matsuda K., Yamaue H.

Embase

Annals of Medicine and Surgery. 64 (no pagination), 2021. Article Number: 102258. Date of Publication: April 2021.

[Article]

AN: 2011576735

Background: Inguinal hernia repair is common for children and adults across the world, but the mechanism behind hernia onset still requires elucidation. This prospective study aims to determine whether patent processus vaginalis (PPV) is a factor in the development of external inguinal hernias.

Method(s): We enrolled 1008 patients who underwent laparoscopic surgery and in whom the inguinal region was observed. If processus vaginalis existed, we measured the diameter and length. Patients were followed for three years after surgery to investigate the incidence of external inguinal hernias.

Result(s): No significant differences were found between age groups. Furthermore, no difference could be recognized in length or opening diameter of the PPVs between age groups. Three-year follow up was possible for 765 of 1008 patients enrolled in this study (76%), eight of whom, all male, developed external inguinal hernia during this period. Multivariate analysis for onset of inguinal hernia onset in male patients showed that PPV and length of the right PPV were independent risk factors for development of external inguinal hernia.

Conclusion(s): The patency rate, length, and diameter of the processus vaginalis do not differ according to age. The patency of the processus vaginalis in male patients is an independent risk factor for development of external inguinal hernia in adults.

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185.

Percutaneous Internal Ring Suturing for the Minimal Invasive Treatment of Pediatric Inguinal Hernia: A 5-Year Single Surgeon Experience.

Pogorelic Z., Cohadzic T., Jukic M., Nevescanin Biliskov A.

Embase

Surgical Laparoscopy, Endoscopy and Percutaneous Techniques. 31(2) (pp 150-154), 2021.

Date of Publication: April 2021.

[Article]

AN: 634995586

Purpose: Percutaneous internal ring suturing (PIRS) is a minimally invasive surgical technique of laparoscopic hernia repair in children under the control of a laparoscope placed in the umbilicus. The aim of this study was to evaluate the management and postoperative outcomes of PIRS for inguinal hernia repair in children.

Patients and Methods: All children who underwent PIRS for an inguinal hernia, between February 2015 and February 2020, were included in the prospective cohort study. The following parameters were recorded: age, gender, body mass index, lateralization of hernia, surgical and anesthesia times, level of pneumoperitoneum, additional trocar introduction, length of hospital stay, and intraoperative or postoperative complications and recurrences were recorded.

Result(s): A total number of 228 PIRS procedures were performed in 188 children [126 (67%) male individuals and 62 (33%) female individuals] with a median age of 4 [interquartile range (IQR), 2 to 6] years and a median follow-up of 46 (IQR, 38 to 52) months. From the total number of hernia repairs there were 99 (52.7%) right, 49 (26.1%) left, and 40 (21.2%) bilateral hernia repairs. Median surgical time was 10 (IQR, 8 to 12) minutes for unilateral and 16 (IQR, 14 to 20) minutes for a bilateral repair. The median hospital stay was 24 (IQR, 8 to 24) hours. Regarding intraoperative complications, only 3 (1.3%) inferior epigastric veins injuries were recorded, without any consequences. During the follow-up period in 3 male children, hydrocele was recorded; in 2 cases, hydrocele resolved spontaneously and 1 required surgical treatment. No cases of other complications including testicular atrophy or recurrence were recorded.

Conclusion(s): In a hands of an experienced pediatric laparoscopic surgeon, PIRS is a simple, safe, and effective technique for inguinal hernia repair in children with excellent outcomes, cosmetic results, and a low incidence of complications and recurrence.

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186.

Incidental findings in and around the prostate on prostate MRI: a pictorial review.

Trivedi J., Sutherland T., Page M.

Embase

Insights into Imaging. 12(1) (no pagination), 2021. Article Number: 37. Date of Publication: December 2021.

[Review]

AN: 2010843591

Prostate MRI has seen rapid growth in use in recent years as an advanced diagnostic modality to detect focal areas of clinically significant prostate cancer, to identify an area for targeted biopsy and to guide management and surveillance. The increase in use has also led to increased diagnosis of incidental lesions arising from structures around the prostate. These incidental findings may be related to the genitourinary system or non- genitourinary system and may have a benign aetiology which needs no additional follow-up, or it may require surveillance and management. The field of view in a multiparametric prostate MRI includes other pelvic organs, neurovascular bundles, bowel, lymph nodes and bones. Being familiar with standard MRI characteristics and a sound knowledge of anatomy of the prostate and surrounding structures can help in distinguishing normal anatomy from pathology. Given that patients undertaking a prostate MRI are usually a cohort with increased anxiety from their known or suspicion of prostate cancer, it is important that radiologists are familiar with these common incidental findings to minimise anxiety to the patient, have a well-informed discussion with the referring clinician and reduce costs associated with unnecessary further testing and follow-up of benign incidental findings. Additionally, being able to diagnose more serious incidental pathologies early can be life-saving and potentially significantly alter patient management.

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Springer Science and Business Media Deutschland GmbH

Year of Publication

2021

187.

Concealed index for concealed penis in prepubertal children.

Ergashev K., Chung J.M., Lee S.D.

Embase

Investigative and Clinical Urology. 62(2) (pp 217-223), 2021. Date of Publication: March 2021.

[Article]

AN: 2006758687

Purpose: The concealed penis (CP) is a congenital or acquired genital anomaly that requires surgical correction. To construct an objective CP severity index, we compared the penile parameters of a CP with a normal penis (NP) and postoperative outcomes of CP patients.

Material(s) and Method(s): In this retrospective study, 391 boys under 14 years who visited our hospital between September 2017 and February 2020 were included. Among these boys, 105 patients had a CP and 286 boys had a NP without CP. The stretched penile length (SPL), penile circumference (PC), and penile length above baseline skin level (BPL) were measured using a ruler (cm), and the testicular volume was measured using an orchidometer (mL). We defined the concealed index according to SPL (CIs) as BPL/SPL and the concealed index according to circumference (Cic) as BPL/PC. A repair of the CP was performed in the CP patients. All parameters were measured before surgery and after three months.

Result(s): The CP had significantly shorter SPL and BPL, and smaller CIs, and Cic than the NP. The cutoff values for the CIs and Cic were 0.68 and 0.58, respectively (sensitivity 86.7% and

86.7%; specificity 65.0% and 88.5%, respectively). After repair of the CP, all penile parameters were significantly improved.

Conclusion(s): The CIs and Clc are useful and objective parameters for checking the severity of CP, and evaluating the postoperative outcome of CP repair. We newly introduced cutoff values for the CIs (0.68) and Clc (0.58) for diagnosing and evaluating CP repair.

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Publisher

Korean Urological Association

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188.

Opioid prescribing is excessive and variable after pediatric ambulatory urologic surgery.

Corona L.E., Roth E.B., Thao A., Lin M., Lee T., Harbaugh C., Gadepalli S., Waljee J., Streur C.S.

Embase

Journal of Pediatric Urology. 17(2) (pp 259.e1-259.e6), 2021. Date of Publication: April 2021.

[Article]

AN: 2010819948

Background: Acute pain after surgery is one of the most frequent indications for opioid prescribing in children. Opioids are often not stored or disposed of safely after their use, placing children and others in the home at risk for accidental ingestion or intentional misuse. We currently lack evidence-based guidelines for post-operative pain management after common ambulatory pediatric urologic procedures. Thus, each surgeon must decide if and how much opioid to prescribe based on his/her own assumptions of perceived post-operative pain.

Objective(s): As part of an effort to establish opioid prescribing guidelines across two academic centers, the objectives of this study were to evaluate current variability in pediatric urologists' opioid prescribing factors and identify patients at greatest risk of being prescribed high doses of opioids after common ambulatory pediatric urologic procedures.

Method(s): We retrospectively evaluated post-operative opioid prescribing patterns after common ambulatory pediatric urology procedures (circumcision, orchiopexy, and hernia/hydrocele) at two major children's hospitals. Specifically, we evaluated if and how much opioid was prescribed for all children (18 years or younger) between 2016 and 2017. Bivariate analysis was performed using Kruskal-Wallis Test and Wilcoxon Rank Sum. Multivariable logistic regression was performed to determine patient, surgeon, and procedural factors that predicted the prescription of a high dose of opioids (greater than the median number of doses prescribed for that procedure).

Result(s): Over the two-year period, 811 circumcisions and 883 inguinal surgeries (inguinal orchiopexy and hernia/hydrocele) were performed. 94% of patients undergoing circumcision and 97% of those undergoing inguinal surgery were prescribed opioid analgesia. The median number

of doses prescribed for circumcision was 20; for inguinal surgeries, 23.75% of patients received 15 opioid doses or more. Patients ages 0-2 years, who represented the largest age group (41% of all patients), received significantly more opioid doses than all other age groups, followed by those >10 years ($p < 0.01$). There was significant variation in opioid prescribing patterns by provider ($p < 0.01$) (Figure 1) On multivariable logistic regression, younger age, pill form, and earlier year were all associated with a greater number of opioid doses prescribed for all surgeries. Conclusion(s): Across two institutions without a formal post-operative opioid prescribing policy for ambulatory pediatric urologic procedures, we observed considerable variability in provider prescribing patterns, with nearly all patients receiving an opioid, and those 0-2 years receiving the highest number of doses. This highlights the need for evidence-based guidelines for post-operative pain management after ambulatory pediatric urologic surgeries.

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Publisher

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Year of Publication

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189.

Ascending testis: A congenital predetermined condition.

Alchoikani N., Ashour K.

Embase

Journal of Pediatric Urology. 17(2) (pp 192.e1-192.e3), 2021. Date of Publication: April 2021.

[Article]

AN: 2010747758

Introduction: About 0.8% of boys have undescended testes at 1 year of age. However, the overall rate of orchidopexy is 2.5 times that expected. While studies have shown ascending testes accounting for a proportion of such discrepancy, the aetiology of this ascent remains controversial. In this study, intra-operative findings of patients underwent orchidopexy for ascending testes are evaluated to infer aetiology.

Method(s): Patients with confirmed ascending testes from a single paediatric surgery unit over a four-year period from June 2015 till June 2019 were included in this observational study. During orchidopexy procedure, intra-operative findings in terms of gubernacular attachment, and the degree of epididymal attachment to the upper pole of the testicle were primarily evaluated.

Secondary findings including the presence and length of patent processus vaginalis (PPV), and the presence of any long looping vas or hydatid of morgangi were also noted.

Result(s): Eighty-three children (median age = 79 months [range 38-149]) were included in this study. Two boys had bilateral ascending testes leading to a total of 85 orchidopexy cases performed. All patients were found to have a gubernacular attachment proximal to the junction

between the upper lateral wall of scrotum and the medial part of the thigh. PPV was present in all cases, with its length measured from the deep inguinal ring after retracting the conjoint tendon ranging from 4 to 15 mm 84 cases (98.8%) demonstrated complete or partial separation between the head of epididymis and the upper pole of the testicle. Hydatid of morgagni was present in 82 cases (96.4%), and none of the operated testicles demonstrated looping vas.

Discussion(s): The varying degrees of PPV length demonstrated during orchidopexy for ascending testes in this study casts a doubt on the role of processus vaginalis in such ascent. Also, there is considerably a wide-range of reported incidence (13-78%) in literature for PPV in ascending testes. In this study, intra-operative findings demonstrated an abnormal gubernaculum attachment in all ascending testes in keeping with previous reports, and support the hypothesis that ascending testis has always been undescended, yet acquired more apparent undescended position with child age and growth.

Conclusion(s): Patients with ascending testes seem to share similar intra-operative findings with patients who have true undescended testes. The universal abnormal attachment of the gubernaculum and the omnipresent testicular-epididymal fusion anomalies may indicate that ascending testis is a congenital predetermined condition, and that these testes have always been congenitally undescended, yet obtained a more noticeable position with the child growth.

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Publisher

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Year of Publication

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190.

Prevalence of comorbidities in a surgical pectus excavatum population.

Media A.S., Christensen T.D., Katballe N., Pilegaard H.K., De Paoli F.V.

Embase

Journal of Thoracic Disease. 13(3) (pp 1652-1657), 2021. Date of Publication: March 2021.

[Article]

AN: 2011548621

Background: Pectus excavatum is the most common chest wall deformity and is associated to various connective tissue, cardiopulmonary, and skeletal abnormalities. Several conditions and syndromes have been associated to pectus excavatum, although the overall health implications of the pectus excavatum phenotype are unclear. Therefore, in this study we aimed to examine the health implications of the pectus excavatum phenotype by assessing all comorbidities and previous medical conditions in a cohort of patients undergoing pectus excavatum surgery.

Method(s): This single-centre retrospective prevalence study included 1,046 patients undergoing minimal invasive repair of pectus excavatum from 2001 to 2012. Hospital medical charts were assessed and comorbidities and previous medical conditions were registered systematically and categorized according to the affected organ system.

Result(s): In our study population of 1,046 patients, we registered 623 conditions. The median age was 17 years and the majority of patients (56%) had no previous or present conditions. Notable prevalence of asthma (8.8%), allergies (12.3%), previous hernia surgery (5.2%), and psychiatric conditions (4.9%) were found.

Conclusion(s): The majority of patients undergoing pectus excavatum surgery have no comorbidities or previous medical conditions. It seems that this patient category is comparable to the background population in this regard and our findings do not support screening this patient category for associated conditions.

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AME Publishing Company

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191.

Risk factors influencing ascending testis after laparoscopic percutaneous extraperitoneal closure for pediatric inguinal hernia and hydrocele.

Obayashi J., Wakisaka M., Tanaka K., Furuta S., Ohyama K., Kitagawa H.

Embase

Pediatric Surgery International. 37(2) (pp 293-297), 2021. Date of Publication: February 2021.

[Article]

AN: 2007726521

Background: We investigated the risk factors influencing ascending testis following laparoscopic percutaneous extraperitoneal closure (LPEC) for inguinal hernia or hydrocele.

Method(s): Boys undergoing LPEC between 2014 and 2018 had their medical records and operative movies reviewed. Group A patients required orchiopexy after LPEC. Group B patients did not. Their baseline characteristics were reviewed. The path of the LPEC needle (not crossing the spermatic duct at first circuit [Not Crossing]), whether the second entry of the LPEC needle was different from the first hole (Different Hole), peritoneal injury requiring re-ligation (Re-ligation), and hematoma (Hematoma) were evaluated. The quantitative factors of significant difference were set as a cut-off value.

Result(s): There were 5 patients (7 sides) in Group A and 162 patients (237 sides) in Group B. Birth weight was lower in Group A ($p = 0.035$). Not Crossing was 7 sides (100%) in Group A and 97 sides (41%) in Group B ($p = 0.002$). Hematoma was 2 sides (29%) in Group A and 11 sides (5%) in Group B ($p = 0.047$). Cut-off value of birth weight was 932 g (AUC 0.78).

Conclusion(s): Birth weight < 932 g and operative findings (not crossing over the spermatic duct on the first circuit and hematoma) indicated an increased risk of ascending testis after LPEC.

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192.

Modified percutaneous internal ring suturing with peritoneal injury in children: matched
comparison to open hernia repair.

Rao R., Smith M., Markel T.A., Gray B.W., Landman M.P.

Embase

Surgical Endoscopy. 35(2) (pp 854-859), 2021. Date of Publication: February 2021.

[Article]

AN: 2004296747

Background: The aim of this study was to elucidate the outcomes of percutaneous internal ring
suture (PIRS) technique for inguinal hernia repair augmented with thermal peritoneal injury
compared to open inguinal hernia repair (OHR) in a large population of contemporary pediatric
patients. Thermal injury with PIRS has been shown to reduce recurrence in animal models and is
increasingly being incorporated into clinical practice.

Method(s): Retrospective review of all PIRS procedures and OHR between Jan-2017 to Sept-
2018 was performed. Data regarding patient characteristics, characteristics of the hernia,
operative details, postoperative complications, and recurrence were collected. Non-parametric
tests were used and $p < 0.05$ was regarded as statistically significant. 1:1 Propensity score
matching was performed using "nearest-score" technique. Matching was done based on age,
sex, follow-up time, side of hernia, repair of contralateral hernia, and number of additional
procedures.

Result(s): 90 modified PIRS patients were matched to 90 OHRs. Patient demographics, hernia
characteristics, and follow-up time were similar between the two groups after matching. There
were no differences in recurrence rates (1 vs. 3 in OHR and PIRS, respectively, $p = 0.6$),
complication rates (1 vs. 4 in OHR and PIRS, respectively, $p = 0.4$), and OR time [44.5 vs. 43 min
in OHR and PIRS, respectively, $p = 0.8$]. There were no intraoperative complications for either
technique. For OHR, laparoscopic look was performed in 23%. When successful, it revealed a
contralateral PPV (patent processus vaginalis-PPV) in 41% of cases (9.4% of all OHR), all of
which were repaired. For the PIRS procedures, a contralateral PPV was found in 25.6%, all of
which were repaired. In the unmatched population, OHR had a metachronous hernia rate of
1.8%, none of whom had the contralateral PPV repaired at the original procedure.

Conclusion(s): PIRS with peritoneal injury has comparable efficacy and good safety compared to
OHR. Recurrence and complication rates should further improve with increasing experience.

Future studies should elucidate long term outcomes.

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PMC Identifier

32076861 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32076861>]

Place Holder 11

Embase

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Publisher
Springer
Year of Publication
2021

193.

Multisystem inflammatory syndrome in children rose and fell with the first wave of the COVID-19 pandemic in France.

Carbajal R., Lorrot M., Levy Y., Grimprel E., Lecarpentier T., Heritier S., Faivre J., Schnuriger A., Parisot P., Blondiaux E., Loschi S., Riviere S., Guilbert J., Romain A.-S., Leger P.-L., Guedj R.
Embase

Acta Paediatrica, International Journal of Paediatrics. 110(3) (pp 922-932), 2021. Date of Publication: March 2021.

[Article]

AN: 2007636246

Aim: This study determined the influence of the COVID-19 pandemic on the occurrence of multisystem inflammatory syndrome in children (MIS-C) and compared the main characteristics of MIS-C and Kawasaki disease (KD).

Method(s): We included patients aged up to 18 years of age who were diagnosed with MIS-C or KD in a paediatric university hospital in Paris from 1 January 2018 to 15 July 2020. Clinical, laboratory and imaging characteristics were compared, and new French COVID-19 cases were correlated with MIS-C cases in our hospital.

Result(s): There were seven children with MIS-C, from 6 months to 12 years of age, who were all positive for the virus that causes COVID-19, and 40 virus-negative children with KD. Their respective characteristics were as follows: under 5 years of age (14.3% vs. 85.0%), paediatric intensive care unit admission (100% vs. 10.0%), abdominal pain (71.4% vs. 12.5%), myocardial dysfunction (85.7% vs. 5.0%), shock syndrome (85.7% vs. 2.5%) and mean and standard deviation C-reactive protein (339 +/- 131 vs. 153 +/- 87). There was a strong lagged correlation between the rise and fall in MIS-C patients and COVID-19 cases.

Conclusion(s): The rise and fall of COVID-19 first wave mirrored the MIS-C cases. There were important differences between MIS-C and KD.

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PMC Identifier

33190340 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33190340>]

Place Holder 11

Embase

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Publisher

Blackwell Publishing Ltd

Year of Publication

2021

194.

Defining the genotypic and phenotypic spectrum of X-linked MSL3-related disorder.

Brunet T., McWalter K., Mayerhanser K., Anbouba G.M., Armstrong-Javors A., Bader I., Baugh E., Begtrup A., Bupp C.P., Callewaert B.L., Cereda A., Cousin M.A., Jimenez J.C.D.R., Demmer L., Dsouza N.R., Fleischer N., Gavrilova R.H., Ghate S., Graf E., Green A., Green S.R., Iascone M., Kdissa A., Klee D., Klee E.W., Lancaster E., Lindstrom K., Mayr J.A., McEntagart M., Meeks N.J.L., Mittag D., Moore H., Olsen A.K., Ortiz D., Parsons G., Pena L.D.M., Person R.E., Punj S., Ramos-Rivera G.A., Sacoto M.J.G., Bradley Schaefer G., Schnur R.E., Scott T.M., Scott D.A., Serbinski C.R., Shashi V., Siu V.M., Stadheim B.F., Sullivan J.A., Svantnerova J., Velsher L., Wargowski D.S., Wentzensen I.M., Wieczorek D., Winkelmann J., Yap P., Zech M., Zimmermann M.T., Meitinger T., Distelmaier F., Wagner M.

Embase

Genetics in Medicine. 23(2) (pp 384-395), 2021. Date of Publication: February 2021.

[Article]

AN: 2007236728

Purpose: We sought to delineate the genotypic and phenotypic spectrum of female and male individuals with X-linked, MSL3-related disorder (Basilicata-Akhtar syndrome).

Method(s): Twenty-five individuals (15 males, 10 females) with causative variants in MSL3 were ascertained through exome or genome sequencing at ten different sequencing centers.

Result(s): We identified multiple variant types in MSL3 (ten nonsense, six frameshift, four splice site, three missense, one in-frame-deletion, one multi-exon deletion), most proven to be de novo, and clustering in the terminal eight exons suggesting that truncating variants in the first five exons might be compensated by an alternative MSL3 transcript. Three-dimensional modeling of missense and splice variants indicated that these have a deleterious effect. The main clinical findings comprised developmental delay and intellectual disability ranging from mild to severe.

Autism spectrum disorder, muscle tone abnormalities, and macrocephaly were common as well as hearing impairment and gastrointestinal problems. Hypoplasia of the cerebellar vermis emerged as a consistent magnetic resonance image (MRI) finding. Females and males were equally affected. Using facial analysis technology, a recognizable facial gestalt was determined.

Conclusion(s): Our aggregated data illustrate the genotypic and phenotypic spectrum of X-linked, MSL3-related disorder (Basilicata-Akhtar syndrome). Our cohort improves the understanding of disease related morbidity and allows us to propose detailed surveillance guidelines for affected individuals.

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Place Holder 11

Embase

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Publisher
Springer Nature
Year of Publication
2021

195.

Establishment of Single-Port, Laparoscopic, Pediatric Hernia Repair in a Developing Country.
Rajbhandari N., Karki B., Guglielmetti L.C., Vuille-Dit-Bille R.N.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(1) (pp 124-129), 2021. Date of Publication: 01 Jan 2021.

[Article]

AN: 633941032

Background: Single-port, laparoscopic, needle-assisted, inguinal hernia repair (LNAR) in children intends to reduce surgical trauma and enables contralateral assessment and closure of contralateral patent processus vaginalis if necessary. The aim of the present study was to demonstrate that laparoscopic inguinal repair can be performed safely and cost-effectively in a developing country where laparoscopy is not yet commonly used.

Method(s): In this single-center study, we included all children undergoing LNAR between January 2017 and December 2018. Intraoperative and postoperative complications and hospital costs were assessed.

Result(s): We performed 148 hernia repair operations in 117 children (age range 1 month to 15 years). Mean operative time was 20.8 +/- 9.4 minutes. Mean length of hospital stay amounted to 10 +/- 7.6 hours, with 77.7% of patients discharged within 6 hours. No intraoperative complications occurred in any patient. Complications occurred in six (5.1%) patients. Three (2.5%) patients experienced residual hydrocele, two (1.4%) patients suffered wound site seroma, and one (0.67%) patient experienced recurrent inguinal hernia 6 months after the initial repair. All complications occurred during the first year of the study period. Likewise, operative time (P <.0001) as well as duration of hospital stay (P <.0001) was significantly shorter in the second year. Total costs for complete treatment were below USD 80 per patient, which is comparable with the costs associated with open herniotomy at the same institution.

Conclusion(s): Single-port LNAR and hydrocele repair in children were established safely and cost-effectively in a developing country. Nevertheless, the procedure was associated with a steep learning curve.

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PMC Identifier

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2021

196.

The validity of grayscale and color Doppler ultrasound in assessment of scrotal swellings: a retrospective study in a large case series.

Almassry H.N., Basha M.A.A., Zaitoun M.M.A., Abdelazim M., Harb O.A., Aly S.A.

Embase

Acta Radiologica. 62(2) (pp 266-275), 2021. Date of Publication: February 2021.

[Article]

AN: 2004971847

Background: Scrotal swellings have a non-specific clinical picture, so their clinical diagnosis is challenging. Scrotal grayscale and color Doppler ultrasound are non-invasive methods used in both adult and childhood groups and act as accurate screening and diagnostic modalities.

Purpose(s): To evaluate the diagnostic validity of grayscale and color Doppler ultrasound in the assessment of scrotal swelling to reach accurate diagnosis.

Material(s) and Method(s): A retrospective study included 181 patients (mean age = 35.5 +/- 7.3, age range = 1-71 years) with scrotal swelling. Examinations were performed by an experienced radiologist using grayscale and color Doppler ultrasound. The diagnostic validity of grayscale and color Doppler ultrasound for diagnosing scrotal swelling were estimated using surgical findings, histopathological results, and imaging and clinical follow-up as reference standards.

Result(s): Overall, 202 scrotal swellings were detected. The final diagnoses were 13 (6.4%) malignant and 189 (93.6%) benign alterations. Varicocele was the most common scrotal swelling (26%), followed by hydrocele (23.8%). Matched to the reference standards, grayscale and color Doppler ultrasound represented a sensitivity of 84.6% (95% confidence interval [CI] = 54.6-98.1), a specificity of 76.2% (95% CI = 69.5-82.1), a positive predictive value of 19.6% (95% CI = 10.2-32.4), and a negative predictive value of 98.6% (95% CI = 95.1-99.8) for diagnosing scrotal tumors.

Conclusion(s): Scrotal grayscale and color Doppler ultrasound provide high diagnostic validity for assessment of scrotal swellings.

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Embase

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Publisher

SAGE Publications Inc.

Year of Publication

2021

197.

Long-term outcomes of pediatric laparoscopic needled-assisted inguinal hernia repair: A 10-year experience.

Garcia D.I., Baker C., Patel S., Hebra A.V., Cina R.A., Streck C.J., Leshner A.P.

Embase

Journal of Pediatric Surgery. 56(1) (pp 121-125), 2021. Date of Publication: January 2021.

[Article]

AN: 2010103279

Purpose: Laparoscopic inguinal hernia repair (LIHR) has gained wide acceptance over the past decade, although studies with longer term follow-up are lacking. We present one of the largest cohorts of children undergoing laparoscopic needle-assisted repair (LNAR) with long-term follow-up.

Method(s): A clinical quality database was maintained for children ≤ 14 years of age who underwent laparoscopic needle-assisted repair between 2009 and 2017 with review of follow-up through 2019. De-identified data was reviewed.

Result(s): 1023 patients with 1457 LNAR were included during the 10-year period. Mean age at surgery was 2.56 years (2 days to 14 years). The overall hernia recurrence rate was 0.75% (11/1457). A total of four postoperative hydroceles required intervention. Preterm infant repair done < 60 w post conceptional age had a significantly lower recurrence rate (0.63%) than other patients (0.82%) ($p < 0.01$). 64.2% of patients had clinical follow-up over a period of 11 years with a mean follow-up of 5.97 years.

Conclusion(s): We present a large cohort study of consecutive pediatric laparoscopic hernia repairs followed over an 11-year period. LNAR is safe and effective for term and preterm patients

with similar complication rates to other techniques, including open repair. Additionally, our results suggest that preterm infants may have superior outcomes with this method.

Level of Evidence: Level III - Retrospective Comparative Study.

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PMC Identifier

33246576 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33246576>]

Place Holder 11

Embase

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Publisher

W.B. Saunders

Year of Publication

2021

198.

Erratum regarding previously published articles (Vascular anatomy of the anteromedial thigh flap (2017) 13 (113-125), (S2352587817300396), (10.1016/j.jpra.2017.05.008)).

Anonymous

Embase

JPRAS Open. 30 (pp 172-173), 2021. Date of Publication: December 2021.

[Erratum]

AN: 2015465324

The Publisher would like to point out that the papers listed below were mistakenly published without their respective Conflict of Interest, Funding, Ethical approval, or Patient Consent statements. Statements have now been gathered, and printed below. The Publisher apologizes for this oversight. Vascular anatomy of the anteromedial thigh flap (JPRAS Open Volume 13, September 2017, Pages 113-125) Ethical approval: This is a cadaveric study approved by the single health centralized institutional review board (CIRB) with reference number 2012/718/D. Change in quality of life after treatment of mild velopharyngeal insufficiency with autologous fat transplantation (JPRAS Open Volume 13, September 2017, Pages 126-135) Ethical approval: obtained Patient consent: I confirm that I have patient permission to reproduce the images included in the submission. Immediate nasal reconstruction with a forehead flap in a 2.5-year-old girl following Pseudomonas aeruginosa-induced necrotising fasciitis - A case report and literature review (JPRAS Open Volume 14, December 2017, Pages 16-22) Patient consent: I confirm we obtain written consent. A retrospective analysis of zygomatic fracture etiologies (JPRAS Open Volume 14, December 2017, Pages 23-26) Ethical approval: This study was approved by the institutional research ethics board of Keio University School of Medicine. Accuracy of generic mesh conformation: The future of facial morphological analysis (JPRAS Open Volume 14, December 2017, Pages 39-48) Ethical approval: Approval was obtained from the Research ethics committee, MVLS, University of Glasgow Ref:200150025 Patient consent: We have received written consent. A simple approach to confine leeches to a digital flap (JPRAS Open Volume 15, March 2018, Pages 1-3) Ethical approval: Not applicable Written consent have been obtained for medical photography. Treatment of a chronically infected nasal silicone prosthesis with continuous antibiotic irrigation and gentamicin-impregnated polymethylmethacrylate beads (JPRAS Open Volume 15, March 2018, Pages 18-24) Patient consent: Did receive written consent for images. Patient consented to have images published as shown. Sudden shrinkage of free rectus abdominis musculocutaneous flap 15 years after maxilla reconstruction (JPRAS Open

Volume 15, March 2018, Pages 46-50) Patient consent: I have received written consent. Compartmentalisation: A method of managing a large AVM of the scalp (JPRAS Open Volume 15, March 2018, Pages 56-60) Ethical approval: Not applicable Patient consent: Patient's written consent is obtained. Subcutaneous fat necrosis requiring plastic surgical intervention in an infant treated with whole-body cooling (JPRAS Open Volume 15, March 2018, Pages 61-65) Patient consent: The patients parents gave informed consent to the reporting of this case and the published photographs. A rare case of adult scalp pyoderma gangrenosum with cranial osteolysis (JPRAS Open Volume 15, March 2018, Pages 81-85) Patient consent: I have obtained Written consent. Loss of domain leading to intra-operative cardiorespiratory arrest during open repair of a giant inguinoscrotal hernia and hydrocele (JPRAS Open Volume 16, June 2018, Pages 1-5) Patient consent: Patient signed consent form consenting to use of images. Funding(s): none declared Three-dimensional reconstruction of the suborbicularis oculi fat and the infraorbital soft tissue (JPRAS Open Volume 16, June 2018, Pages 6-19) Funding: None Ethical approval: The cadavers were provided by the Department of Anatomy II, Friedrich-Alexander-Universitat Erlangen-Nurnberg and were official testamentary donations of volunteers to the Department for the anatomical student course for medical and dental students and for medical research purposes. The study was carried out according to the regulations of the WMA Declaration of Helsinki in its present form from 2013 (In MS). Full thickness skin grafting with marginal de-epithelialization of the wound: Experience with two cases (JPRAS Open Volume 16, June 2018, Pages 31-35) Patient consent: Two patients have both given consent for use of photographs in research publications. Preoperative planning for advanced modelling of anterolateral thigh flaps in the treatment of severe haemifacial atrophy in Parry-Romberg and Goldenhar syndrome (JPRAS Open Volume 16, June 2018, Pages 36-49) Patient consent: A proper formal 'Photo Release Form' has been filled up by each of the three patients.

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Embase

Publisher

Elsevier Ltd

Year of Publication

2021

199.

The effect of Sugammadex in the anesthesia convalescence of children with laryngeal mask after laparoscopic surgery

EBM Reviews - Cochrane Central Register of Controlled Trials

2021. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02449146 NEW

INTERVENTION: experimental group:SUG;control group:NS;;CONDITION: Postoperative residual neuromuscular blockade,PRIMARY OUTCOME: TOF;Count;HR;;INCLUSION

CRITERIA: 1. Children scheduled for laparoscopic inguinal hernia repair or hydrocele repair;;2. For the subjects of ASA grade I, the anesthesia scheme was intravenous inhalation of laryngeal mask combined with general anesthesia;;3. Subjects aged from 3 to 7, regardless of gender;; 4. Subjects with BMI 18-24kg / m2.

200.

A clinical trial to study the effect of changes in the strength of pulse to predict the onset of caudal block which is a method of giving pain relief in children A Randomised controlled single blinded clinical trial to evaluate the effectiveness of Perfusion Index as a predictor of successful caudal block in children under 5 years

EBM Reviews - Cochrane Central Register of Controlled Trials

2021. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02327644

INTERVENTION: Intervention1: Caudal block: Caudal block will be given and perfusion index monitored at T0min,T3min,T5,T10,T15,T20,T30 and hourly till 6 hours Control Intervention1:

Nerve blocks for pain relief: Nerve blocks will be given and perfusion index monitored at

T0min,T3min,T5min,T10,T15, T20, T30 and hourly till 6 hours in the recovery room,CONDITION:

Health Condition 1: N430- Encysted hydrocele,Health Condition 2: N433- Hydrocele,

unspecified,Health Condition 3: O- Medical and Surgical,Health Condition 4: N472-

Paraphimosis,Health Condition 5: N471- Phimosis,PRIMARY OUTCOME: To monitor perfusion

index after caudal block at regular time intervals at T0,T3,T5,T10,T15,T20,T30Timepoint:

Baseline,3min,5min,10min,15min,20min,30min and hourly till 6 hours in the recovery

room,SECONDARY OUTCOME: Patient Hemodynamic parametersTimepoint: Perioperative

period,INCLUSION CRITERIA: Children under 5 years Elective infraumbilical surgeries ASA

PS I

201.

Posterior Quadratus Lumborum Block Using 0.125% Versus 0.25% Bupivacaine for Analgesia in

Children Undergoing LPEC Comparison of Analgesic Efficiency in Laparoscopic Percutaneous

Extraperitoneal Closure for Pediatric Inguinal Hernia and Hydrocele Provided by Ultrasound

Guided Posterior Quadratus Lumborum Block Using Between 0.125% and 0.25% Bupivacaine

EBM Reviews - Cochrane Central Register of Controlled Trials

2021. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02297468

Fifty participants both male and female aged from 1 to 6 years old, AGED FROM 1 TO 6

YEARS,OLD, ASA class I to II undergoing elective Laparoscopic percutaneous extraperitoneal

closure,for pediatric inguinal hernia and hydrocele will be randomly divided into two equal groups

of,twenty five by using computer generated random table.,All received premedication in the form

of midazolam 0.1 mcg/kg IV. Perioperative monitoring,included continuous ECG, NIBP and pulse

oximetry. Baseline reading of these were recorded.,General anesthesia will be induced using

thiopental 5 mg/kg then atracurium 0.5 mg/kg to,facilitate endotracheal tube intubation and

fentanyl 1 mcg/kg. Anesthesia will be maintained,using 2% isoflurane with oxygen to air

40:60.,Posterior quadratus lumborum block (The technique which local anesthetic agent is

injected at,middle thoracolumbar fascia between erector spina muscle and quadratus lumborum

muscle),provided by GE, LOGIQe VERSION (12L-RS, LINEAR ARRAY) ultrasound guided and

using stimuplex,needle 22G-2 inches on both sides under sterile technique in lateral position will

be,performed in all patients immediately after induction and before starting surgery. patients,will

be allocated randomly into two equal groups, twenty five in each as the following GROUP,1 will

receive 0.25% bupivacaine 0.4 ml/kg. per each side. GROUP 2 will receive 0.125%,bupivacaine

0.4 ml/kg. per each side. The patients and parents along with independent,anesthesiologist and

attending nurses were not aware of group allocation.,The surgical intervention was started not

less than 10 minutes after block. Pneumoperitonium, pressure was limited not exceed 10 mmHg. After completion of surgery, anesthesia was discontinued and muscle relaxant was reversed as usual. After extubation, the patients will be transfer to PACU. Postoperative pain will be assessed by attending nurses, using CHEOPs SCORE. Acetaminophen 10,mg/kg. orally will be given as rescue analgesia for patient with CHEOPs SCORE more than 6. Parameters will be assessed, Intraoperative measurements: 1. Hemodynamic parameters: HR and MAP were recorded before, immediately and every 5 minutes, after induction of anesthesia until the end of the operation. 2. Analgesic requirement: All through the procedure (By measure analgesic need, intraoperative in the form of fentanyl 0.5 mcg/kg) In case of increase in intraoperative, MAP or HR of more than 20% from baseline. 3. Incidence of complications: In the form of hypotension, hematoma, intraabdominal organ, injury LAST. Postoperative measurements: 1. Quality of analgesia: Assessed immediately postoperatively every 30 minutes in the PACU, and then at 4, 8, 12 hours at ward using CHEOPs SCORE and 24 hours postoperatively using PARENT'S POSTOPERATIVE PAIN MEASUREMENT (PPPM). 2. Incidence of complications: In the form assessment of intensity of motor block by using MODIFIED BROMAGE SCORE, vomiting and hemodynamic instability. 3. Others: In the form of parent's satisfaction of analgesia and length of hospital stay.

202.

Compare two drug combinations for pain relief in pediatric patients after surgery Comparative Study between Bupivacaine Plus Fentanyl and Bupivacaine Plus Dexmedetomidine for epidural caudal analgesia in Paediatric patients- A double blind randomised control trial
EBM Reviews - Cochrane Central Register of Controlled Trials
2021. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02256391

INTERVENTION: Intervention1: Caudal block will be performed after induction and before the start of surgery, using standard techniques.: Patients will receive 0.25% bupivacaine + 1mcg/kg dexmedetomidine Control Intervention1: Comparative Study between Bupivacaine plus Fentanyl and Bupivacaine plus Dexmedetomidine For Epidural Caudal Analgesia in Paediatric Patient: Caudal block will be performed after induction and before the start of surgery, using standard techniques Group A: Patients will receive 0.25% bupivacaine + 1 mcg/kg fentanyl Group B: Patients will receive 0.25% bupivacaine + 1mcg/kg dexmedetomidine Control Intervention2: Caudal block will be performed after induction and before the start of surgery, using standard techniques.: Group A: Patients will receive 0.25% bupivacaine + 1 mcg/kg fentanyl Control Intervention3: Caudal block will be performed after induction and before the start of surgery, using standard techniques.: Group B: Patients will receive 0.25% bupivacaine + 1mcg/kg dexmedetomidine Control Intervention4: Caudal block will be performed after induction and before the start of surgery, using standard techniques.: Patients will receive 0.25% bupivacaine + 1 mcg/kg fentanyl, CONDITION: Health Condition 1: K612- Anorectal abscess, Health Condition 2: K400- Bilateral inguinal hernia, with obstruction, without gangrene, Health Condition 3: N219- Calculus of lower urinary tract, unspecified, Health Condition 4: N43- Hydrocele and spermatocele, Health Condition 5: O- Medical and Surgical, Health Condition 6: O- Medical and Surgical, Health Condition 7: N29- Other disorders of kidney and ureter in diseases classified elsewhere, Health Condition 8: K628- Other specified diseases of anus and rectum, Health Condition 9: K638- Other specified diseases of intestine, Health Condition 10: N358- Other urethral stricture, Health Condition 11: N991- Postprocedural urethral stricture, Health Condition 12: K623- Rectal prolapse, Health Condition 13: K624- Stenosis of anus and rectum, Health Condition 14: K409- Unilateral inguinal hernia, without obstruction or gangrene, Health Condition 15: N360- Urethral fistula, PRIMARY OUTCOME: To compare post operative FLACC score every

2 hours for the next 24 hours between both groups. Timepoint: Every 2 hours for next 24 hours
., SECONDARY OUTCOME: 1) To compare postoperative paracetamol need as rescue analgesia.
; 2) To compare hemodynamic between both groups.
; Timepoint: 24 hours, INCLUSION CRITERIA: 1) Patient aged 1 years to 5 years who are
undergoing lower abdominal and perineal surgery. 2) ASA 1 and ASA 2. 3) Consenting
patients.

203.

Feasibility of Use of Indocyanine Green in Pediatric Colorectal Surgery The Use of Indocyanine
Green Angiography in Pediatric Colorectal Surgery: a Feasibility Randomized Controlled Trial
EBM Reviews - Cochrane Central Register of Controlled Trials
2021. [No additional source data available.]
[Trial registry record Clinical trial protocol
]

AN: CN-02277931

Pediatric colorectal conditions, such as Hirschsprung's disease (HD) and anorectal malformations (ARM), result in significant disease burden in pediatric populations in Canada. Both conditions are present in approximately 1 in 5000 live births. Surgical correction of these anomalies is typically performed in Children's Hospitals in Canada. Postoperative complications, such as anal stricture and anal stenosis, have been reported to occur in 2-35% and 2-10%, after posterior-sagittal anorectoplasty (PSARP) and laparoscopic-assisted pull-through for ARM and HD, respectively. In addition, anastomotic leaks and dehiscence are life-threatening, and should be avoided at all costs. The literature estimates the rate of anastomotic leak in HD to be approximately 2%, but have been reported in as high as 10% in neonatal patients. Wound dehiscence post ARM repair has been estimated as high as 30-40%. It is hypothesized that the above post-operative complications occur due to compromised vascular supply to the bowel undergoing coloanal anastomosis at the time of pull-through. Traditionally, surgeons evaluate bowel viability with tactile and visual means, including discoloration, bleeding from the cut edge, and peristalsis after resection. With the push towards minimally invasive surgeries over recent decades, the adoption of surgical technology, which can replace open or tactile assessments is necessary. One such example is the use of indocyanine green (ICG) for assessing bowel perfusion in laparoscopic surgery. ICG is a nontoxic, nonimmunogenic, water-soluble intravascular imaging agent. It has a short half-life (approximately 3-5 minutes) and when injected intravenously, it binds to plasma proteins and proteins in the lymph fluid keeping it in the intravascular compartment. ICG absorbs light in the near-infrared region (806 nm) and emits fluorescent light at 830 nm. ICG was approved by the Food and Drug Administration (FDA, NDA 211580 505(b)(2) via fda.gov) for use in adults in the late 1950s and has since been approved for use in adults by Health Canada. A review article published in 2012 identified over 200 manuscripts describing safe and reliable use of ICG in surgical procedures in adults. More specifically, qualitative analysis of bowel perfusion enhanced by ICG in colorectal cancer patients has been shown to reduce rates of anastomotic leak by approximately 4%. Practically speaking, the use of ICG fluorescence technique can be useful in identifying clinical vascular anatomy in colorectal surgery, both via open and laparoscopic approaches, allowing surgeons to better preserve important structures. Several studies have shown that ICG is safe among pediatric populations, with utility demonstrated in cases of difficult cholecystectomy, hydrocele repairs, and localizing metastatic disease. As such, the FDA has approved the use of ICG in paediatric patients. Research studies from the US, have examined the intravenous application of ICG for more than 60 years in adults and children with few reported adverse effects. However, Health Canada has not reported on the safety and efficacy of ICG and does not authorize an indication for its use. To our knowledge, there have only been two studies that have looked at intraoperative ICG to visualize intestinal perfusion for primary pull-through in Hirschsprung Disease and

anorectal, malformation repair patients and both were retrospective studies. A previous study included eight patients, diagnosed with HD undergoing transanal, open or laparoscopically-assisted, pull-through procedures after biopsy confirmation of aganglionosis. Patients were given a dose of 1.25mg (<2 mg/kg) of ICG intraoperatively in the operating room. In five of the eight patients, the level of the bowel transection was changed based on the ICG visualization. In the other three patients, ICG confirmed the surgeon's assessment of where the resection should occur. There were no intraoperative complications or complications noted at two-week, one-month, and three-month follow-up visits. Further no leaks, incontinence, or strictures were noted at any of these follow-up visits. Another study 16 included 13 patients in total, nine undergoing cloacal reconstruction, four with HD and one with an ARM. ICG was used to predict the vascular supply during the reconstruction procedure and patients were given an intravenous dose of ICG between 0.1 to 0.3mg/kg in the operating room. There were no intraoperative adverse events or side effects from the ICG. ICG changed the operative plan in four out of 13 cases (31%), one of those four cases being a pull-through for HD. For this HD case, ICG resulted in the detection of 10cm of non-viable colon which may not have previously been detected. Although the level of evidence is limited by study design and small sample sizes, these studies help to provide rationale for the continued study of ICG use in paediatric patients. Despite the results from these studies, future work is needed before investigators can determine the effectiveness of ICG in reducing rates of post PSARP and pull-through complications. Practically speaking, the main inhibitors to widespread adoption of ICG in these surgeries is the cost of the technology, and lack of data to support that it truly reduces the rates of complications associated with these surgeries. Our research team looks to be the first group to explore the feasibility of using ICG in a paediatric population with Hirschsprung's Disease and anorectal malformations. The investigators hope that the results from the study will help to initiate future multicenter, randomized controlled trials to provide high level evidence to support the use of ICG in colorectal surgeries in paediatric patients.

204.

Efficacy of Adding Dexmedetomidine as an Adjuvant to Bupivacaine in TAP Block and Caudal Block
Effect of Dexmedetomidine as an Adjuvant to Bupivacaine in Ultrasound Guided Transversus Abdominis Plane Block Versus Caudal Block for Post-operative Analgesia in Children Undergoing Congenital Inguinal Hernia Repair
EBM Reviews - Cochrane Central Register of Controlled Trials
2021. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02278449

Inguinal hernia is the most common lower abdominal surgery of childhood. It results from a small sac that comes through the inguinal ring that is normally open during fetal life and closes around the time of birth. For reasons we don't understand, it does not close in some infants. This sac then makes a pathway for abdominal organs to come through the inguinal ring, into the groin. In boys, the organ is usually a loop of bowel and in girls; it may be bowel, or an ovary. In boys and girls, the hernia first appears as a bulge in the groin. It usually "pops out" when the child cries or strains. If only fluid comes through the inguinal ring, into the sac, the problem is called a hydrocele. It is treated via a low transverse incision, to repair the defect. Postoperatively, patients experience somatosensory pain from the incision site and visceral irritation and discomfort. The impact of painful experience on the young nervous system is so significant that long-term effects can occur, including a lowered pain tolerance for months after a pain-producing event, however, the benefits of adequate analgesia include attenuation of the surgical stress response, decreased perioperative morbidity and improved outcome in certain types of surgery. Also effective pain control facilitates rehabilitation and accelerates recovery from surgery. Regional anesthesia and

analgesia techniques are commonly used to facilitate pain control, during pediatric surgical practice, decrease parenteral opioids requirements and improve the quality of post-operative pain control and patient-parent satisfaction. Caudal epidural anesthesia is considered the gold standard regional technique for pain management after pediatric pelvic and lower abdominal procedures because it blocks both somatic and visceral pain. The caudal block has a low complication rate (0.7 per 1000), provides 4 to 6 hours of analgesia, and results in improved patient pain scores than in patients having general anesthesia alone. An increased understanding of abdominal wall anatomy has led to the introduction of the transversus abdominis plane block (TAPB) for managing pain after lower abdominal surgery. TAPB provides reliable unilateral sensory block in the T10-L1 distribution with a single injection, and resulted in a significant decrease in postoperative pain scores and opioid requirements after major abdominal surgeries. Similar outcomes have been observed in pediatric studies, and analgesia after TAPB in pediatric patients is thought to last 10 to 15 hours. The technique of TAP block has been found to be a safe and effective tool in a variety of general, gynaecological, and urological surgery, and it is suggested as part of the multimodal anaesthetic approach to enhance recovery after lower abdominal surgeries. However, the duration of analgesia provided by these strategies is limited by the short duration of action of the local anesthetic. Various adjuvants to local anesthetics have been investigated to improve the quality of block, and duration of analgesia, including Dexmedetomidine, fentanyl, morphine, ketamine, midazolam, and magnesium. Each of these adjuvants has side effects specific to the type and dose of adjuvant used. For instance, behavioral changes have been noted with the use of caudal ketamine, opioids are associated with risk of respiratory depression, and the neurotoxicity of midazolam is still controversial. Therefore, an ideal adjuvant that provides maximal analgesia with minimal side effects for these blocks is still a matter of contention. Dexmedetomidine (DEX) is a highly selective α_2 -adrenoceptor agonist, possesses sedative, analgesic, anxiolytic, and anti-inflammatory properties. When administered in combination with local anesthetics in the epidural space, it has been shown to reduce postoperative analgesic requirements and have a significantly

205.

Comparison of Haloperidol versus Midazolam for Prevention of Sevoflurane Emergence Agitation in Pediatric patients undergoing Inguinal Surgeries
 El-Shahawy DTAA. Zaki MSM. Ibrahim DA. El Sayed AM
 EBM Reviews - Cochrane Central Register of Controlled Trials
 QJM : monthly journal of the Association of Physicians. Vol.114(SUPPL 1): 2020-11-21 to 2020-11-27. 41st Annual International Ain Shams Medical Congress. Online. Netherlands Oxford University Press

[Journal article Conference proceeding

]

AN: CN-02346275

Background Emergence agitation (EA) in children early after sevoflurane anaesthesia is a common postoperative problem, with incidence ranging up to 80%. It is characterized by behavior that can include crying, disorientation, excitation and delirium, several drugs have been tried in this regard including but not limited to propofol, midazolam, ketamine and ketorolac among other drugs. Aim of the Work To compare the effect of intravenous Midazolam vs intravenous Haloperidol & in prevention of Sevoflurane Emergence Agitation in pediatric patients undergoing Inguinal Surgeries. Patients and Methods This prospective randomized study was done after approval of institutional ethics committee in Ain Shams university Hospitals for 6 months and obtaining an informed written consent from parents. It was designed to include sixty-two pediatric patients, aged 3 to 12 years of both genders, with physical status ASA I and ASA II. All surgical procedures were elective of an expected duration of 30 - 60 minutes e.g. inguinal hernia repair, hydrocele, orchiopexy under general anesthesia and caudal block to relief pain. All operations

were performed in supine position. Results Our study was applied on age group between 3- 12 years old Haloperidol was associated with 24% EA and was also associated with significant delay in eye opening and time till discharge from PACU when compared to Midazolam. Conclusion I.V Midazolam is more efficient than I.V Haloperidol for prevention of Sevoflurane Emergence agitation in pediatric patients undergoing inguinal surgeries.

Publisher

Oxford University Press

206.

Laparoscopic Pediatric Inguinal Hernia Repair; Intracorporeal Purse-String Suture Using Needlescopic 2-mm Instruments.

Lim JM, Chang HK, Park SJ

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of minimally invasive surgery. 23(1):30-35, 2020 Mar 15.

[Journal Article]

UI: 35600730

Purpose: Two-millimeter needlescopic instruments induce minimal damage to the abdominal wall and have excellent cosmetic benefits. We aimed to evaluate the feasibility of a laparoscopic intracorporeal suture using 2-mm instruments for pediatric inguinal hernia.

Methods: We retrospectively reviewed 131 patients who underwent laparoscopic repair between March 2011 and February 2017. Three trocars were used: a 5-mm umbilical trocar for a needle holder and two 2-mm trocars for a camera and a grasper. The internal ring was closed with an intracorporeal purse-string suture. A telephone interview was conducted to confirm recurrence.

Results: In the 131 patients, 169 procedures were successfully performed. The ages ranged from 2 months to 14 years (mean, 52.5 months), and the mean body weight was 18.0 kg (range, 6.7~49 kg). The mean operating time was 42 minutes for the unilateral cases and 46 minutes for the bilateral inguinal hernia repairs. All the cases were completed laparoscopically without intraoperative complications. Herniotomy was not performed in all the patients except nine. A contralateral patent processus vaginalis was present in 27.3% (35/128) of the patients. During the mean follow-up period of 54.6 months, 3 recurrences (2.3%) were observed. Two recurrences were treated using laparoscopy and one using open herniorrhaphy. Hydrocele occurred in one male patient. No wound complications or umbilical hernias developed. No testicular atrophy was observed.

Conclusion: This study showed that laparoscopic intracorporeal internal ring suture using 2-mm instruments for pediatric inguinal hernia was technically feasible and safe, with excellent cosmetic results.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8985613>

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2020

207.

Initial Experience with Percutaneous Internal Ring Suturing for Indirect Inguinal Hernia in Pediatric Patients.

Kang CH, Kim YJ, Kim KT

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Journal of minimally invasive surgery. 23(2):67-73, 2020 Jun 15.

[Journal Article]

UI: 35600061

Purpose: The aim of this study is to review our experience in treating indirect inguinal hernia in pediatric patients.

Methods: We retrospectively studied a total of 43 patients who underwent percutaneous internal ring suturing (PIRS) for indirect inguinal hernia from January 2016 to September 2018. The participants included 29 boys and 14 girls. There were cases of bilateral internal inguinal hernia (n=12), right indirect inguinal hernia (n=16), and left indirect inguinal hernia (n=15). Their mean age was 3.8+/-2.9 years, and mean body weight was 16 kg. Clinical features and surgical outcomes were analyzed.

Results: Mean operating time was 35 min for unilateral inguinal hernia and 40 min for bilateral inguinal hernia. There were five cases of intraoperative bleeding (12%) during needle insertion. In two cases, stress test resulted in escape of gas into the hernial sac and a second suture was inserted. The contralateral patent processus vaginalis was present in six (14% of cases) and closed. Follow-up was 6~30 months. Mean postoperative hospital stay was 1.2 days. No recurrence hernia and postoperative complications were reported.

Conclusion: Although this study investigated a small number of cases and the surgical experience was rather limited, the PIRS technique was shown to have advantages such as a short learning curve and its aid in detecting contralateral hernias. In this study, there were no reports of recurrence, metachronous inguinal hernias, and postoperative complications.

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208.

The Spectrum of Testicular Pathologies Upon Scrotal Exploration for Acute Scrotum: A Retrospective Analysis.

Syed MK, Al Faqeeh AA, Othman A, Hussein AA, Hussain S, Almas T, Alsufyani R, Alaeddin H, Syed S, Syed SK

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Cureus. 12(10):e10984, 2020 Oct 16.

[Journal Article]

UI: 33209540

Background The term acute scrotum encompasses a plethora of testicular pathologies that are detrimental to the survival and sustenance of testes. The aim of the present study is to determine the spectrum of these testicular pathologies upon scrotal exploration performed in the aftermath of acute scrotal pain in the pediatric population. **Methods** This multicenter retrospective cross-sectional study was conducted at the department of pediatric surgery at two hospitals. During the study period, the clinical characteristics of the 76 patients that underwent scrotal exploration for acute scrotum were assessed. These included age, duration of symptoms on presentation, and identification of the etiology underlying scrotal pain. The data obtained was eventually analyzed using the Statistical Package for the Social Sciences (SPSS) 23.0 software (IBM Corp., Armonk, NY). **Results** A total of 76 scrotal exploration procedures were performed. The involvement of the left side of the scrotum was more common than the right side. Most of the patients who presented were older than five years of age. A majority of the patients presented after 24 hours of the commencement of their symptoms. Of the included participants, 36 patients (47.47%) were found to have an underlying torsion of appendix testes that was appropriately managed. Testicular torsion was observed in 15 patients, out of which eight viable testes were salvaged with a subsequent orchidopexy while seven torsions required orchiectomy owing to their non-viability. Other findings included epididymo-orchitis and infected hydrocele. A total of 19 testes appeared completely normal upon scrotal exploration. **Conclusion** Scrotal exploration should be considered as part of the medical and surgical workup and in the management of acute scrotum, as it divulges the specific underlying testicular pathology. Prompt scrotal exploration can aid in ascertaining the underlying etiology and is, therefore, pivotal in the apt management of the underlying pathology.

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PMC Identifier

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209.

Scarless laparoscopic varicocelectomy using percutaneous instruments.

Zampieri N

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MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

American Journal of Clinical & Experimental Urology. 8(4):101-105, 2020.

[Journal Article]

UI: 32929405

BACKGROUND: Varicocele is one of the most frequent andrological diseases in adolescents; laparoscopic varicocelectomy is a good option. The aim of this study is to investigate, report and evaluate surgical outcomes of laparoscopic technique in pediatric age using percutaneous instruments.

MATERIALS AND METHODS: We report our experience with a new technique for varicocelectomy. I.R.B. approved the study. Patients with varicocele and testicular hypotrophy age between 9 and 16 years underwent laparoscopic varicocelectomy using a single transumbilical port for camera and 2 laparoscopic 2.5 mm percutaneous instruments. After dissection of lymphatic vessels and artery, veins were coagulated using monopolar hook. After the procedure a standard umbilical closure was performed using resorbable stitches, without suture into the percutaneous accesses. All patients underwent 2 controls visit at 3 and 6 months after surgery.

RESULTS: During the study period (April 2018-October 2019) 25 patients were treated; all patients were treated by the same surgeon. There were no cases of recurrence nor hydrocele. All patients reported a good post-op activity without pain and a good cosmetic result.

CONCLUSION: This first small series report a new technique for varicocelectomy; our study demonstrate that this technique is safe without complications and it is associated with good cosmetic results.

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PMC Identifier

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210.

Spinal anesthesia in a patient with Schwartz-Jampel syndrome.

Shaalán O, Daoud M, El-Molla A, Al-Otaibi R, Alatassi A

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JA Clinical Reports. 6(1):51, 2020 Jul 09.

[Journal Article]

UI: 32648012

BACKGROUND: Schwartz-Jampel syndrome (SJS) is a very rare inherited disorder characterized by multiple skeletal deformities, limited joint mobility, micrognathia, blepharophimosis, myotonia, and growth retardation. SJS is caused by mutations in the gene encoding perlecan (heparan sulfate proteoglycan). Anesthetic management of these patients is challenging. The use of spinal anesthesia in these patients has not been reported.

CASE PRESENTATION: A 14-year-old boy was scheduled for inguinal hernia and hydrocele repair. The diagnosis of SJS was based on his dysmorphic features, electromyographic (EMG) pattern and genetic testing. General anesthesia may encounter difficult airway management, resistance to muscle relaxants, or possibility of malignant hyperthermia. Regional anesthesia may be difficult or even harmful due to skeletal deformities. We report successful management of spinal anesthesia and surgery was done. The patient had an uneventful recovery and was discharged home. We describe the special precautions against pitfalls for using this technique in patients with SJS.

CONCLUSION: Spinal anesthesia may be an effective and safe technique for patients with SJS and it may.

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PMC Identifier

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Year of Publication

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211.

Laparoscopic Repair of Paediatric Indirect Inguinal Hernia: Modified Flip Flap Technique.

Garzi A, Prestipino M, Calabro E, Di Crescenzo RM, Rubino MS

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MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Translational Medicine @ Unisa. 22:33-37, 2020 May.

[Journal Article]

UI: 32523906

In paediatric age, indirect inguinal hernia represents more than 95% of the hernial disease. It is a congenital type, in contrast with adulthood in which acquired forms are more frequently found (1). The laparoscopic correction of indirect inguinal hernia is one of the most common surgeries performed in paediatric age. In recent years, various techniques have been introduced for the videolaparoscopic correction of this disease. The aim of this study is to provide an assessment of the efficacy and safety of the execution of a modified Flip-Flap technique, using tissue glue for filling of Peritoneal-vaginal duct (DPV), performed in order to ensure greater suture tightness and reduce the incidence of postoperative hydrocele. author1, author2, author 2, author1, author1, author 2 The Authors present a retrospective review of their record of cases, considering a total of 187 patients aged between 18 months and 14 years. For the correction of the hernial defect, the modified VLS Flip-Flap technique was carried out. The evaluation of safety, efficacy, operating time, relapse rate and development of short-term complications (such as postoperative hydrocele, scrotal hematoma or ecchymosis, atrophy or iatrogenic testicle ascension) was considered in a mean follow-up of 6 months. The Authors suggest that this variant of the peritoneal Flip-Flap technique is simple to perform; its safety, reproducibility and effectiveness is proven and has a percentage of relapses and complications overlapping with the "open" approach and superior to other laparoscopic techniques.

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7265909>

Year of Publication

2020

212.

Our Laparoscopic Surgical Technique and Experience in Treating Pediatric Inguinal Hernia Over the Past Decade.

Alshammari D, Sica M, Talon I, Kauffmann I, Moog R, Becmeur F, Schneider A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Indian Association of Pediatric Surgeons. 25(1):28-33, 2020 Jan-Feb.

[Journal Article]

UI: 31896896

BACKGROUND: Over the past decade, laparoscopic hernia repair was the most performed operation in our department. Equally, it comprises 15% of all pediatric operations performed. We aim, in this study, to review all the cases performed and extrapolate important information like reoccurrences, the incidence of metachronous inguinal hernia, complications amongst other information.

MATERIAL AND METHODS: All patients under the age of 18 whom underwent elective laparoscopic hernia repair between 03/01/2007 till the 18/05/2016 were included in our study. We recorded important clinical features and studied their post-operative follow up. Equally reoccurrences, the incidence of metachronous inguinal hernia, complications and other parameters were recorded and studied.

RESULTS: A total of 916 patients were operated on during the defined study period. There was a 0.17% reoccurrence rate and a 0.46% incidence of metachronous inguinal hernia. Equally a contralateral patent processus vaginalis was diagnosed and closed in 17.10%. There were no postoperative complications and we had a 0% postoperative hydrocele rate.

CONCLUSION: Laparoscopic hernia repair is safe and carries all the benefits of minimally invasive surgery. We recommend that it is offered to patients and would like to refute previously claimed reports that it carries a higher reoccurrence rate or takes a long time to perform. Our reoccurrence rate of 0.17% is actually lower than many published reoccurrence rates after open repair.

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Version ID

1

Place Holder 11

PubMed-not-MEDLINE

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6910059>

Year of Publication

2020

A novel method of bilateral patent processus vaginalis ligation in transumbilical single-site multiport laparoscopic orchiopexy.

Wang X, Guan Y, Wu Y, Meng Q, Dong M

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

International Journal of Medical Sciences. 17(8):1043-1047, 2020.

[Journal Article]

UI: 32410833

Objective: To evaluate safety and efficacy of a novel method of bilateral patent processus vaginalis ligation in transumbilical single-site multiport laparoscopic orchiopexy for children.

Methods: A retrospective study was carried out comparing the novel ligation and conventional ligation performed by a single surgeon between July, 2017-July, 2018. The patients were divided into the novel group (42 cases) and the conventional group (59 cases). In the novel group, transumbilical single-site multiport laparoscopic orchiopexy was performed and the bilateral internal rings was stitched with "8" pattern suture. In the conventional group, the conventional TriPort laparoscopic orchiopexy was performed and purse string suture was used to fix the internal rings. The parameters of operative duration time, postoperative hospital stay; postoperative complications were compared between 2 groups.

Results: All operations were successful. No Perioperative period complications were found and all patients were discharged within 4-6 days after operation. There is no statistic difference in the surgery time and hospitalization day. However, there is significant difference in the Pain face scale scores after day 2(1.60+/-0.73 VS 2.02+/-0.86). And there is no scar and the satisfactory cosmetic could be seen in scrotum and inguinal area in the novel group. Conclusion: The novel ligation was safety and efficacy. It is relatively easy to perform with smaller scar and less pain. We propose the novel ligation as a more viable treatment option for pediatric cryptorchidism with bilateral patent processus vaginalis.

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Version ID

1

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7211161>

Year of Publication

2020

Laparoscopic orchiopexy of palpable undescended testes_ experience of a single tertiary institution with over 773 cases.

You J, Li G, Chen H, Wang J, Li S

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BMC Pediatrics. 20(1):124, 2020 03 16.

[Journal Article]

UI: 32178653

BACKGROUND: Discuss the superiority of laparoscopic orchiopexy in the treatment of inguinal palpable undescended testes.

METHODS: Inclusion criteria: Preoperative examination and color Doppler ultrasound examination confirmed that the testes were located in the inguinal canal and could not be pulled into the scrotum, except for retractive and ectopic testes. The surgical steps were depicted as follow. The retroperitoneal wall was carved by ultrasonic scalpels, separates the spermatic vessels closed to the inferior pole of the kidney if necessary, dissects the peritoneum of vas deferens, cuts the testicular gubernaculum, and pulls back the testicle into the abdominal cavity. Besides, protect the vas deferens, and descend the testes to the scrotum and fix them without tension.

RESULTS: There were 773 patients with 869 inguinal undescended palpable testes, 218 cases on the left side, 459 cases on the right side and 96 cases with bilateral undescended testes, whose age ranged from 6 months to 8 years, with an average of 20 months. All testes were successfully operated, no converted to open surgery. The average operation time was (34.8 +/- 5.4) min. There were 692 testes have an ipsilateral patent processus vaginalis (89.5%); In 677 cases of unilateral cryptorchidism, 233 cases (34.4%) have a contralateral patent processus vaginalis, and laparoscopic percutaneous extraperitoneal closure the hernia sac carry out during the surgery. There was no subcutaneous emphysema during the operation, no vomiting, no abdominal distension, no wound bleeding and obvious pain after surgery, especially wound infection is rarely. Doppler ultrasound was evaluated regularly after surgery. The patients were followed up for 6 to 18 months. All the testes were located in the scrotum without testicular retraction and atrophy. No inguinal hernia or hydrocele was found in follow-up examination.

CONCLUSION: Laparoscopic orchiopexy manage inguinal palpable cryptorchidism is safe and effective, and there are obvious minimally invasive advantages. Furthermore, It could discover a contralateral patent processus vaginalis, and treat at the same time, which avoid the occurrence of metachronous inguinal hernia.

Version ID

1

Place Holder 11

MEDLINE

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PMC Identifier
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075009>
Year of Publication
2020

215.

Early Experience with Laparoscopic Surgical Practice in Ondo State, South Western Nigeria.

Obonna GC, Etonyeaku AC, Katung IA, Bamigbola KT, Okereke CE

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

West African Journal of Medicine. 37(2):183-188, 2020 Apr-Jun.

[Journal Article]

UI: 32150638

BACKGROUND: Laparoscopic surgery is a relatively new and expanding field of surgical therapy in Ondo state. This is a multi-centre study cataloguing the work of the authors in Ondo State, Nigeria.

AIM: To determine the indications, operative findings, and interventions at Laparoscopy in our resource challenged settings.

PATIENTS AND METHODS: Medical records of all patients who had laparoscopic procedure at the Federal Medical Centre, Owo, Ondo State Specialist hospital, Okitipupa, University of Medical Sciences Teaching Hospital, Ondo, George and Martins Medical Centre, Ore and Mishmael Hospitals and Clinics, Akure from December, 2009 to December, 2018 were reviewed. Data on patient's age, gender, indications for surgery, duration of hospital stay, outcome of surgery were analyzed. Challenges and adaptations were also noted.

RESULTS: One hundred and eighty-one (181) laparoscopic procedures were done, but only 152 had complete records for review. The median age was 35.5 years (mean = 33.7+/-11.4years; age range of 8 month -72 years). There were more males 88(57.9%) than females, 64(42.1%).

Laparoscopy was purely diagnostic (n=28, 18.4%), therapeutic (n=118, 77.6%) or both (n=6, 3.9%). Cholecystectomy (n=76, 50%) and appendicectomy (n=37, 24.3%) were the two most common procedures done. In the paediatric patients, patent processus vaginalis (hernia), cryptorchidism and indeterminate sex (gender) were common indication. Challenges encountered were power failure (n=3, 2%), equipment failure (n=4, 2.6%) and difficult dissection (n=4, 2.6%). The mean duration of surgery was 96.96(+/-25) minutes (diagnostic), 150 (+/-57.6) minutes (therapeutic); while the mean duration of hospital stay was one day (diagnostic) and 2.3(+/-1.7) days for therapeutic interventions.

CONCLUSION: Laparoscopic service is achievable with adequate motivation, males appear to benefit more in our setting, and the service transcends all aged groups.

Version ID

1

Place Holder 11

MEDLINE

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Year of Publication
2020

216.

Intraoperative infusion of magnesium sulphate does not reduce laryngospasm and agitation during emergence from anaesthesia in children.

Khatiwada S., Pokharel K., Subedi A.

Embase

Kathmandu University Medical Journal. 18(71) (pp 223-227), 2020. Date of Publication: 2020.

[Article]

AN: 2005998120

Background Laryngospasm and agitation during emergence from general anaesthesia are frequent in children. Magnesium sulphate may have the potential of reducing both of these adverse events. In addition, magnesium has analgesic and anaesthetic properties. Objective To find out the effectiveness of magnesium sulphate in reducing the occurrence of emergence laryngospasm and agitation and other adverse events if any in children. Method Randomized, placebo controlled study was conducted at a tertiary care hospital in 132 children, aged 3-12 years undergoing general anaesthesia for hernia and hydrocele surgery. Children with American Society of Anaesthesiologist Physical Status > II were excluded. After insertion of laryngeal mask airway, 20 ml of either magnesium sulphate 15 mg/kg (Group M) or normal saline (Group N) was infused at the rate of 1 ml/min. The severity of laryngospasm and agitation was assessed. We also noted other adverse events, if occurred. Result Laryngospasm occurred in 7(10.6%) patients of group M and in 10(15.1%) patients of group N(p=0.40). While 14(10.6%) patients developed laryngospasm immediately after removal of LMA, only 3(2.2%) patients developed it in the post anaesthetic care unit. Two (3.0%) patients of group M and four patients (6.0%) of group N were agitated (p=0.40). Three (4.5%) patients of group M and 14(21.2%) patients of group N coughed during emergence (p=0.004). Conclusion Intraoperative infusion of 15 mg/kg magnesium sulphate, does not reduce the occurrence of emergence laryngospasm and agitation in children. However, it significantly reduce emergence cough.

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PMC Identifier

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Publisher

Kathmandu University

Year of Publication

2020

217.

Epidemiological and parasitological studies on lymphatic filariasis in Argungu Local Government Area of Kebbi State, Nigeria.

Ukatu V.E., Abubakar U., Adamu T., Daneji A.I., Atta A.O., Nenge I.

Embase

Nigerian Journal of Parasitology. 41(1) (pp 35-40), 2020. Date of Publication: March 2020.

[Article]

AN: 2015475200

Mass Medicine Administration (MMA) with albendazole and ivermectin has been going on in Argungu Local Government Area of Kebbi State for over six years. Apart from the baseline mapping conducted by the state ministry of health in 2010 to identify communities eligible for MDA, no comprehensive study has been carried out on this disease in the area. This study is necessary to determine if transmission has been halted or not. A total of 425 volunteers in 6 rural villages were examined using Immunochromatographic Card Test (ICT) and routine microscopy. Physical manifestations and entomological studies were also carried out. Nine inhabitants, 9(0.4%) were positive using ICT with no microfilaria of *W. bancrofti*. Infection was significantly higher in Matan Fada Village (7.14%) ($p < 0.05$), while three villages recorded 0.00% infection rate. Infection was higher in males than females, age group 10-19, in singles than married participants, pupils/students than other occupations ($p > 0.05$). There was weak negative correlation between ICT and hydrocele ($r = -0.14$) as well as lymphoedema ($r = -0.012$). 436 mosquitoes were dissected and none harboured microfilaria of *W. bancrofti*. It is concluded that transmission has been halted in 3 of the villages since they have met the WHO's criteria of less than 1% seropositivity, and MMA should therefore be stopped in those villages. There is however continued surveillance, morbidity management and vector control.

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Embase

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Publisher

Korean Society of Automotive Engineers

Year of Publication

2020

218.

Laparoscopic Injection of Tissue Adhesives for Inguinal Hernia Repair in a Rabbit Model: Results of an Experimental Comparative Study with the Standard Laparoscopic Inguinal Hernia Repair.

Escolino M., Esposito C., Eaton S., Di Maro E., Cozzolino S., Vitagliano G., D'Armiento M., Esposito G., De Coppi P.

Embase

Journal of laparoendoscopic & advanced surgical techniques. Part A. (no pagination), 2020. Date of Publication: 08 May 2020.

[Article]

AN: 631699452

Background: The injection of tissue adhesives has been proposed as an alternative to standard laparoscopic inguinal hernia repair but no evidence is available in the pediatric population. This study aimed to evaluate safety, efficacy, and feasibility of injection of tissue adhesives for inguinal hernia repair in a rabbit model.

Material(s) and Method(s): Thirty-six New Zealand White male rabbits underwent laparoscopic inguinal hernia repair. In each animal, the hernia defect was repaired using glue on the right side and purse-string suture on the left side. The animals were divided in 3 groups, each 1 of 12 animals, according to the glue used: Glubran 2 (cyanoacrylate), Histoacryl (cyanoacrylate), and BioGlue (bovine serum albumin-based). For each group, 6 animals were sacrificed at 7 days postoperatively, and 6 animals at 90 days postoperatively. Histopathological exam of testis and spermatic bundle was performed.

Result(s): The hernia defect was successfully closed on both sides in all cases. The injection of glue was faster than suture repair ($P=.001$). Postoperative complications (epiploon-parietal adhesions, spermatic vessel ectasia, and hydrocele) rate was significantly higher on the right side compared to the left side at both short- and long-term follow-up ($P=.001$). Furthermore, a lower maturity of testicles treated by adhesive compared with suture was histologically demonstrated at both short- and long-term follow-up ($P=.001$).

Conclusion(s): The present experimental study confirmed the feasibility and efficacy of inguinal hernia repair by injection of tissue adhesive. However, several critical issues emerged about the safety of this technique. The use of glue was associated with higher incidence of postoperative complications and significant decrease of testicular maturity compared with standard suture repair. Based upon these preliminary results, repair using suture remains the standard of care for inguinal hernia in children. Further experimental studies are needed to assess the safety of injection of tissue adhesives for pediatric inguinal hernia repair.

PMC Identifier

32384247 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32384247>]

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Article-in-Press

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Publisher

NLM (Medline)

Year of Publication

2020

219.

Comparison of diagnostic and treatment guidelines for undescended testis.

Shin J., Jeon G.W.

Embase

Clinical and Experimental Pediatrics. 63(11) (pp 415-421), 2020. Date of Publication: November 2020.

[Article]

AN: 2005372017

Cryptorchidism or undescended testis is the single most common genitourinary disease in male neonates. In most cases, the testes will descend spontaneously by 3 months of age. If the testes

do not descend by 6 months of age, the probability of spontaneous descent thereafter is low. About 1%-2% of boys older than 6 months have undescended testes after their early postnatal descent. In some cases, a testis vanishes in the abdomen or reascends after birth which was present in the scrotum at birth. An inguinal undescended testis is sometimes mistaken for an inguinal hernia. A surgical specialist referral is recommended if descent does not occur by 6 months, undescended testis is newly diagnosed after 6 months of age, or testicular torsion is suspected. International guidelines do not recommend ultrasonography or other diagnostic imaging because they cannot add diagnostic accuracy or change treatment. Routine hormonal therapy is not recommended for undescended testis due to a lack of evidence. Orchiopexy is recommended between 6 and 18 months at the latest to protect the fertility potential and decrease the risk of malignant changes. Patients with unilateral undescended testis have an infertility rate of up to 10%. This rate is even higher in patients with bilateral undescended testes, with intra-abdominal undescended testis, or who underwent delayed orchiopexy. Patients with undescended testis have a threefold increased risk of testicular cancer later in life compared to the general population. Self-examination after puberty is recommended to facilitate early cancer detection. A timely referral to a surgical specialist and timely surgical correction are the most important factors for decreasing infertility and testicular cancer rates.

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Place Holder 11

Embase

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Year of Publication

2020

220.

Surgical treatment of inguinal hernia in neonates and infants: Early surgery or elective surgery?. Hirabayashi T., Kobayashi T., Saitoh T., Kimura T., Hakamada K.

Embase

International Journal of Abdominal Wall and Hernia Surgery. 3(3) (pp 94-99), 2020. Date of Publication: July-September 2020.

[Article]

AN: 633234180

PURPOSE: The surgical technique for inguinal hernia repair is well established. However, the safety of this procedure in young children still remains under debate because of risks of general anesthesia in young children. We assessed the indications for inguinal hernia repair in neonates and infants.

PATIENTS AND METHODS: Between 2007 and 2017, laparoscopic hernia repair was performed in 408 patients at our institution. We reviewed the data from their medical records, including their sex, age at surgery, and incidence of asymptomatic patent processus vaginalis (PPV) during the surgery.

RESULT(S): The incidence of asymptomatic contralateral PPV in the female neonates/infants in whom the original hernia was on the left side was 75% and higher as compared to the frequency in other subpopulations. The incidence of bilateral inguinal hernia repair in female neonates/infants was 68.8% and higher as compared to that in other subpopulations.

CONCLUSION(S): The incidence of an asymptomatic contralateral PPV and of a bilateral inguinal hernia repair was higher in female neonates/infants as compared to the corresponding

frequencies in other subpopulations. In some infants of this group, the PPV on the contralateral side could potentially close as the children grew older. Therefore, girls with inguinal hernia under 1 year of age should be treated by elective surgery after they become at least 1 year old.

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Publisher

Wolters Kluwer Medknow Publications

Year of Publication

2020

221.

Effect of rehabilitation intervention on severe pneumonia in children.

Zhu G., Zhang J., Tong G.

Embase

Indian Journal of Pharmaceutical Sciences. 82 (pp 18-23), 2020. Date of Publication: 2020.

[Article]

AN: 2013911447

In order to study the effect of rehabilitation intervention on children with severe pneumonia, this study used 48 cases of severe pneumonia in children as the research object. The children were divided into 2 groups according to the random principle, 24 people in each group, one group was experimental group (irrigation group), Bronchoalveolar irrigation rehabilitation and conventional anti-infective treatment were performed. The other group was the control group (routine group) and only the same anti-infective treatment was performed. The degree of rehabilitation of the children was determined by the C-reactive protein, procalcitonin and the imaging inflammatory absorption area before and after treatment in the two groups of patients. The study found that the C-reactive protein and procalcitonin abnormalities in the experimental group were lower than those in the control group, and the imaging inflammatory absorption area was significantly larger than that in the control group. This shows that bronchoalveolar irrigation rehabilitative treatment can increase the recovery rate of child patient, the treatment effect is far better than the children who only carry out conventional anti-infection, also shows that bronchoalveolar irrigation rehabilitation treatment has excellent clinical treatment effect.

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Publisher

Indian Pharmaceutical Association

Year of Publication

2020

222.

Pediatric groin lesions: imaging findings. Lesiones inguinales pediatricas: hallazgos radiologicos <Lesiones inguinales pediatricas: hallazgos radiologicos.>

Arango-Diaz A., Trujillo-Ariza M.V., Linares-Paz M.M., Baleato-Gonzalez S., Garcia-Palacios M.
Embase

Radiologia. 62(3) (pp 188-197), 2020. Date of Publication: May - June 2020.

[Article]

AN: 2005190112

Objectives: The groin is a complex anatomic region that has traditionally been ignored by radiologists because most lesions can be diagnosed from clinical data and physical examination. Nevertheless, ultrasound examinations of the groin are increasingly being requested to confirm injury or to resolve diagnostic uncertainty. On the other hand, some conditions involving the groin are found only in pediatric patients. This article describes the key imaging findings in pediatric groin injuries, placing special emphasis on the ultrasound appearance.

Conclusion(s): Knowledge about conditions that can affect the groin in pediatric patients and the key imaging findings associated with them helps improve the diagnostic performance of ultrasound.

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PMC Identifier

32165019 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32165019>]

Place Holder 11

In-Process

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Publisher

Ediciones Doyma, S.L.

Year of Publication

2020

223.

Hydrocele in Pediatric Population.

Patoulias I., Koutsogiannis E., Panopoulos I., Michou P., Feidantsis T., Patoulias D.

Embase

Acta medica (Hradec Kralove). 63(2) (pp 57-62), 2020. Date of Publication: 2020.

[Review]

AN: 632569518

Hydrocele is a collection of fluid within the tunica vaginalis. Based upon the etiology and the pathophysiology, it is divided into, the primary and secondary. The primary hydrocele includes the neonatal or the congenital, the communicating and the non-communicating or the closed or the adult type. The secondary hydrocele can develop in the substrate of a pre-existing disease. After systematic and thorough systematic and thorough research of the relevant literature, we aim at

describing all the aspects of this entity, with specific emphasis on the issues that remain unanswered from the scientific community.

PMC Identifier

32771069 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32771069>]

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Publisher

NLM (Medline)

Year of Publication

2020

224.

The global distribution of lymphatic filariasis, 2000-18: a geospatial analysis.

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Background: Lymphatic filariasis is a neglected tropical disease that can cause permanent disability through disruption of the lymphatic system. This disease is caused by parasitic filarial

worms that are transmitted by mosquitos. Mass drug administration (MDA) of antihelmintics is recommended by WHO to eliminate lymphatic filariasis as a public health problem. This study aims to produce the first geospatial estimates of the global prevalence of lymphatic filariasis infection over time, to quantify progress towards elimination, and to identify geographical variation in distribution of infection.

Method(s): A global dataset of georeferenced surveyed locations was used to model annual 2000-18 lymphatic filariasis prevalence for 73 current or previously endemic countries. We applied Bayesian model-based geostatistics and time series methods to generate spatially continuous estimates of global all-age 2000-18 prevalence of lymphatic filariasis infection mapped at a resolution of 5 km² and aggregated to estimate total number of individuals infected.

Finding(s): We used 14 927 datapoints to fit the geospatial models. An estimated 199 million total individuals (95% uncertainty interval 174-234 million) worldwide were infected with lymphatic filariasis in 2000, with totals for WHO regions ranging from 3.1 million (1.6-5.7 million) in the region of the Americas to 107 million (91-134 million) in the South-East Asia region. By 2018, an estimated 51 million individuals (43-63 million) were infected. Broad declines in prevalence are observed globally, but focal areas in Africa and southeast Asia remain less likely to have attained infection prevalence thresholds proposed to achieve local elimination.

Interpretation(s): Although the prevalence of lymphatic filariasis infection has declined since 2000, MDA is still necessary across large populations in Africa and Asia. Our mapped estimates can be used to identify areas where the probability of meeting infection thresholds is low, and when coupled with large uncertainty in the predictions, indicate additional data collection or intervention might be warranted before MDA programmes cease.

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[Article]

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Lymphatic filariasis (LF) is a neglected tropical disease targeted for elimination as public health problem through morbidity management and preventive annual mass drug administration (MDA). This cross-sectional community-based surveillance assessed the prevalence and correlates of LF infection in Mkinga district, Tanga-region, Tanzania. A total of 4115 individuals (49.7% males, 35.2% children) were screened for circulating filarial antigens (CFA), microfilaremia (mf) and disease manifestations in 15 villages between November 2018 and January 2019. MDA uptake in the previous year was assessed. Overall prevalence of CFA-positivity was 5.8% (239/4115; 95% CI: 5.1-6.6), with significant heterogeneity between villages (range 1.2% to 13.5%). CFA-positivity was higher in males (8.8%) than females (3.3%), and correlated with increasing age ($p < 0.001$). Prevalence of mf among CFA-positives was 5.2%. Only 60% of eligible inhabitants in the study area took MDA in the previous year, and CFA-positivity was 2-fold higher in those who missed MDA ($p < 0.0001$). Prevalence of scrotal enlargement, hydrocele, arms or legs swelling, lymphoedema and lymphadenopathy was 6.4%, 3.7%, 1.35%, 1.2% and 0.32%, respectively. Compared to baseline data, 16 years of MDA intervention significantly reduced LF transmission and morbidity, although the intended elimination target of $<1\%$ mf and $<2\%$ antigenemia to level where recrudescence is unlikely to occur by the year 2020 may not be attained. The finding of hotspots with ongoing transmission calls for intensified control measures.

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Publisher

MDPI

Year of Publication

2020

226.

Laparoscopic iliopubic tract repair for pediatric inguinal hernia has very low recurrence: An Indian experience.

Nayak S.K., Parthasarathi R., G H V R.G., Rajapandian S., Palanisamy N.V., Palanivelu C.

Embase

World Journal of Pediatric Surgery. 3(3) (no pagination), 2020. Article Number: e000150. Date of Publication: 10 Sep 2020.

[Article]

AN: 632810802

Background The aim of this study is to document results of laparoscopic iliopubic tract (IPT) repair for inguinal hernia in the pediatric age group. **Methods** Hospital records of 190 children who underwent IPT repair between January 2015 and January 2020 were analyzed retrospectively for demographic details, variations between clinical, radiological and laparoscopic diagnosis, associated pathologies, operative time, hospital stay, postoperative complications and follow-up. The internal ring was narrowed by approximating IPT to conjoint tendon using 3-0 polypropylene continuous or interrupted suture. **Results** In total, 238 IPT repairs were done under general anesthesia in 190 children aged between 1 and 17 years. 7.9% of children had phimosis, and three children had hydrocele. Three patients had undescended testis and another three IPT repairs were done in cases who presented with appendicitis. Contralateral patent processus vaginalis (CPPV) was detected at the time of laparoscopy in 18.3% of cases. Thus far, 166 children had been followed, and no recurrence was observed in any of these 96 of whom have completed more than 3 years after their surgery. However, two patients developed hernia on the contralateral side. **Conclusions** Laparoscopy is beneficial to pick up CPPV. Laparoscopic IPT repair for pediatric inguinal hernia is reproducible and safe with the least recurrence reported thus far. However, further follow-up is needed. Moreover, development of contralateral hernia needs to be investigated.

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Publisher

BMJ Publishing Group

Year of Publication

2020

227.

Maternal and neonatal outcomes and the associated risk factors for premature rupture of membranes.

Naveen Chandra S., Pradeep M.R., Shashikumara

Embase

Journal of SAFOG. 12(6) (pp 402-407), 2020. Date of Publication: 2020.

[Article]

AN: 2007068170

Premature rupture of membrane (PROM) has significant adverse events in the prenatal, peripartum, and neonatal period. Understanding the maternal and neonatal outcomes of PROM is very important to reduce maternal and child mortality by prevention of complications and better management of the condition. The present study is undertaken to determine the maternal and fetal outcomes in patients with PROM and factors influencing the maternal and neonatal outcomes following PROM. We retrospectively evaluated the maternal and neonatal outcomes and the associated risk factors for 200 consecutive singleton pregnancy outcomes by PROM. Our results suggest that the mean age of the study participants was 22.90 +/- 3.45 years ranging from 18-40 years. The estimated occurrences of unfavorable maternal and neonatal outcomes were 24.5 and 28.0%, respectively. Fever (67.3%) followed by puerperal sepsis (12.3%), wound infection (6.1%), and postpartum hemorrhage (6.1%) were common maternal outcomes and birth asphyxia (55.4%) followed by neonatal septicemia (25.0%) and convulsion (5.4%) were common neonatal outcomes. C-reactive protein (CRP) was positive among 44.0% of the mothers, and Escherichia coli was the commonest organism isolated in the cervical swab. The positive serum maternal CRP levels with an adjusted odds ratio (AOR) of 3.3 and 4.8 and latency in conducting delivery with an AOR of 1.1 each were the significant independent predictors of the maternal and neonatal morbidities (p <0.05).

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Publisher

Jaypee Brothers Medical Publishers (P) Ltd

Year of Publication

2020

228.

Trends in the treatment outcomes and features of cryptorchidism in boys: A single-institute experience.

Hori S., Aoki K., Nishimura N., Morizawa Y., Gotoh D., Fukui S., Nakai Y., Miyake M., Torimoto K., Fujimoto K.

Embase

Research and Reports in Urology. 12 (pp 373-381), 2020. Date of Publication: 2020.

[Article]

AN: 2005120574

Purpose: Cryptorchidism is one of the most common congenital abnormalities in pediatric urology, and orchiopexy is performed for the prevention of testicular damage and malignant transformation. We examined the distribution and outcomes of cryptorchidism under a single investigator at our institute.

Patients and Methods: This retrospective study included 283 boys diagnosed with cryptorchidism at our institute. Cryptorchidism was diagnosed based on the medical history and physical examination findings. Boys without spontaneous resolution after 6 months of age were indicated for orchiopexy. We investigated the 12-year trend in the distribution and outcomes of cryptorchidism at the institute.

Result(s): The mean age at diagnosis, gestational age, and birth weight were 2 years, 37 weeks, and 2740 g, respectively. A total of 170 boys underwent orchiopexy under 2 years of age, and 136 boys underwent orchiopexy under the age of 1 year, while 62 boys underwent orchiopexy over the age of 3 years. Abnormalities of the epididymis and disclosure of the processus vaginalis

were observed in 44 (25%) and 72 boys (41%), respectively. Comparison of boys with or without hypospadias showed that the age at orchiopexy was higher in boys with hypospadias than in those without hypospadias ($P=0.028$). In addition, boys without hypospadias had a higher rate of abnormality of the epidermis than those with hypospadias ($P=0.024$).

Conclusion(s): Our findings suggest that most boys with cryptorchidism are treated under the age of 2 years and the incidence of epididymal abnormality is relatively high, especially in boys with hypospadias. An understanding of the natural features of cryptorchidism could lead to better management and outcomes. Further research is warranted to develop an appropriate treatment timeline in boys with cryptorchidism.

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Publisher

Dove Medical Press Ltd

Year of Publication

2020

229.

Study of clinical outcomes in neonates with inguinal hernia - A prospective study.

Banerjee R., Prasad A., Garg P.

Embase

Current Medicine Research and Practice. 10(4) (pp 143-147), 2020. Date of Publication: July - August 2020.

[Article]

AN: 2007403691

Introduction: Inguinal hernia is one of the commonest surgical problem in neonates. There is controversy regarding timing of neonatal inguinal hernia repair and incidence of complications with respect to early or delayed repair.

Objective(s): The aim of this study was to determine the occurrence of complications in neonates diagnosed with inguinal hernia and undergoing inguinal herniotomy. Methodology: Prospective observational study was conducted at a tertiary-care teaching hospital, between February 2015 and December 2017. A total of 141 neonates (term newborn up to 4 weeks of age and preterm newborns up to 40 + 4 weeks of post-conceptual age) diagnosed with inguinal hernia were enrolled. They were followed through the entire course from diagnosis to surgery and six months post-operatively. Complications like preoperative incarceration, postoperative apnea, wound infection and hernia recurrence were recorded.

Result(s): In this study, 121 (85.8%) babies were born pre-term, mean birth weight was 1900 +/- 784 g and mean post-conceptual age at diagnosis was 35.8 +/- 4.8 weeks. Majority (98.5%) were operated electively with mean observation time of 87.7 +/- 43.1 days. Mean weight at time of surgery was 3801 +/- 956 g. Two babies presented with irreducible hernia. Post-operative apnea was seen in 9/141 (6.4%), minor wound infection in 3 (2.1%), hydrocele in 4 (2.8%) and recurrence of hernia in 7 (4.9%).

Conclusion(s): The risk of incarceration is low in neonates discharged with known diagnosis of inguinal hernia. Postoperative apnea and recurrence of hernia is higher in pre-term neonates undergoing surgery before 48 weeks post-conceptual age.

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Publisher

Reed Elsevier India Pvt. Ltd.

Clinical Trial Number

<https://clinicaltrials.gov/show/ClinicalTrials.gov018729>

Year of Publication

2020

230.

Laparoscopic assisted percutaneous internal ring suturing for inguinal hernia repair in pediatrics.
Shehata M.A.

Embase

Journal of Pediatric Endoscopic Surgery. 2(3) (pp 145-152), 2020. Date of Publication: 01 Sep 2020.

[Article]

AN: 2005289108

Purpose: Several laparoscopic techniques used in treatment of pediatric inguinal hernia differ in their approach to the internal inguinal ring, suturing and knotting techniques, number of ports, endoscopic instruments used and hernia sac dissection technique. The aim of this study was to evaluate efficacy and safety of laparoscopic assisted percutaneous internal ring suturing for inguinal hernia repair in pediatrics.

Method(s): Laparoscopic assisted percutaneous internal ring suturing was performed under general endotracheal anesthesia on 54 children with 64 hernias during the period from July 2018 to June 2019. Under laparoscopic-guided vision a 2-0 Prolene thread inside an 18-gauge epidural needle was placed through the abdominal wall into the peritoneal cavity, then the thread passed under the peritoneum around the internal ring. The knot was tightened from outside and placed in the subcutaneous space.

Result(s): The mean operative time was 14.18 min for unilateral and 21.2 min for bilateral hernias. Cosmetic results are excellent with almost invisible scars. There were no intraoperative and six postoperative complications (recurrence in three cases, transient hydroceles in two boys and one patient had stitch sinus).

Conclusion(s): Laparoscopic assisted percutaneous needle repair of congenital inguinal hernia seems to be a simple minimally invasive procedure in small ring diameter with excellent cosmetic results. But I do not recommend this technique due to high rate of complications and recurrence, also simplicity of the technique can be regarded as a hindrance to the surgeons in training from challenging their skills to be ready for the more complex scenarios.

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Publisher

Springer

Year of Publication

2020

231.

Incidence characteristics of testicular microlithiasis and its association with risk of primary testicular tumors in children: a systematic review and meta-analysis.

Yu C.-J., Lu J.-D., Zhao J., Wei Y., Zhao T.-X., Lin T., He D.-W., Wu S.-D., Wei G.-H.

Embase

World Journal of Pediatrics. 16(6) (pp 585-597), 2020. Date of Publication: 01 Dec 2020.

[Review]

AN: 2003909581

Background: To systematically evaluate the incidence characteristics of testicular microlithiasis (TM) in children and its association with primary testicular tumors (PTT).

Method(s): A systematic review and meta-analysis were conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement. A priori protocol was registered in the PROSPERO database (CRD42018111119), and a literature search of all relevant studies published until February 2019 was performed. Prospective, retrospective cohort, or cross-sectional studies containing ultrasonography (US) data on the incidence of TM or the association between TM and PTT were eligible for inclusion.

Result(s): Of the 102 identified articles, 18 studies involving 58,195 children were included in the final analysis. The overall incidence of TM in children with additional risk factors for PTT was 2.7%. In children, the proportion of left TM in unilateral cases was 55.7%, the frequency of bilateral TM was 69.0%, and proportion of classic TM was 71.8% [95% confidence interval (CI) 62.4-81.1%, $P = 0.0$, $I^2 = 0.0\%$]. About 93.5% of TM remained unchanged, and newly detected PTT rate was very low (4/296) during follow-up. The overall risk ratio of TM in children with a concurrent diagnosis of PTT was 15.46 (95% CI 6.93-34.47, $P < 0.00001$).

Conclusion(s): The incidence of TM in children is highly variable. Nonetheless, TM is usually bilateral, of the classic type, and remains stable or unchanged at follow-up. Pediatric patients with TM and contributing factors for PTT have an increased risk for PTT; however, there is no evidence to support mandatory US surveillance of children with TM.

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Institute of Pediatrics of Zhejiang University

Year of Publication

2020

232.

Potential strategies for strengthening surveillance of lymphatic filariasis in American Samoa after mass drug administration: Reducing 'number needed to test' by targeting older age groups, hotspots, and household members of infected persons.

Lau C.L., Sheel M., Gass K., Fuimaono S., David M.C., Won K.Y., Sheridan S., Graves P.M., Specht S.

Embase

PLoS Neglected Tropical Diseases. 14(12) (pp 1-28), 2020. Article Number: e0008916. Date of Publication: December 2020.

[Article]

AN: 2005928171

Under the Global Programme to Eliminate Lymphatic Filariasis (LF), American Samoa conducted mass drug administration (MDA) from 2000-2006. Despite passing Transmission Assessment Surveys (TAS) in 2011/2012 and 2015, American Samoa failed TAS-3 in 2016, with antigen (Ag) prevalence of 0.7% (95%CI 0.3-1.8%) in 6-7 year-olds. A 2016 community survey (Ag prevalence 6.2% (95%CI 4.4-8.5%) in age \geq 8 years) confirmed resurgence. Using data from the 2016 survey, this study aims to i) investigate antibody prevalence in TAS-3 and the community survey, ii) identify risk factors associated with being seropositive for Ag and anti-filarial antibodies, and iii) compare the efficiency of different sampling strategies for identifying seropositive persons in the post-MDA setting. Antibody prevalence in TAS-3 (n = 1143) were 1.6% for Bm14 (95%CI 0.9-2.9%), 7.9% for Wb123 (95%CI 6.4- 9.6%), and 20.2% for Bm33 (95%CI 16.7-24.3%); and in the community survey (n = 2507), 13.9% for Bm14 (95%CI 11.2-17.2%), 27.9% for Wb123 (95%CI 24.6-31.4%), and 47.3% for Bm33 (95%CI 42.1-52.6%). Multivariable logistic regression was used to identify risk factors for being seropositive for Ag and antibodies. Higher Ag prevalence was found in males (adjusted odds ratio [aOR] 3.01), age \geq 18 years (aOR 2.18), residents of Fagali'i (aOR 15.81), and outdoor workers (aOR 2.61). Ag prevalence was 20.7% (95%CI 9.7-53.5%) in households of Ag-positive children identified in TAS-3. We used NNT_{testav} (average number needed to test to identify one positive) to compare the efficiency of the following strategies for identifying persons who were seropositive for Ag and each antibody: i) TAS of 6-7 year-old children, ii) population representative surveys of older age groups, and iii) targeted surveillance of subpopulations at higher risk of being seropositive (older ages, householders of Ag-positive TAS children, and known hotspots). For Ag, NNT_{testav} ranged from 142.5 for TAS, to $<$ 5 for households of index children. NNT_{testav} was lower in older ages, and highest for Ag, followed by Bm14, Wb123 and Bm33 antibodies. We propose a multi-stage surveillance strategy, starting with population-representative sampling (e.g. TAS or population representative survey of older ages), followed by strategies that target subpopulations and/or locations with low NNT_{testav}. This approach could potentially improve the efficiency of identifying remaining infected persons and residual hotspots. Surveillance programs should also explore the utility of antibodies as indicators of transmission. Lymphatic filariasis (LF) is a parasitic infection transmitted by mosquito bites. Globally, tens of millions are infected, with many disfigured and disabled by severe damage to their lymphatic systems, such as severe swelling of the legs (elephantiasis) or scrotum (hydrocele). The Global Programme to Eliminate LF (GPELF) aims to interrupt disease transmission through mass drug administration (MDA), and to control illness and suffering in affected persons. The World Health Organization recommends conducting Transmission Assessment Surveys (TAS) in school children aged 6 to 7 years, to determine if infection rates have dropped to levels where disease transmission is no longer sustainable. From 2000-2006, American Samoa conducted MDA and made significant progress towards eliminating LF. However, despite passing TAS in 2011/2012 and 2015, surveys in 2016 showed evidence of resurgence. This study aimed to investigate the prevalence of antifilarial antibodies in American Samoa in 2016; identify risk factors for testing positive for antigen, microfilaria and antibodies;

and compare the efficiency of different sampling strategies for identifying persons who test positive. The sampling strategies that we compared included testing of 6-7 year-old children, population representative surveys of older age groups, and targeted surveys of high-risk groups such as older people, household members of infected children identified through TAS, and known hotspots. Based on our findings, we recommended that in addition to TAS, strategies that target high-risk populations and hotspots would strengthen surveillance and help countries achieve their goals of LF elimination.

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Publisher

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Year of Publication

2020

233.

Improved Arterial Preservation Achieved by Combined Use of Indocyanine Green Angiography and Doppler Detector During Microsurgical Subinguinal Varicocelelectomy.

Kurihara S., Shibata Y., Arai S., Sekine Y., Miyazawa Y., Koike H., Matsui H., Ito K., Suzuki K., Nakamura T.

Embase

Journal of Investigative Surgery. 33(10) (pp 941-947), 2020. Date of Publication: December 2020.

[Article]

AN: 627693282

Objectives: The microsurgical approach is considered the most reliable procedure in varicocelelectomy. However, as there are difficulties in identifying the spermatic artery at the peripheral level, we had introduced intraoperative indocyanine green angiography (ICGA) for identification of arteries. In this study, we further investigated the usefulness of intraoperative ICGA in combination with an ordinary Doppler detector in microsurgical subinguinal varicocelelectomy.

Method(s): A total of 140 men who underwent microsurgical subinguinal varicocelectomy at Gunma University Hospital were included. An operating microscope equipped with a near-infrared charge-coupled device was used for intraoperative ICGA. After exposing the vessels, arteries were identified using endoscopic vision only or with assistance of Doppler detector or ICGA, or of both. The number of preserved arteries was compared among the groups.

Result(s): ICGA clearly visualized the internal spermatic arteries in all cases, allowing the surgeon to perform real-time identification and isolation of the spermatic artery intraoperatively. The use of ICGA or Doppler detector significantly increased the number of preserved arteries compared to the microscope-only operation from 1.11 to 1.75 ($p < 0.05$) and 1.57 ($p < 0.05$), respectively. The additional use of ICGA with Doppler detector further increased the number of preserved arteries to 2.41 ($p < 0.05$).

Conclusion(s): Intraoperative ICGA facilitated safe and quick microsurgical subinguinal varicocelectomy by enabling visualization of thin spermatic cord blood vessels. Improved preservation of thin arteries, which is essential for patients with infertility, can be achieved with the combined use of ICGA and ordinary Doppler detector.

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Publisher

Taylor and Francis Ltd.

Year of Publication

2020

234.

Application of Chromosome Microarray Analysis in the Investigation of Developmental Disabilities and Congenital Anomalies: Single Center Experience and Review of NRXN3 and NEDD4L Deletions.

Cebi A.H., Altner A.

Embase

Molecular Syndromology. 11(4) (pp 197-206), 2020. Date of Publication: 01 Nov 2020.

[Review]

AN: 633144198

Chromosomal microarray analysis (CMA) is a first step test used for the diagnosis of patients with developmental delay, intellectual disability, autistic spectrum disorder, and multiple congenital anomalies. Its widespread usage has allowed genome-wide identification of copy number variations (CNVs). In our study, we performed a retrospective study on clinical and microarray data of 237 patients with developmental disabilities and/or multiple congenital anomalies and investigated the clinical utility of CMA. Phenotype-associated CNVs were detected in 15.18% of patients. Besides, we detected submicroscopic losses on 14q24.3q31.1 in a patient with speech delay and on 18q21.31q21.32 in twin patients with seizures. Deletions of NRXN3 and NEDD4L were responsible for the phenotypes, respectively. This study showed that CMA is a powerful diagnostic tool in this patient group and expands the genotype-phenotype correlations on developmental disabilities.

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S. Karger AG

Year of Publication

2020

235.

Near-Infrared fluorescence imaging using indocyanine green (ICG): Emerging applications in pediatric urology.

Esposito C., Coppola V., Del Conte F., Cerulo M., Esposito G., Farina A., Crocetto F., Castagnetti M., Settini A., Escolino M.

Embase

Journal of Pediatric Urology. 16(5) (pp 700-707), 2020. Date of Publication: October 2020.

[Article]

AN: 2007327683

Background: Near-infrared fluorescence (NIRF) imaging with indocyanine green (ICG) has been recently adopted in pediatric minimally invasive surgery (MIS) in order to improve intra-operative visualization of anatomic structures and facilitate surgery.

Objective(s): This study aimed to report our preliminary experience using ICG technology in pediatric urology using laparoscopy and robotics. Study design: ICG technology was adopted in 57 laparoscopic or robotic urological procedures performed in our unit over a 24-month period: 41 (38 laparoscopic - 3 robotic) left varicocele repairs with intra-operative lymphography and 16 renal procedures (12 laparoscopic - 4 robotic) including 9 partial nephrectomies, 3 nephrectomies and 4 renal cyst deroofings.

Result(s): The ICG solution was injected intravenously in renal procedures or into the testis body in case of varicocele repair. Regarding the timing of the administration, the ICG injection was performed intra-operatively in all cases and allowed the visualization of the anatomic structures in a matter of 30-60 s. The dosage of ICG was 0.3 mg/mL/kg in all indications. All procedures were completed laparoscopically or robotically without conversions. No adverse and allergic reactions to ICG and other complications occurred postoperatively.

Discussion(s): This paper describes for the first time in pediatric urology that ICG-guided NIRF imaging may be helpful in laparoscopic and robotic procedures. In case of varicocele repair, ICG-enhanced fluorescence allowed to perform a lymphatic-sparing procedure and avoid the risk of postoperative hydrocele. In case of partial nephrectomy, ICG-guided NIRF was helpful to visualize the vascularization of the non-functioning moiety, identify the dissection plane between the two moieties (Fig. 1) and check the perfusion of the residual parenchyma after resection of the non-functioning pole. In case of renal cyst deroofing, ICG-guided NIRF aided to identify the avascular cyst dome and to guide its resection. No real benefits of using ICG-enhanced fluorescence were observed during nephrectomy.

Conclusion(s): Our preliminary experience confirmed the safety and efficacy of ICG technology in pediatric urology and highlighted its potential advantages as adjunctive surgical technology in patients undergoing laparoscopic or robotic urological procedures. Use of NIRF was also cost-effective as no added costs were required except for the ICG dye (cost 40 eur per bottle). The most common and useful applications in pediatric urology included varicocele repair, partial nephrectomy and renal cyst deroofing. The main limitation is the specific equipment needed in

laparoscopy, that is not available in all centers whereas the robot is equipped with the Firefly software for NIRF.

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PMC Identifier

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Publisher

Elsevier Ltd

Year of Publication

2020

236.

Efficacy of caudal vs intravenous administration of alpha2 adrenoceptor agonists to prolong analgesia in pediatric caudal block: A systematic review and meta-analysis.

Xing M., Liang X., Li L., Liao L., Liang S., Jiang S., Li J., Zhang C., Zou W.

Embase

Paediatric Anaesthesia. 30(12) (pp 1322-1330), 2020. Date of Publication: December 2020.

[Review]

AN: 2006879818

Background: alpha2 adrenoceptor agonists have been proposed as adjuncts to prolong analgesia in pediatric caudal block. The aim of this meta-analysis was to compare the analgesic efficacy of caudal vs intravenous alpha2 adrenoceptor agonists during pediatric caudal block.

Method(s): A systematic search, data extraction, bias risk assessment, and pooled data analysis were performed following the PRISMA guidelines. All randomized controlled trials comparing caudal with intravenous alpha2 adrenoceptor agonists in pediatric caudal block were included. Relative risk and weighted mean differences (the corresponding 95% confidence intervals) were calculated for dichotomous and continuous data, respectively. Trial sequential analyses were performed to evaluate the credibility of the meta-analysis.

Result(s): A total of 244 patients in five trials were identified. Compared with the intravenous group (9.56 +/- 4.23 hours), the time to the first rescue analgesia was prolonged in the caudal alpha2 adrenoceptor agonists group (12.72 +/- 5.99 hours) by a weighted mean difference of 2.98 hours [95% confidence interval: 0.59-5.36 hours; P =.01]. The number of children requiring rescue analgesia in the caudal group (64, 66.67%) was lower than that in the intravenous group (80, 81.63%) [relative risk = 0.82; 95% confidence interval: 0.69-0.97; P =.02]. These findings were also verified by trial sequential analysis. There were no significant differences in the side effects.

Conclusion(s): Caudal alpha2 adrenoceptor agonists as adjuncts to local anesthetic during pediatric caudal block are more effective than intravenous injection. However, the results were affected by small sample size and significant heterogeneity.

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Place Holder 11

Embase

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Publisher

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2020

237.

Lymphatic filariasis epidemiology in samoa in 2018: Geographic clustering and higher antigen prevalence in older age groups.

Lau C.L., Meder K., Mayfield H.J., Kearns T., McPherson B., Naseri T., Thomsen R., Hedtke S.M., Sheridan S., Gass K., Graves P.M.

Embase

PLoS Neglected Tropical Diseases. 14(12) (pp 1-22), 2020. Article Number: e0008927. Date of Publication: December 2020.

[Article]

AN: 2005928158

Background Samoa conducted eight nationwide rounds of mass drug administration (MDA) for lymphatic filariasis (LF) between 1999 and 2011, and two targeted rounds in 2015 and 2017 in North West Upolu (NWU), one of three evaluation units (EUs). Transmission Assessment Surveys (TAS) were conducted in 2013 (failed in NWU) and 2017 (all three EUs failed). In 2018, Samoa was the first in the world to distribute nationwide triple-drug MDA using ivermectin, diethylcarbamazine, and albendazole. Surveillance and Monitoring to Eliminate LF and Scabies from Samoa (SaMELFS Samoa) is an operational research program designed to evaluate the effectiveness of triple-drug MDA on LF transmission and scabies prevalence in Samoa, and to compare the usefulness of different indicators of LF transmission. This paper reports results from the 2018 baseline survey and aims to i) investigate antigen (Ag) prevalence and spatial epidemiology, including geographic clustering; ii) compare Ag prevalence between two different age groups (5-9 years versus ≥ 10 years) as indicators of areas of ongoing transmission; and iii) assess the prevalence of limb lymphedema in those aged ≥ 15 years. Methods A community-based cluster survey was conducted in 30 randomly selected and five purposively selected clusters (primary sampling units, PSUs), each comprising one or two villages. Participants were recruited through household surveys (age ≥ 5 years) and convenience surveys (age 5-9 years). Alere Filariasis Test Strips (FTS) were used to detect Ag, and prevalence was adjusted for survey design and standardized for age and gender. Adjusted Ag prevalence was estimated for each age group (5-9, ≥ 10 , and all ages ≥ 5 years) for random and purposive PSUs, and by region. Intraclass correlation (ICC) was used to quantify clustering at regions, PSUs, and households. Results A total of 3940 persons were included (1942 children aged 5-9 years, 1998 persons aged ≥ 10 years). Adjusted Ag prevalence in all ages ≥ 5 years in randomly and purposively selected PSUs were 4.0% (95% CI 2.8-5.6%) and 10.0% (95% CI 7.4-13.4%), respectively. In random PSUs, Ag prevalence was lower in those aged 5-9 years (1.3%, 95% CI 0.8- 2.1%) than ≥ 10 years (4.7%, 95% CI 3.1-7.0%), and poorly correlated at the PSU level (R-square = 0.1459). Adjusted Ag prevalence in PSUs ranged from 0% to 10.3% (95% CI 5.9-17.6%) in randomly selected and 3.8% (95% CI 1.3-10.8%) to 20.0% (95% CI 15.3- 25.8%) in purposively selected PSUs. ICC for Ag-positive individuals was higher at households (0.46) compared to PSUs (0.18) and regions (0.01). Conclusions Our study confirmed ongoing transmission of LF in Samoa, in accordance with the 2017 TAS results. Ag prevalence varied significantly between PSUs, and

there was poor correlation between prevalence in 5-9 year-olds and older ages, who had threefold higher prevalence. Sampling older age groups would provide more accurate estimates of overall prevalence, and be more sensitive for identifying residual hotspots. Higher prevalence in purposively selected PSUs shows local knowledge can help identify at least some hotspots.

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Publisher

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2020

238.

Indices changes of central hemodynamics at carry out anesthesia with keeping independent breathing at children.

Ashurova G., Zokirova N., Agzamkhodjayev T., Yusupov A., Mamatqulov I.

Embase

Indian Journal of Forensic Medicine and Toxicology. 14(4) (pp 7335-7340), 2020. Date of Publication: October-December 2020.

[Article]

AN: 2005825827

Introduction: The aim of study was to research hemodynamic shifts in conditions of carry out combined anesthesia on the base of isoflurane with preservation of spontaneous breathing at small surgical operations in children.

Material(s) and Method(s): The research was carried out at 44 sick children at the age from 3 to 14 years with inguinal and inguinal hernias (41,7 %), hydrocele was (19,4 %) section of abscesses and suppurations were (38,9%). The duration of anesthesia benefit at 58,3 % patients was from 30 to 40 minutes, at 40,66 % it was about 60 minutes.

Result(s): The clinical monitoring was performed with study AP, HR and oxygen. For objective evaluation of cardiovascular functional condition, the echocardiography way was use. The first group patients were introduced intravenously the ketamine solution in doze 3 mgr/kg of body weight, propofole in dose 2 mgr/ kg of body weight and izoflurane up to 3 ob % in 30-40 minutes after premedication. The second group patients were introduced intravenously the ketamine solution in dose 4-5 mgr/body weight and sibazone in dose 0,4 mgr/kg.

Conclusion(s): Complex clinical study and taken results of hemodynamic parameters showed the efficiency of carried out anesthesia with safety of independent breathing at small surgical operations at children.

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Place Holder 11

Embase

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Publisher

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Year of Publication

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239.

Surgical findings in cryptorchidism in children with Zika-related microcephaly: a case series. de Vasconcelos R.A.L., Ximenes R.A.A., Calado A.A., Martelli C.M.T., Goncalves A.V., Brickley E.B., de Araujo T.V.B., Rocha M.A.W., Miranda-Filho D.B.

Embase

BMC Urology. 20(1) (no pagination), 2020. Article Number: 186. Date of Publication: December 2020.

[Article]

AN: 2007354909

Background: Complications in the urinary tract related to congenital Zika syndrome have recently been reported. One complication, cryptorchidism, has been reported by the Microcephaly Epidemic Research Group/MERG, in Pernambuco/Brazil. The present article describes for the first time the surgical findings in a case series of boys with Zika-related microcephaly and cryptorchidism, who underwent surgical testicular exploration as a contribution to better understand the possible mechanisms involved in gonads formation and descent.

Method(s): A total of 7 children (11 testicular units), aged 3 to 4 years, were submitted to inguinal or scrotal orchidopexy for the treatment of palpable cryptorchidism between August 2019 and January 2020. Characteristics of the gonads and its annexes related to appendixes, testis-epididymis dissociation, gubernacular insertion, and associated hydroceles and/or hernias were described. Measures in centimetres were taken for volume calculate.

Result(s): We found a low prevalence of testicular and epididymal appendix (66.7%), a high prevalence of testis-epididymis dissociation (55.6%), low mean testicular volume for their ages (lower for older boys) and ectopic gubernacular insertion in all cases. There was no evidence of associated hydroceles and/or hernias in any case. No surgical complication was registered or reported, and all explored gonads were properly placed in the scrotal sac.

Conclusion(s): We herein describe the surgical findings of these children's orchidopexies and discuss the possible mechanisms of viral action in embryogenesis and postnatal growth and development of the testes and annexes. These children need to be followed over time due to the higher risk of testicular atrophy and malignancy. Surgical timing seems to be relevant to avoid loss of testicular volume.

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Publisher
BioMed Central Ltd
Year of Publication
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240.

Laparoscopic Abdominoscrotal Hydrocele: A Case Series.

Funatsu Y., Shono K., Hashimoto Y., Shirai T., Shono T.

Embase

Urology. 145 (pp 236-242), 2020. Date of Publication: November 2020.

[Article]

AN: 2007560620

Objective: To evaluate the effect of laparoscopic percutaneous extraperitoneal closure (LPEC) of the internal inguinal ring for the treatment in pediatric abdominoscrotal hydrocele (ASH) and to assess the feasibility and safety of the procedures.

Patients and Methods: Data were collected from the charts of patients with ASH who underwent surgery in Kokura Medical Center from April 2014 to December 2019. The patients' characteristics, preoperative diagnosis, forms of abdominal components, presence of patent processus vaginalis (PPV), associated pathologies, and postoperative results were evaluated.

Result(s): The study population included 10 patients (4.3% of all 230 hydroceles). The mean age of 10 patients was 3.5 years (range, 7 months to 7 years). A preoperative diagnosis of ASH was made in 3 patients. In the other 7 patients, ASH was detected during laparoscopic repair of the scrotal hydrocele. The abdominal forms of hydrocele were monolocular cysts (n = 6) and multilocular cysts (n = 4). PPV was detected by laparoscopy in all cases. Six patients had contralateral pathologies, including PPV (n = 4), inguinal hernia (n = 1), and scrotal hydrocele (n = 1). One patient had ipsilateral undescended testis. Preoperative ultrasonography showed some degree of testicular dysmorphism on the affected side in 4 cases. In all cases, treatment was accomplished by closing the PPV at the internal inguinal ring by LPEC procedures. No patients had postoperative complications, including recurrent ASH or hydrocele after ASH repair (mean follow-up, 2.6 years).

Conclusion(s): LPEC may be an adequate and minimally invasive method for the treatment of the pediatric ASH.

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Embase

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Publisher

Elsevier Inc.

Year of Publication

2020

241.

Side predilection in congenital anomalies of the kidney, urinary and genital tracts.

Kirkpatrick J., Upadhyay V., Mirjalili S.A., Taghavi K.

Embase

Journal of Pediatric Urology. 16(6) (pp 751-759), 2020. Date of Publication: December 2020.

[Review]

AN: 2007819109

Background: There appear to be various patterns of sidedness with relation to the common urogenital malformations observed in pediatric urology. The objective of this statistical review was to synthesize this data and to assess if these patterns are significant.

Material(s) and Method(s): Eighteen urogenital conditions were investigated and for each condition the five largest studies that noted laterality were included. The sidedness of each condition was then analysed for statistical significance.

Result(s): Three conditions had a statistically significant higher proportion on the right side: palpable undescended testis (63%, $p = 0.0002$), inguinal hernia (59%, $p = 0.0001$) and hydrocele (60%, $p = 0.003$). Three conditions were significantly more common on the left side: impalpable undescended testis (59%, $p = 0.0008$), renal agenesis (54%, $p = 0.02$) and vesico-ureteric junction obstruction (71%, $p < 0.0001$) while both pelvi-ureteric junction obstruction (62%, $p = 0.09$) and absent vas deferens (61%, $p = 0.11$) were trending towards significance.

Conclusion(s): Various urogenital malformations display a predilection for one side. Proximal malformations tend to be more frequently seen on the left side, where as inguinoscrotal malformations are more frequently observed on the right. There is an increasing body of literature regarding aetiological factors for these conditions. However, our current understanding of the pathophysiology of these conditions does not completely explain this pattern of observation.

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Publisher

Elsevier Ltd

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2020

242.

An Analysis of Essential Pediatric Surgical Cases Encountered During a Decade of Large-Scale Military Humanitarian Aid Missions.

Gaidry A.D., Lizardo R.E., Prieto J.M., Brill J.B., Hernandez A.A., Moore H.N., Henry M.C., Ricca R.L., Thangarajah H., Bickler S.W., Ignacio R.C.

Embase

Military medicine. 185(11-12) (pp e2143-e2149), 2020. Date of Publication: 30 Dec 2020.

[Article]

AN: 632720065

INTRODUCTION: Disease Control Priorities, 3rd Edition (DCP3) is an evidence-based, published resource that outlines essential procedures recommended for developing health care systems. These systems must consider various populations and the incidence of certain surgical conditions that require treatment. In relation to pediatric patients, the prevalence of certain surgical conditions encountered remains unclear in several low- and middle-income countries. Over the past 15 years, the USNS Mercy, one of the U.S. Navy's large hospital ships, has led the Pacific Partnership missions, which provide large-scale humanitarian aid throughout Southeast Asia. The data collected during these missions provide an opportunity to analyze the scope of pediatric operations performed in resource-limited countries. This analysis may assist in future planning for specific needs during military humanitarian missions. **MATERIALS AND METHODS:** Surgical case data were prospectively collected during the six Pacific Partnership missions from 2006 to 2018. Demographic data were analyzed for all patients ≤ 8 years of age who underwent an operation. These data were retrospectively reviewed and all case logs were categorized by mission year, procedure-type, and host nation. Operations were classified based on 44 essential operations delineated in DCP3. Primary outcome was incidence of DCP3 essential operations. Secondary outcomes were perioperative complications. Standard statistical methods were performed for descriptive analysis.

RESULT(S): A total of 3,209 major and minor operations were performed during 24 port visits in nine countries. Pediatric cases represented 1,117 (38%) of these procedures. Pediatric surgeons performed 291 (26%) of these cases. Based on DCP3 criteria, 789 pediatric operations (71%) were considered essential procedures. The most common DCP3-aligned procedures were cleft lip repair (432, 57%), hernia repair (207, 27%), and hydrocelectomy (60, 8%). Operative volume for pediatric surgery was highest during the 2008 mission (522 cases), when two pediatric surgeons were deployed, and lowest during the 2018 mission (five cases), when the mission focus was on education rather than surgical procedures and lack of pediatric cases referred by the host nation. Overall complication rate for pediatric cases was 1%.

CONCLUSION(S): This study represents the largest known analysis of military humanitarian assistance. Pediatric operations represented over one-third of the surgical volume during Pacific Partnership missions from 2006 to 2018. The majority of cases were DCP3-aligned and associated with a low complication rate. Future humanitarian aid missions and host nations should allocate appropriate medical and educational resources to treat DCP3 pediatric surgical diseases in low- and middle-income countries to support long-term capacity building while maintaining optimal surgical outcomes.

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PMC Identifier

32856051 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32856051>]

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Publisher

NLM (Medline)
Year of Publication
2020

243.

Derivation of a complication burden score based on disability-adjusted life years to assess patient burden following surgery: a pilot study.

Mohtashami S., Safa N., Guadagno E., Baird R., Poenaru D.

Embase

Canadian journal of surgery. Journal canadien de chirurgie. 63(6) (pp E517-E526), 2020. Date of Publication: 01 Nov 2020.

[Review]

AN: 633364904

BACKGROUND: Comparing adverse outcomes following alternative surgical interventions is a complex process for both patients and providers. Disability-adjusted life years (DALYs) are used globally as a quantitative indicator of burden of disease. However, DALYs have not been applied to the burden of postoperative complications. This study explores the feasibility and utility of DALYs in measuring the burden of postoperative complications, using 2 pediatric surgical procedures as a test model.

METHOD(S): A literature review was undertaken of postoperative complications following pediatric inguinal hernia repair and intestinal atresia repair. Relevant studies were included, and incidence rates and durations of all key complications were identified. Using existing disability weights of equivalent health states to the complications, we estimated the burden in DALYs of each complication. These estimates were combined into a unitary procedure-specific complication burden score.

RESULT(S): The key complications contributing to the postoperative burden following inguinal hernia repair were recurrence (0.016 DALYs), hydrocele (0.010), metachronous hernia (0.014) and port-site hernia (0.012). In the case of intestinal atresia repair, death (6.278), reoperation (12.100), stenosis (5.025) and anastomotic stricture (5.327) accounted for most of the postoperative DALYs. The complication burden score was 0.06 DALYs for inguinal hernia and 36.86 for intestinal atresia repair.

CONCLUSION(S): As a proof of concept, this study supports the feasibility of using DALYs to derive a complication burden score following surgical intervention, and to our knowledge it represents the first application of burden of disease metrics to postoperative adverse outcomes. Future studies should focus on deriving de novo disability weights for common postoperative complications and adverse outcomes.

PMC Identifier

33155974 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33155974>]

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Publisher

NLM (Medline)

Year of Publication

2020

244.

A comparative study examining laparoscopic and open inguinal hernia repair in children: a retrospective study from a single center in China.

Liu J., Wu X., Xiu W., Hao X., Zhao J., Wei B., Dong Q.

Embase

BMC surgery. 20(1) (pp 244), 2020. Date of Publication: 19 Oct 2020.

[Article]

AN: 633214536

BACKGROUND: Pediatric inguinal hernia (PIH) is a common disease in children. Laparoscopic hernia repair (LHR) has developed rapidly in recent years, but there are still different opinions compared with traditional open hernia repair (OHR). The purpose of this study was to compare the advantages and disadvantages of LHR and OHR in the treatment of pediatric inguinal hernia. **METHOD(S):** We performed a retrospective review of all children (<14 years) who underwent repair of inguinal hernia in the pediatric surgery center of the Affiliated Hospital of Qingdao University from January 2015 to December 2015. We collected the medical records of all the children and analyzed the clinical characteristics, operation-related information and follow-up. **RESULT(S):** In the OHR group, 202 cases underwent unilateral inguinal hernia repair, and 43 cases underwent bilateral inguinal hernia repair. In the LHR group, 168 cases underwent unilateral inguinal hernia repair, and 136 cases underwent bilateral inguinal hernia repair. There was a significant difference in the operation time between the two groups, but there were no significant differences in postoperative hospitalization time and incidence of ipsilateral recurrent hernia between the two groups. The incidence rates of metachronous contralateral hernia (MCH) and surgical site infection in LHR group were significantly lower than those in the OHR group. **CONCLUSION(S):** Our study shows that compared with OHR, LHR has the advantages of concealed incision, minimal invasiveness, reduced operation time, detection of contralateral patent processus vaginalis, and reduced incidence of MCH. In conclusion, LHR is safe and effective in the treatment of pediatric indirect inguinal hernia.

PMC Identifier

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Publisher

NLM (Medline)

Year of Publication

2020

245.

Inguinal hernias in children.

Yeap E., Pacilli M., Nataraja R.M.

Embase

Australian journal of general practice. 49(1-2) (pp 38-43), 2020. Date of Publication: 01 Jan 2020.

[Article]

AN: 630801363

BACKGROUND: An inguinal hernia is one of the most common paediatric surgical presentations in a primary care setting. Hernias can present in multiple ways, ranging from an emergency such as a strangulated hernia to a less urgent reducible hernia.

OBJECTIVE(S): The aim of this article is to aid in appropriate diagnosis and management of hernias in children. The article also provides useful tips for hernia reduction that are especially beneficial in the primary care setting and assist with the identification of hernias that require urgent referral. **DISCUSSION:** Recognising the signs of a hernia containing compromised contents is essential to prevent serious complications such as intestinal perforation, testicular atrophy and ovarian damage. Other common conditions such as hydrocoele and undescended testis are sometimes confused with an inguinal hernia. Young patients under the age of three months and patients with concern for compromised contents require urgent referral. Recent evidence regarding controversial issues in inguinal hernia repair such as the role of laparoscopy and the relevance of a contralateral patent internal inguinal ring will be discussed.

PMC Identifier

32008266 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32008266>]

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Publisher

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Year of Publication

2020

246.

Transscrotal transverse incision for the treatment of middle and low cryptorchidism in children: experience from 796 cases.

Wang Y.-J., Chen L., Zhang Q.-L., Lin Y., Cui X., Chen J.-C., Zhou C.-M.

Embase

BMC surgery. 20(1) (pp 51), 2020. Date of Publication: 17 Mar 2020.

[Article]

AN: 631276074

BACKGROUND: The purpose of this study was to summarize our clinical experience with transscrotal transverse incision in the treatment of low and middle cryptorchidism in children.

METHOD(S): A total of 796 children with low or middle cryptorchidism participated in this study from March 2012 to May 2018. Transscrotal transverse incision was used to treat low and middle cryptorchidism. Symptoms and signs were followed up at 1 week, 1 month, 3months and every six to 12months thereafter.

RESULT(S): Testicular descent fixation through transverse scrotal incision was successfully performed in all 796 children. All patients were discharged 1-2days after the operation. During hospitalization and follow-up, 35 patients had complications, including 7 cases of cryptorchidism recurrence, 5 cases of poor scrotal incision healing, and 23 cases of scrotal haematoma. There were no complications, such as bladder injury, testicular atrophy, inguinal hernia or hydrocele.

CONCLUSION(S): Transscrotal transverse incision is a safe and feasible method for the treatment of middle and low cryptorchidism. It has the advantages of less trauma and an aesthetic scar after operation.

PMC Identifier

32183767 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32183767>]

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Publisher

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Year of Publication

2020

247.

Urologic Conditions in Infants and Children: Inguinal Hernia, Hydrocele, and Cryptorchidism.

Simpson M., Sundaram V.

Embase

FP essentials. 488 (pp 16-20), 2020. Date of Publication: 01 Jan 2020.

[Article]

AN: 630491717

In children, inguinal hernias, hydroceles, and cryptorchidism typically are associated with a patent processus vaginalis. Inguinal hernias occur in 3.5%-5% of full-term newborns and 9%-11% of premature newborns. Inguinal hernias are characterized by an intermittent mass in the groin that may be reducible or incarcerated. Incarcerated hernias usually are painful, can cause vomiting, and require prompt intervention. The definitive treatment is surgery, and urgency depends on symptoms and ability to reduce the hernia. Hydrocele is an accumulation of serous fluid in the tunica vaginalis around the testicle that presents as a painless, fluctuant mass. Most hydroceles resolve spontaneously by age 1 year. Cryptorchidism occurs when one or both testes do not migrate to the scrotum. The diagnosis is made via history and physical examination.

Spontaneous descent of the testis may occur before age 6 months but referral to a surgical subspecialist is indicated if descent does not occur.

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Institution

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Publisher

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Year of Publication

2020

248.

Health-Related Lifestyles, Substance-Related Behaviors, and Sexual Habits Among Italian Young Adult Males: An Epidemiologic Study.

Flesia L., Cavaliere F., Angelini S., Bottesi G., Ghisi M., Tonon E., Roldan A.P., Di Nisio A., Garolla A., Ferlin A., Foresta C.

Embase

Sexual Medicine. 8(3) (pp 361-369), 2020. Date of Publication: September 2020.

[Article]

AN: 2005844473

Introduction: Young adult males are more likely to demonstrate health-risk behaviors than other individuals. The use of specific data about health-risk behaviors within this population might be important to promote effective preventive psychosocial and educational programs and interventions.

Aim(s): To provide a detailed description of health-related lifestyles, substance-related behaviors, and sexual habits that can negatively affect fertility, sexual sphere, and health in a large sample of Italian young adult males.

Method(s): A sample comprising 2,170 males aged 18-21 years, attending the last year of high school, was administered an online questionnaire made up of 39 multiple-choice questions. The questionnaire explored health-related lifestyles, substance-related behaviors, and sexuality and sexual habits. Descriptive analyses were conducted.

Main Outcome Measure(s): The outcome measures included data about health-related lifestyles, substance-related behaviors, and sexuality and sexual habits reported by Italian young adult males.

Result(s): Health-related lifestyles: 92.9% of the sample reported practicing some physical activity during the week. 90.3% declared a Mediterranean diet and 8.1% a hyperproteic diet. Substance-related behaviors: 33.8% of the sample reported having smoked tobacco at least once in their lives; among them, 71% reported current daily smoking. 40.2% declared drinking alcohol from 5 to 7 days in a week. 32.9% of the sample reported currently using a substance. Sexuality and sexual habits: 97.1% of the sample self-defined themselves as heterosexual. 73.3% of participants rated their knowledge about sexuality as "excellent/good," 58.7% about sexually transmitted infections. Only 4.8% reported having had a seminal liquid examination. Half of the sample (52.2%) declared having had sexual intercourses, in the largest proportion protected sex. 14.7% of the sample reported having at least one sexual dysfunction. 88.6% of participants reported having used pornography, 18.7% every day.

Conclusion(s): The present study highlighted the need to empower the number and efficacy of preventive interventions to promote health-related behaviors among Italian young male population. Flesia L, Cavaliere F, Angelini S, et al. Health-Related Lifestyles, Substance-Related Behaviors, and Sexual Habits Among Italian Young Adult Males: An Epidemiologic Study. Sex Med 2020;8:361-369.

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Place Holder 11

Embase

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(Flesia, Cavaliere, Angelini, Tonon, Roldan, Garolla, Foresta) Unit of Andrology and Reproductive

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Department of General Psychology, University of Padova, Padova, Italy

(Di Nisio) Department of Medicine, University of Padova, Padova, Italy

(Ferlin) Department of Clinical and Experimental Sciences, University of Brescia, Brescia, Italy

Publisher

Elsevier B.V. (Netherlands)

Year of Publication

2020

Testicular descent and fixation through a scrotal stria incision for the treatment of palpable cryptorchidism in children aged <3 years: 10-year experience with 1034 cases.

Chen L., Huang W.-H., Wang Y.-J., Zhang Q.-L., Zhou C.-M., Cui X., Zhang J.-Q.

Embase

Asian Journal of Andrology. 22(6) (pp 649-652), 2020. Date of Publication: 01 Nov 2020.

[Article]

AN: 633365797

This study was performed to summarize our clinical experience with testicular descent and fixation through a scrotal stria incision for the treatment of palpable cryptorchidism in children. This study included 1034 children with palpable cryptorchidism from March 2009 to March 2019. A scrotal stria incision was used to perform testicular descent and fixation. Overall, 1020 children successfully underwent surgical testicular descent and fixation through a scrotal stria incision, and 14 patients underwent conversion to inguinal incision surgery. All patients were discharged 1-2 days after the operation. During hospitalization and follow-up, 55 patients developed complications, including 10 patients with testicular retraction, 7 with poor healing of the incision, and 38 with a scrotal hematoma. No patients developed testicular atrophy, an indirect inguinal hernia, or a hydrocoele. Testicular descent and fixation through a scrotal stria incision for the treatment of palpable cryptorchidism in children is safe and feasible in well-selected cases. This method has the advantages of no scarring and a good cosmetic effect.

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PMC Identifier

32541127 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32541127>]

Place Holder 11

Embase

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Publisher

Wolters Kluwer Medknow Publications

Year of Publication

2020

250.

Clinical Urogenital Anomalies Responsible for Primary Male Infertility Presenting in Infertility Clinic.

Khan Z.A., Kashif M., Yousafzai A.K., Hussain A.

Embase

Pakistan Journal of Medical and Health Sciences. 14(2) (pp 635-638), 2020. Date of Publication: June 2020.

[Article]

AN: 2007799442

Aim: To determine the frequency of clinical urogenital anomalies responsible for primary male infertility presenting in infertility clinic. Study design: Descriptive cross sectional study. Place and duration: Department of Urology, Gajju Khan Medical College, Swabi from 1st July 2019 to 31st December 2019.

Method(s): One hundred and eighty six patients who are selected between age groups 15-50 years. All patients meeting the inclusion criteria were included in the study through OPD. The purpose and benefits of the study was explained to the patients and a written informed consent was obtained. All the patients were worked up with complete history, clinical examination and investigations to rule out confounders and bias in the study results. All the follow ups were done

by the researcher himself and all the above mentioned information including name, age and gender address was recorded.

Result(s): Minimum age of patient was 17 years and maximum age was 50 years. Mean age was 35+/-4.5 years. Age group 21-30 years contained highest no of patients, which was 71 (38.17%) and second most frequent group was 31-40 years which contains 55 (29.5%) patients. Most frequent anomaly was varicocele, which was present in 45 patients, which was 24% of total. Second anomaly was hydrocele which was found in 26 (14%) patients and the least anomaly was hypogonadism found in 9 (5%) patient.

Conclusion(s): Among urogenital anomalies with which patients present to infertility clinics, varicocele was the most common cause, however further studies should be done on larger scale to see the relation between these anomalies and infertility. Studies should also be done on genetic and hormonal factors, which are the most frequent cause.

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Place Holder 11

Embase

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(Hussain) Department Anatomy, Women Medical and Dental College Abbottabad, Pakistan

Publisher

Lahore Medical And Dental College

Year of Publication

2020

251.

Imaging of childhood urologic cancers: Current approaches and new advances.

Davis J.T., Wagner L.M.

Embase

Translational Andrology and Urology. 9(5) (pp 2348-2357), 2020. Date of Publication: October 2020.

[Review]

AN: 2008595860

Urologic tumors make up approximately 10% of all pediatric cancers, and include a variety of different histologies and imaging considerations. In this review, we discuss standard radiologic approaches for children with tumors arising in the genitourinary system, and identify important ways in which imaging affects the differential diagnosis, preoperative planning, and staging of these tumors. In addition, we provide an update on strategies to reduce the time of imaging, which may obviate the need for sedation in younger patients. Efforts to reduce a patient's overall radiation exposure and subsequent risk of second malignancy are also detailed, including recent work on surveillance imaging following completion of therapy. Finally, we highlight new techniques such as radiomics that are now being investigated for patients with these malignancies.

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Place Holder 11

Embase

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(Davis) Department of Radiology, Duke University Medical Center, Durham, NC, United States

Publisher

AME Publishing Company

Year of Publication

2020

252.

Characterization of ANGPT2 mutations associated with primary lymphedema.

Leppanen V.-M., Brouillard P., Korhonen E.A., Sipila T., Kumar S., Revencu N., Labarque V., Fastre E., Schlogel M., Ravoet M., Singer A., Luzzatto C., Angelone D., Crichiutti G., D'Elia A., Kuurne J., Elamaa H., Young G., Saharinen P., Vikkula M., Alitalo K.

Embase

Science Translational Medicine. 12(560) (no pagination), 2020. Article Number: eaax8013. Date of Publication: September 2020.

[Article]

AN: 2007995174

Primary lymphedema is caused by developmental and functional defects of the lymphatic vascular system that result in accumulation of protein-rich fluid in tissues, resulting in edema. The 28 currently known genes causing primary lymphedema can explain <30% of cases. Angiopoietin 1 (ANGPT1) and ANGPT2 function via the TIE1-TIE2 (tyrosine kinase with immunoglobulin-like and epidermal growth factor-like domains 1 and 2) receptor complex and alpha 5 beta 1 integrin to form an endothelial cell signaling pathway that is critical for blood and lymphatic vessel formation and remodeling during embryonic development, as well as for homeostasis of the mature vasculature. By screening a cohort of 543 individuals affected by primary lymphedema, we identified one heterozygous de novo ANGPT2 whole-gene deletion and four heterozygous ANGPT2 missense mutations. Functional analyses revealed three missense mutations that resulted in decreased ANGPT2 secretion and inhibited the secretion of wild-type (WT)-ANGPT2, suggesting that they have a dominant-negative effect on ANGPT2 signaling. WT-ANGPT2 and soluble mutants T299M and N304K activated TIE1 and TIE2 in an autocrine assay in human lymphatic endothelial cells. Molecular modeling and biophysical studies showed that amino-terminally truncated ANGPT subunits formed asymmetrical homodimers that bound TIE2 in a 2:1 ratio. The T299M mutant, located in the dimerization interphase, showed reduced integrin alpha 5 binding, and its expression in mouse skin promoted hyperplasia and dilation of cutaneous lymphatic vessels. These results demonstrate that primary lymphedema can be associated with ANGPT2 mutations and provide insights into TIE1 and TIE2 activation mechanisms.

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Embase

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(Vikkula) Walloon Excellence in Lifesciences and Biotechnology (WELBIO), University of Louvain, Brussels 1200, Belgium
Publisher
American Association for the Advancement of Science
Year of Publication
2020

253.

Trends in treatment outcomes of hydrocele in Japanese children: A single-institute experience. Hori S., Aoki K., Ichikawa K., Morizawa Y., Gotoh D., Fukui S., Nakai Y., Miyake M., Anai S., Torimoto K., Tanaka N., Yoneda T., Fujimoto K.
Embase
International Journal of Urology. 27(11) (pp 946-950), 2020. Date of Publication: November 2020.
[Article]
AN: 2005742754
Objectives: To investigate trends in treatment outcomes of surgical intervention versus observation for pediatric hydrocele.
Method(s): This retrospective study included 175 patients diagnosed with hydrocele at our institution. Hydrocele was diagnosed based on medical history, physical examination and ultrasonography findings. The treatment for these patients was divided into two options: surgical intervention or careful follow up; the outcomes were investigated.
Result(s): The median age at diagnosis was 3 months, and a total of 11 patients (6%) were premature at birth. Hydrocele was diagnosed on the right side, the left side and bilaterally in 106 (61%), 46 (26%) and 23 (13%) patients, respectively. A total of 136 patients showed spontaneous improvement at the median 7 months after diagnosis, and 54 patients underwent surgical intervention. The rate of spontaneous resolution decreased with age, but spontaneous resolution was observed in patients aged >2 years.
Conclusion(s): Our findings suggest that spontaneous resolution can be observed in patients aged >2 years, and surgical intervention can be carried out effectively and safely. Infant hydrocele should be followed up carefully for at least 1 year without surgical intervention since diagnosis. Investigation of the optimal timing of and appropriate reason for surgical intervention can lead to better management and outcomes in patients with hydrocele. Further research is warranted to support the current clinical practice.
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PMC Identifier
32748516 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32748516>]
Place Holder 11
Embase
Institution
(Hori, Aoki, Ichikawa, Morizawa, Gotoh, Fukui, Nakai, Miyake, Anai, Torimoto, Tanaka, Yoneda, Fujimoto) Department of Urology, Nara Medical University, Kashihara, Nara, Japan
Publisher
Blackwell Publishing
Year of Publication
2020

254.

Clinically Differentiated Abnormalities of the Architecture and Expression of Myosin Isoforms of the Human Cremaster Muscle in Cryptorchidism and Retractable Testis.

Molinaro F., Fusi G., Agliano M., Volpi N., Franci D., Lorenzoni P., Galgano A., Grasso F., Plessi C., Messina M., Angotti R.

Embase

Urologia Internationalis. 104(11-12) (pp 891-901), 2020. Date of Publication: November 2020.

[Article]

AN: 632651305

Aim: To describe architecture and expression of myosin isoforms of the human cremaster muscle (CM) and to individuate changes in clinically differentiated abnormalities of testicular descent: Cryptorchidism or undescended testis (UDT) and retractile testis (RT).

Background(s): The CM is a nonsomitic striated muscle differentiating from mesenchyme of the gubernaculum testis. Morphofunctional and molecular peculiarities linked to its unique embryological origin are not yet completely defined. Its role in abnormalities of testicular descent is being investigated. Subjects and Methods: Biopsy samples were obtained from corrective surgery in cases of cryptorchidism, retractile testis, inguinal hernia, or hydrocele. Muscle specimens were processed for morphology, histochemistry, and immunohistology. Results and Conclusion(s): The CM differs from the skeletal muscles both for morphological and molecular characteristics. The presence of fascicles with different characterization and its myosinic pattern suggested that the CM could be included in the specialized muscle groups, such as the extrinsic ocular muscles (EOMs) and laryngeal and masticatory muscles. The embryological origin from the nonsomitic mesoderm is, also for the CM, the basis of distinct molecular pathways. In UDT, the histological alterations of CM are suggestive of denervation; the genitofemoral nerve and its molecular messengers directed to this muscle are likely defective. Compared with the other samples, RT has a distinct myosinic pattern; therefore, it has been considered a well-defined entity with respect to the other testicular descent abnormalities.

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PMC Identifier

32674099 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32674099>]

Place Holder 11

Embase

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Publisher

S. Karger AG

Year of Publication

2020

255.

Laparoscopy-Assisted Transscrotal Orchidopexy for Palpable Undescended Testis: Initial Results.

Saka R., Tazuke Y., Ueno T., Watanabe M., Nomura M., Masahata K., Deguchi K., Okuyama H.
Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 30(10) (pp 1131-1136), 2020.

Date of Publication: October 2020.

[Article]

AN: 633143155

Background: Undescended testis (UDT) is one of the most common congenital genital malformations in boys. However, orchidopexy carries a risk of injuring the testicular vessels and vas deferens. We therefore developed a novel approach to manage palpable UDT.

Material(s) and Method(s): We analyzed the medical records of patients who underwent orchidopexy at our institute between January 2017 and April 2020. This study was approved by the Institutional Review Board of our hospital. The age, body weight, laterality, testicular position, length of operation, and complications were investigated. The patients were classified into two groups depending on the surgery received: Laparoscopy-assisted transscrotal orchidopexy (LATO) or conventional inguinal orchidopexy (CO). In brief, LATO involves preceding laparoscopic closure of the patent processus vaginalis (PPV) followed by transscrotal orchidopexy. Dissection of the PPV from the testicular vessels and vas deferens was minimized through this procedure. The chi-squared test and t-test were used to analyze the significance of the data.

Result(s): Among a total of 49 patients, 24 (33 testes) underwent LATO, and 25 (30 testes) underwent CO. There was no significant difference in patients' age, body weight, or laterality. The length of operation was similar between the groups in both unilateral and bilateral cases. The contralateral PPV was confirmed in 80% of unilateral cases of LATO (12/15). No complications, including testicular atrophy and postoperative ascent, were noted in either group.

Conclusion(s): There were no significant differences between the groups in the surgical results. However, the confirmation and ligation of the PPV were easier in LATO, and peeling of the testicular vessels and vas deferens was minimized. LATO may be safe and effective for managing palpable UDT.

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PMC Identifier

32746698 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32746698>]

Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2020

256.

Single-site laparoscopic percutaneous extraperitoneal closure (SLPEC) of hernia sac high ligation using an ordinary taper needle: a novel technique for pediatric inguinal hernia.

Gong D., Qin C., Li B., Peng Y., Xie Z., Cui W., Lai Z., Nie X.

Embase

Hernia. 24(5) (pp 1099-1105), 2020. Date of Publication: 01 Oct 2020.

[Article]

AN: 2004600171

Purpose: Laparoscopic high ligation of the internal inguinal ring is an alternative procedure for treatment of pediatric inguinal hernia (PIH), with a major trend toward increasing use of extracorporeal knotting and decreasing use of working ports. We have utilized this laparoscopic technique to treat the entire spectrum of PIH (including incarcerated cases) for more than 17 years, and the technique continues to evolve and improve. We herein report our latest modification of this minimally invasive technique, namely single-site laparoscopic percutaneous extraperitoneal closure (SLPEC) of hernia sac high ligation using an ordinary taper needle, and evaluate its safety and efficacy.

Method(s): From July 2016 to July 2019, 790 children with indirect PIH were treated by laparoscopic surgery. All patients underwent high ligation surgery with a modified single-site laparoscopic technique mainly performed by extracorporeal suturing with an ordinary closed-eye taper needle (1/2 arc 11 x 34). The clinical data were retrospectively analyzed.

Result(s): All surgeries were successful without serious complications. A contralateral patent processus vaginalis (CPPV) was found intraoperatively and subsequently repaired in 190 patients (25.4%). The mean operative time was 15 min (8-25 min) for 557 unilateral hernias and 21 min (14-36 min) for 233 bilateral hernias. The mean postoperative stay was 20 h. Minor complications occurred in five patients (0.63%) and were managed properly, with no major impact on the final outcomes. No recurrence was noted in the patients who were followed up for 6-42 months. No obvious scar was present postoperatively.

Conclusion(s): Modified SLPEC of hernia sac high ligation using an ordinary taper needle for repair of indirect PIH is a safe, reliable, and minimally invasive procedure with satisfactory outcome, with no special device being needed. It is easy to learn and perform and is worthy of popularization in the clinical setting.

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PMC Identifier

32266601 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32266601>]

Place Holder 11

Embase

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Publisher

Springer-Verlag Italia s.r.l. (E-mail: springer@springer.it)

Year of Publication

2020

257.

Indirect inguinal hernia repair conducted with single conventional port intracorporeal conventional equipment-endoscopic surgery.

Karakus O.Z., Ulusoy O., Ates O., Hakguder G., Olguner M., Akgur F.M.

Embase

Hernia. 24(5) (pp 1063-1068), 2020. Date of Publication: 01 Oct 2020.

[Article]

AN: 2004383276

Purpose: Laparoscopic or laparoscopy-assisted inguinal hernia repair (IHR) can be performed using one port plus two stab wounds. We herein present our experience with laparoscopic IHR conducted using a single conventional port and a single working instrument.

Method(s): The records patients who underwent single conventional port intracorporeal IHR during November 2013-December 2018 were evaluated. The main outcome measurements were

patient's demographic characteristics, hernia side, presence of incarceration, operative time, and complications.

Result(s): A total of 132 inguinal hernias (52 right, 40 left, and 20 bilateral) were repaired in 112 patients (76 boys, 36 girls). The mean ages of the patients were 69.8 +/- 53.4 months (3 months to 17 years). In six patients, contralateral processus vaginalis was found to be patent during operation. Incarcerated inguinal hernia was present in two patients. Mean operative time was 17.9 +/- 3.8 min (9-30 min) in unilateral hernias and 28.9 +/- 6.5 min (24-45 min) in bilateral hernias. No intraoperative and postoperative complications were encountered. The mean hospital stay of the patients was 8.8 +/- 5.0 h (4-36 h). Postoperative follow-up was 16.5 +/- 5.1 months (6-24 months). No recurrent inguinal hernias were detected during follow-up.

Conclusion(s): Single conventional port intracorporeal IHR obviates additional stab wounds. Additionally, present technique eliminates the risk of skin puckering, subcutaneous granuloma, infection, nerve, and muscle damage development induced by the subcutaneously placed knot in laparoscopy-assisted IHR. Single conventional port intracorporeal IHR in children is a feasible and safe operative technique with low complication rates.

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PMC Identifier

32152805 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32152805>]

Place Holder 11

Embase

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Publisher

Springer-Verlag Italia s.r.l. (E-mail: springer@springer.it)

Year of Publication

2020

258.

'Testis-epididymis dissociation' in cryptorchidism and hydrocele: the tip of the iceberg of a persistent genital mesentery.

Mentessidou A., Mirilas P.

Embase

Surgical and Radiologic Anatomy. 42(11) (pp 1329-1337), 2020. Date of Publication: 01 Nov 2020.

[Article]

AN: 2004382991

Purpose: To investigate whether testis-epididymis dissociation encountered in boys with cryptorchidism/hydrocele is related with an abnormal persistence of the fetal mesentery of testis and associated ducts.

Method(s): We examined the morphology of peritoneal folds of the testis, epididymis, and vas deferens in 25 boys operated for unilateral cryptorchidism [inguinal (n = 20), intrabdominal (n = 5)] and 20 boys operated for unilateral communicating hydrocele. Findings were compared with the normally persisting genital mesentery of rats (n = 30, both sides), a known animal model of the genital mesentery of human fetuses, as well as with the normal mature pattern of genital peritoneal folds in adult male cadavers (n = 12, both sides). Rats before testis descent [aged 18 days (n = 15)] served for comparison with boys with cryptorchidism, while rats after testis descent [aged 50 (n = 15)] known to retain patent processi vaginales for comparison with boys with hydrocele.

Result(s): A well-developed genital mesentery, identical to the fetal-type genital mesentery in the rat, was documented in cryptorchidism and hydrocele. The peritoneum enveloped the testis,

epididymis, and vas deferens, and formed wide ligaments between testis-epididymis, epididymis-vas deferens, and vas-posterior wall; processus vaginalis was patent in all cases. The testis-epididymis ligament was related with testis-epididymis distancing, the so-called testis-epididymis dissociation. On the contrary, genital mesentery had involuted in the adult male cadavers, except for a small portion of testis-epididymis ligament corresponding to the so-called sinus epididymis. Conclusion(s): The testis-epididymis dissociation encountered in cryptorchidism/hydrocele is part of an anomalously persisting fetal-type genital mesentery.

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Place Holder 11

Embase

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Publisher

Springer-Verlag Italia s.r.l. (E-mail: springer@springer.it)

Year of Publication

2020

259.

Peritoneal dialysis catheters in pediatric patients: 10 years of experience in a single centre.

Lima M., Salvo N.D., Marchi G., Catania V.D., Libri M., Gargano T.

Embase

Pediatr Med Chir. 42(1) (pp 6-9), 2020. Article Number: 221. Date of Publication: 2020.

[Article]

AN: 2005206920

Peritoneal Dialysis (PD) is one of the numerous options for chronic dialysis and in many cases when access for acute dialysis is required early in a hospital course, at any age. PD catheter can be inserted with an open or laparoscopic approach. The complication rate after catheter insertion is still high, as reported in published literature. We present the experience matured at our Centre in the last 10 years on implantation of peritoneal dialysis catheters in children, emphasising surgical complications. We conducted a retrospective study on patients who underwent PD at our Centre in a range period of 10 years. We analysed patients' demographic data, past and present medical, perioperative and post-operative data, permanence of the catheter, duration of dialysis, the gap between placement and use, outcomes and complications. We compared the data, dividing patients in 2 groups: Patients operated with a traditional open technique and patients operated laparoscopically. We retrospectively reviewed 29 children with an average age of 3 years and 6 months. Mean age was 42 months (1 month; 8 years) for the VLS group, 18 months (11 days, 4 years) for the OT group. Mean operative time was 106 min for the VLS group; 44 min for the OT group. The Catheter permanence period was 17 days (12h-64 days). Duration of dialysis was between 48 hours and 23 days (average 8 days). In the total population, we registered 8 complications (5 minor, 3 major), the overall complication rate being 33% (minor complication rate 21%, major complication rate 12,5%). 6 complications occurred in patients

operated laparoscopically (6/14 = 36%); 2 complications in the OT group (2/10 = 20%). The complication rate after PD catheter insertion is still high. Advantages and disadvantages of the open and laparoscopic approach must be known. Both minor and major complications, such as bowel perforations and occlusions, must be understood and differentiated.

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Place Holder 11

Embase

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Publisher

Page Press Publications

Year of Publication

2020

260.

Abdominoscrotal hydrocele: excision of sac may not be necessary.

Xu W., Ko J., Fernandez N., Koyle M., Canning D.A., Kurzrock E.A.

Embase

Journal of Pediatric Urology. 16(4) (pp 494.e1-494.e5), 2020. Date of Publication: August 2020.

[Article]

AN: 2007103977

Introduction: Abdominoscrotal hydroceles (ASH) are uncommon occurrences in boys and usually treated similarly to a hernia with the assumption that there is an associated patent processus vaginalis. Treatment in this manner may be challenging due to sac size, extension and adherence to the spermatic cord. Due to the rarity of ASH, the literature is mostly limited to small, single-institution case studies.

Objective(s): Our goal was to evaluate two techniques in large number. We hypothesized a simplified scrotal technique with eversion, Jaboulay procedure, would demonstrate less complications and equivalent efficacy to standard excision.

Method(s): We retrospectively reviewed medical records at three tertiary children's hospitals to identify boys who underwent surgical repair of ASH between 1998 and 2018. Group 1 had excision and/or ligation of the hydrocele sac. Group 2 had a scrotal incision with limited excision and then eversion of the hydrocele sac (Jaboulay procedure). Variables that were analyzed included preoperative imaging, surgical technique, surgical findings, length of follow up, complications and recurrence of swelling.

Result(s): We identified 61 boys, who had 77 abdominoscrotal hydroceles. Group 1 included 38 patients with 48 hydroceles. Group 2 included 23 patients with 29 hydroceles. Complications were more common in Group 1 patients (18% vs 0%) but complication rate and operative time were not statistically associated with surgery type or age. No patient in either group had recurrence of hydrocele.

Discussion(s): Although this is a large study for this rare condition, the analysis is limited by number and its retrospective nature.

Conclusion(s): For the rare and difficult to treat abdominoscrotal hydrocele, we were unable to prove with statistical significance that a simplified technique of eversion via the scrotum is safer. However, this large series did demonstrate that the simplified procedure provides equal efficacy as excision. [Table presented]

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261.

Correlation between insulin-like peptide 3 and appendix testis length in congenital cryptorchidism. Panagidis A., Kostopoulou E., Rojas Gil A.P., Sinopidis X., Kourea H., Skiadopoulos S., Georgiou G., Spiliotis B.E.

Embase

Journal of Paediatrics and Child Health. 56(8) (pp 1283-1289), 2020. Date of Publication: 01 Aug 2020.

[Article]

AN: 2005572392

Aim: The appendix testis (AT) is a vestigial remnant of Muller's paramesonephric duct. Insulin-like 3 hormone (INSL3) is produced in the Leydig cells of the testis. We investigated the possible correlation between AT length and plasma INSL3 concentrations in patients with congenital cryptorchidism (CCO) and patients with hydrocele, who served as controls.

Method(s): A total of 40 patients with CCO and 34 patients with hydrocele and orthotopic testes were investigated. Sixteen patients presented high cryptorchidism and 24 low cryptorchidism.

During surgery, AT was identified in 34 patients with CCO (high cryptorchidism:15, low cryptorchidism:19) and 28 controls. Plasma INSL3 levels were measured with a

spectrophotometry enzyme immunoassay Elisa sandwich technique.

Result(s): AT was present in 85.0% of the boys with CCO and 82.4% of the controls. A significant positive correlation was found between the AT length and INSL3 concentrations in CCO patients.

Conclusion(s): A longer AT may reflect better testicular function in boys with CCO, since it is correlated with higher INSL3 concentrations.

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Publisher
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Year of Publication
2020

262.

Efficacy and safety evaluation of human growth hormone therapy in patients with idiopathic short stature in Korea - A randomised controlled trial.

Jung M.H., Suh B.-K., Ko C.W., Lee K.-H., Jin D.-K., Yoo H.-W., Hwang J.S., Chung W.Y., Han H.-S., Prusty V., Kim H.-S.

Embase

European Endocrinology. 16(1) (pp 54-59), 2020. Date of Publication: 01 Mar 2020.

[Article]

AN: 632593554

Background: This trial evaluated the efficacy and safety of growth hormone (GH) therapy (Norditropin; Novo Nordisk, Bagsvaerd, Denmark) in paediatric patients with idiopathic short stature (ISS) in Korea.

Method(s): This was an open-label, parallel-group, multicentre, interventional trial (ClinicalTrials.gov identifier: NCT01778023). Pre-pubertal patients (mean age 6.2 years; height, 107.1 cm) were randomised 2:1 to 12 months' GH treatment (0.469 mg/kg/week; group A, n=36) or 6 months untreated followed by 6 months' GH treatment (group B, n=18). Safety analysis was based on adverse events (AEs) in all GH-treated patients.

Result(s): After 6 months, height velocity (Ht-V), change in both height standard deviation score (Ht-SDS) and insulin-like growth factor 1 (mean difference [95% confidence interval {CI}]: 5.15 cm/year [4.09, 6.21]; 0.57 [0.43, 0.71]; 164.56 ng/mL [112.04, 217.08], respectively; all p<0.0001) were greater in group A than in group B. Mean difference in Ht-V for 0-6 months versus 6-12 months was 2.80 cm/year (95% CI 1.55, 4.04) for group A and -4.60 cm/year (95% CI -6.12, -3.09; both p<0.0001) for group B. No unexpected AEs were reported.

Conclusion(s): During the first 6 months, height was significantly increased in GH-treated patients versus untreated patients with ISS. Safety of GH was consistent with the known safety profile.

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Publisher
Touch Briefings
Clinical Trial Number
<https://clinicaltrials.gov/show/NCT01778023>
Year of Publication
2020

263.

The story of Lymphatic Filariasis elimination as a public health problem from Yemen.

Al-Kubati A.S., Al-Samie A.R., Al-Kubati S., Ramzy R.M.R.

Embase

Acta Tropica. 212 (no pagination), 2020. Article Number: 105676. Date of Publication: December 2020.

[Review]

AN: 2007740126

In 2000, Yemen joined the WHO global efforts to eliminate lymphatic filariasis (LF) as a public health problem by initiating a National LF Elimination Programme (NLFEP), that was fully integrated with the National Leprosy Elimination Programme (NLEP), the Ministry of Public Health and Population. This article reviews the NLFEP extensive efforts and interventions to eliminate LF in Yemen. LF mapping was started in 2000, followed by five annual rounds of mass drug administration (MDA) with ivermectin and albendazole in 8 implementation units (IUs) during 2002-2006. The epidemiological coverage for all MDA rounds was $\geq 80\%$. Based on WHO guidelines of 2005, MDA was stopped in 7 IUs, additional MDA rounds were continued in one IU until 2011. Microfilaremia monitoring and evaluation, and MDA stopping surveys were conducted based on WHO guidelines of 2005 and 2011. Information about the presence of patients suffering from lymphoedema/elephantiasis and hydrocele was collected, and basic care provided to all chronic cases by NLEP coordinators, trained on LF morbidity management and disability prevention (MMDP). As of 2017, a total of 610 lymphoedema patients were trained on self-management, and 31 hydrocele patients were referred to local General Hospitals for surgery. The NLFEP made excellent progress due to integration with NLEP, strong collaboration with national and international bodies, intensive training and supervision, and the use of robust advocacy for mobilization of endemic communities. Transmission assessment surveys (TAS), conducted in 2013 and 2016, indicated 0% antigenemia levels in schoolchildren in the 8 IUs. Thus, after almost two decades of sustained effort, Yemen met the WHO criteria for successful elimination of LF as a public health problem. In 2019, WHO validated Yemen as the second country in the WHO' Eastern Mediterranean Region to successfully eliminate LF as a public health problem.

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264.

Single-Incision Percutaneous Closure of Pediatric Inguinal Hernia: A New Modification for Intracorporeal Suture Knotting.

Helal A.A., Daboos M., Othman A., Abdelhafez M.

Embase

Minimally Invasive Surgery. 2020 (no pagination), 2020. Article Number: 5610513. Date of Publication: 2020.

[Article]

AN: 2007521744

Background. Single-incision percutaneous closure (SIPC) of pediatric inguinal hernia under laparoscopic guidance is a well-developed feasible technique; however, suture knotting remains a major challenge during this technique. Most laparoscopic surgeons prefer extracorporeal subcutaneous suture knotting, which may be associated with consequent formation of stitch sinus and increased recurrence rate. On the other hand, intracorporeal suture knotting necessitates the availability of special devices or homemade instruments with a long learning curve. Therefore, the present study innovates new and simple modification allowing intracorporeal suture knotting during SIPC of pediatric inguinal hernia that does not require any special operating devices or homemade instruments. **Patients and Methods.** Four-hundred children suffering from inguinal hernia of congenital type, submitted to SIPC using Epidural needle (EN), under laparoscopic guidance with intracorporeal suture knotting. **Results.** Children ages were 6 months to 10 years (the range). There were 300 boys and 100 girls, and two-hundred children suffered from left side hernia, 150 with right-side hernia, and 50 children with both left- and right-side hernia. 10 +/- 2.2 minutes was the recorded operation time in one side hernia repair, while 14 +/- 4.3 minutes was recorded for both side repair. Postoperative results reported recurrent hernia in one child and postoperative hydrocele in 3 children which resolved spontaneously after 3 weeks of follow-up. **Conclusion.** Intracorporeal suture knotting during SIPC of pediatric inguinal hernia allows for the transformation of a formally extraperitoneal procedure to an intraperitoneal procedure. This new modification for intracorporeal suture knotting does not require any special operating devices or homemade instruments. It seems to be an attractive way during SIPC of pediatric inguinal hernia when intracorporeal suture knotting is considered.

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Hindawi Limited (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

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265.

The outcomes of conservative management and the natural history of asymptomatic hydroceles in children.

Kurobe M., Harada A., Sugihara T., Baba Y., Hiramatsu T., Ohashi S., Otsuka M.

Embase

Pediatric Surgery International. 36(10) (pp 1189-1195), 2020. Date of Publication: 01 Oct 2020.

[Article]

AN: 2005654301

Purpose: To elucidate the natural history of asymptomatic hydroceles (AHs) in children with conservative management and to discuss management strategies for AHs in children.

Method(s): We retrospectively reviewed 113 children with AHs who were followed without immediate surgery. Patients were divided into four groups according to age at presentation; group 1: \leq 1 month, group 2: 1-12 months, group 3: 12-24 months, and group 4: $>$ 24 months. Ages at spontaneous resolution or surgery were reviewed. To assess the effect of AH on the testis, testicular size before and after conservative management was compared in 11 cases.

Result(s): In groups 1, 2, 3, and 4, spontaneous resolution occurred in 94.3%, 75.0%, 65.0%, and 33.3%, and the average time to resolution from presentation was 5, 5, 17, and 9 months, respectively. 41 patients underwent surgery at a mean age of 4.2 years. The testicular size did not differ significantly between before and after conservative management (14.4 vs. 14.5 mm, $p = 0.483$).

Conclusion(s): About one-third of children over 2 years of age achieve spontaneous resolution. Hydroceles with conservative management may not affect the testicular size. Thus, initial conservative management before surgery is recommend for AHs in children, even over 2 years of age.

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266.

A standardized technique of laparoscopic placement of peritoneal dialysis catheter with omentectomy and closure of patent processus vaginalis: A 3-in-1 minimally invasive surgical approach in children.

Wong Y.S., Pang K.K.Y., Ma A.L.T., Tong P.C., Tam Y.H.

Embase

Journal of Pediatric Surgery. 55(9) (pp 1914-1919), 2020. Date of Publication: September 2020.

[Article]

AN: 2003527753

Background: Omental wrapping is a common cause for catheter failure in children on peritoneal dialysis (PD). Previous studies are conflicting in the benefits of omentectomy.

Method(s): We conducted a retrospective study comparing children who underwent PD catheter placement by a standardized laparoscopic three-in-one technique (lap3-in-1) from 2013 to 2018 versus a historical control cohort by open surgery without omentectomy. Lap3-in-1 technique combined catheter placement with well-defined indication and extent of omentectomy, and closure of any patent processus vaginalis (PPV).

Result(s): There were 33 and 32 children in the lap3-in-1 and control cohorts respectively. 4/33(12.1%) in lap3-in-1 had reoperations for catheter failures which equated 1 reoperation per 144 catheter months. No reoperations were performed in lap3-in-1 cohort for omental wrapping or inguinal hernia, compared with 13/32 (41%; $p < 0.001$) and 5/32 (16%; $p = 0.02$) in the control cohort. Kaplan Meier survival curves showed significantly longer catheter life in the lap3-in-1 cohort ($p < 0.001$). In multivariate analysis by the COX proportional hazards model, the lap3-in-1 approach had significantly reduced risk of reoperation for catheter failure (HR 0.11; 95% CI: 0.04-0.31; $p < 0.001$).

Conclusion(s): The lap3-in-1 technique is effective in selecting those children who would benefit from omentectomy, and avoiding a second operation for inguinal hernia which develops after PD. Level of Evidence: Treatment study, level III

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Publisher

W.B. Saunders

Year of Publication

2020

267.

Analysis of internal spermatic vein embolization through catheter versus laparoscopic high ligation in treatment of left varicocele.

Jing Y.-X., Wang R.-H., Liu Z.-X., Meng Q.-Y.

Embase

Vascular. 28(5) (pp 583-590), 2020. Date of Publication: 01 Oct 2020.

[Article]

AN: 2004948191

Objective: Varicocele is a common disease in young and middle-aged men. This study aims to compare the efficacy of internal spermatic vein embolization of left varicocele versus laparoscopic high ligation.

Method(s): From January 2017 to September 2018, a total of 69 varicocele patients were admitted and given the opportunity to choose the treatment option. Among these, 26 patients were treated with sclerosing agent injection, while 43 patients underwent laparoscopic surgery. They were followed up for 12 months after surgery, and the technical success rate, recurrence rate, complication rate, cost, operative time, and hospitalization time with regard to these two methods were analyzed.

Result(s): All patients completed the medical procedures. There was no recurrence in patients in the sclerotherapy group during the follow-up period; however, the complication rate was 19.2%. Furthermore, the operative time, hospitalization time, and cost of treatment were 31.1 +/- 11.1

min, 1.2 +/- 0.49 days, and 9613.11 +/- 895.97 Yuan, respectively. In the laparoscopic group, 9 patients underwent laparoscopic bilateral high ligation, while 34 patients received treatment on the left side alone. The recurrence rate of left varicocele was 4.7% and the complication rate was 44.2%. Furthermore, the operative time, hospitalization time, and treatment cost were 50.4 +/- 14.48 min, 4.0 +/- 2.02 days, and 10,948.29 +/- 2547.00 Yuan, respectively. Moreover, there were statistically significant differences ($P < 0.05$) in operative time, hospitalization time, and treatment cost. Patients in the sclerotherapy group had an advantage with respect to the overall complication rate when compared with patients from the laparoscopic group ($X^2 = 4.448$, $P < 0.05$), and there was a statistically significant difference in hydrocele ($X^2 = 4.555$, $P < 0.05$). However, there was no significant difference in the recurrence rate between these two groups ($X^2 = 1.245$, $P > 0.05$).

Conclusion(s): Patients who underwent sclerotherapy showed a higher technical success rate, a lower recurrence rate, fewer complications, and shorter hospitalization time compared to those treated with laparoscopic ligation. Transcatheter sclerosing agent injection may be a preferable treatment option for patients with unilateral varicocele.

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Publisher

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Year of Publication

2020

268.

Significant improvement in quality of life following surgery for hydrocoele caused by lymphatic filariasis in malawi: A prospective cohort study.

Betts H., Martindale S., Chiphwanya J., Mkwanda S.Z., Matipula D.E., Ndhlovu P., Mackenzie C., Taylor M.J., Kelly-Hope L.A.

Embase

PLoS Neglected Tropical Diseases. 14(5) (pp 1-19), 2020. Article Number: e0008314. Date of Publication: May 2020.

[Article]

AN: 2004597765

Background Lymphatic filariasis (LF) is a mosquito-borne parasitic infection that causes significant disabling and disfiguring clinical manifestations. Hydrocoele (scrotal swelling) is the most common clinical condition, which affects an estimated 25 million men globally. The recommended strategy is surgical intervention, yet little is known about the impact of hydro-coele on men's lives, and how it may change if they have access to surgery. Methodology/Principal findings We prospectively recruited and followed-up men who underwent surgery for hydrocoele at six hospitals in an LF endemic area of Malawi in December 2015. Men were interviewed at hospitals pre-surgery and followed-up at 3-months and 6-months post-surgery. Data on demographic characteristics, clinical condition, barriers to surgery, post-surgery symptoms/ complications and quality of life indicators were collected and analysed pre-and post-surgery, by

age group and stage of disease (mild/moderate vs. severe), using chi-square tests and student's t test (paired). 201 men were interviewed pre-surgery, 152 at 3-months and 137 at 6-months post-surgery. Most men had unilateral hydrocoeles (65.2%), mild/moderate stages (57.7%) with an average duration of 11.4 years. The most reported cause of hydrocoele was it being sexually transmitted (22.4%), and the main barrier to surgery was the cost (36.3%). Pre-surgery, a significant difference in the scrotum side affected was found by age group ($X^2 = 5.978$, $p = 0.05$), and men with severe stage hydrocoele reported more problems with their quality of life than those with mild/moderate stage ($t = 2.793$; $p = 0.0006$). Post-surgery, around half of the men reported some pain/discomfort (55.9%), swelling (8.6%), bleeding (3.3%) and infection (5.9%), most of which had resolved at 3-months when the most significant improvements in their quality of life were found ($t = 21.3902$; $p = 0.000$). Post-surgery at 6 months all men reported no physical, social, psychological problems and took no time off work. Conclusion/Significance Surgery had a significant positive impact on many aspects of a patient's life, and the expansion of this treatment to all those affected in LF endemic areas would greatly improve the quality of men's and their families' lives, and greatly contribute to the global goal of providing universal health care.

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Publisher

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Year of Publication

2020

269.

Successful outcomes in adolescent varicocele treatment with high-level laparoscopic varicocelectomy.

Ulusoy O., Karakus O.Z., Ates O., Hakguder F.G., Olguner M., Akgur F.M.

Embase

Journal of Pediatric Surgery. 55(8) (pp 1610-1612), 2020. Date of Publication: August 2020.

[Article]

AN: 2002441153

Purpose: In this study, we aimed to compare the effects of testicular vein ligation level on complications encountered; i.e. high-level ligation cranial to the linea terminalis vs ligation caudal to the linea terminalis.

Method(s): A total of 47 unilateral adolescent patients, treated with laparoscopic varicocelectomy between January 2004 and December 2017, were reviewed retrospectively. Patients were divided into two groups in terms of ligation level: caudal to the linea terminalis as group 1 and cranial to the linea terminalis as group 2. Symptoms, varicocele grades, preoperative testicular growth arrest, operative method, hydrocele formation, postoperative recurrence and testicular catch-up growth were recorded.

Result(s): The mean operation time was 38.6 +/- 10.2 min (34-53 min) in group 1 and was 33.6 +/- 6.4 min (29-42 min) in group 2. Single hydrocele occurred in the laparoscopic nonselective varicocelectomy in group 1 (4.5%) and was successfully treated with open hydrocelectomy. Single varicocele recurrence was observed in the laparoscopic selective varicocelectomy in group

1 (4.5%) and treated with laparoscopic nonselective varicocelectomy cranial to the linea terminalis.

Conclusion(s): The high-level ligation of the spermatic veins cranial to the linea terminalis during laparoscopic varicocelectomy, independent of the technique applied, may contribute to reasonable low hydrocele and recurrence rates.

Level of Evidence: Level III.

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Publisher

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Year of Publication

2020

270.

Clinical and Economic Value of Routine Pathological Examination of Hernia Sacs and Scheduled Clinic Follow-Ups After Inguinal Hernia and Hydrocele Repair in a Canadian Tertiary Care Children's Hospital.

Lee M.J., Kim J.K., Pokarowski M., Shiff M., Mitton P., Popescu A., Chung C.T., Langer J.C., Pierro A., Milner J., Lorenzo A.J., Koyle M.A.

Embase

Journal of Pediatric Surgery. 55(8) (pp 1463-1469), 2020. Date of Publication: August 2020.

[Article]

AN: 2003611106

Background: The clinical and economical value of routine submission of hernia sacs for pathological examination and scheduled clinic follow-ups after inguinal hernia and hydrocele repair has been questioned. Herein, we assessed the institutional variability in these routine practices.

Method(s): We retrospectively reviewed patients who underwent unilateral or bilateral inguinal hernia and/or hydrocele repair, open or laparoscopically, at our institution from 2015 to 2018.

Result(s): 1181 patients were included (1074 inguinal hernias and 157 hydroceles). Of 531 specimens obtained from 446 (38%) patients, 515 (97%) were normal. 16 (3%) abnormal pathological findings included 7 with mesothelial hyperplasia, 5 with nonfunctional genital ductal remnants, 3 with ectopic adrenal cortical tissues, and 1 epididymal structure which was not recognized at the time of surgery. 418 (35%) patients had scheduled clinic follow-ups 65 (IQR 46-94) days postoperatively. 44 (4%) patients with unexpected postoperative Emergency Department visits within 30 days of surgery were identified. Only one patient required inpatient treatment, and the rest did not require intervention or admission. The total direct cost of analyzing specimens during the study period was \$30,798 CAD (\$10,266/year). The average cost to detect a potentially significant finding was \$1924.88/specimen and \$2053.20/patient.

Conclusion(s): Routine pathological examination of hernia sacs and scheduled clinic follow-ups were associated with significant costs and predominantly nonsignificant findings. They should

therefore be reserved for patients with a high clinical suspicion of injuries/abnormalities or risk factors for potential complications.

Level of Evidence: This is a level III evidence study.

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271.

Methylene blue dye for identification of processus vaginalis during hydrocele repair: Experience in a teaching hospital.

Arena S., Russo T., Impellizzeri P., Antonuccio P., Perrone P., Romeo C.

Embase

Minerva Pediatrica. 72(2) (pp 85-88), 2020. Date of Publication: April 2020.

[Article]

AN: 2006737233

BACKGROUND: The aim of this study is to investigate the use of methylene blue in perioperative identification of the patent processus vaginalis in a group of boys presenting with congenital or recurrent hydrocele where surgery was performed by junior surgeons in training.

METHOD(S): We retrospectively reviewed the notes of 22 boys with hydrocele, of which two recurrences, who were operated via a standard inguinal approach, by trainees. Methylene blue 0.3-0.5 mL was injected into the hydrocele fluid through the scrotal wall. A processus vaginalis was identified as a blue line.

RESULT(S): Methylene blue injection clearly identified a patent processus vaginalis in 91% of patients. In 9% (N.=2), of which one recurrence, methylene blue injection demonstrated a hydrocele with an obliterated processus vaginalis. There were no intraoperative complications. No testicular atrophy was recorded.

CONCLUSION(S): Injection of methylene blue into the hydrocele sac may be considered a useful aid for a clearer identification of a difficult patent processus vaginalis. In the present series, there were no complications, and thus we believe that this technique might be suitable and especially helpful, in cases of recurrent hydrocele, and for junior surgeons in training.

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2020

272.

Real-time ultrasound improves accuracy of caudal block in children.
Adler A.C., Belon C.A., Guffey D.M., Minard C.G., Patel N.V., Chandrakantan A.

Embase
Anesthesia and Analgesia. 130(4) (pp 1002-1007), 2020. Date of Publication: April 2020.

[Article]

AN: 631587293

BACKGROUND: Caudal block, the most common regional anesthetic in children, is predominantly performed using palpation to determine placement. The efficacy of the palpation technique is unknown with respect to block success. While ultrasound has been suggested for use during caudal block, its use is infrequent.

METHOD(S): A single-blinded prospective observational trial was performed evaluating provider success rate of caudal blocks placed by palpation alone. After needle insertion and partial local anesthetic injection, an ultrasound was performed to confirm correct location.

RESULT(S): A total of 109 caudal blocks were performed during the prospective observational study. Success rate for caudal blocks done by palpation alone was 78.9% as confirmed by ultrasound. In 21.1% of caudal blocks, the provider incorrectly judged the needle to be in the caudal space as confirmed with ultrasound.

CONCLUSION(S): Real-time ultrasound visualization of local anesthetic injection provides reliable and immediate confirmation during caudal block in children.

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PMC Identifier

30829666 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30829666>]

Place Holder 11

Embase

Institution

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Publisher

Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Clinical Trial Number

<https://clinicaltrials.gov/show/NCT03283865>

Year of Publication

2020

273.

General anesthesia maintained with sevoflurane versus propofol in pediatric surgery shorter than 1 hour: A randomized single-blind study.

Wu G., Xu X., Fu G., Zhang P.

Embase

Medical Science Monitor. 26 (no pagination), 2020. Article Number: e923681. Date of Publication: 2020.

[Article]

AN: 2006823127

Background: Sevoflurane was compared with propofol for general anesthesia maintenance in pediatric operations lasting less than 1 hour in terms of anesthetic effect and postoperative recovery. Material/Methods: Children scheduled for inguinal hernia repair or hydrocele testis repair were randomly assigned to receive general anesthesia maintained with either sevoflurane (n=43) or propofol (n=43). The ilioinguinal nerve was blocked with 1% lidocaine (7 mg/kg) after intravenous administration of ketamine (2 mg/kg). At the end of the surgery in patients receiving sevoflurane, sevoflurane was stopped and a bolus of propofol of 1 mg/kg was administered.

Result(s): Sevoflurane was associated with significantly less use of ketamine (35.1+/-10.6 mg) than was propofol (59.0+/-28.0 mg; P<0.001). In addition, sevoflurane was associated with a significantly shorter time in the post-anesthesia care unit (52.1+/-9.0 min) than was propofol (68.8+/-15.3 min; P<0.001). Propofol was associated with a significantly higher incidence of intraoperative body movement (33.3%) than was sevoflurane (13.5%; P=0.045). However, the 2 groups showed no important differences in other adverse events such as hypoxia, emergence agitation, and additional use of propofol.

Conclusion(s): In pediatric surgery lasting less than 1 hour, anesthesia maintained with sevoflurane was associated with significantly less use of ketamine, shorter postoperative recovery time, and less intraoperative body movement than was propofol.

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PMC Identifier

32572017 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32572017>]

Place Holder 11

Embase

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Publisher

International Scientific Information, Inc. (E-mail: iza.pranga@isl-science.com)

Clinical Trial Number

ChiCTR1800017396/ChiCTR

Year of Publication

2020

274.

Shear-wave elastography of the testicle: potential role of the stiffness value in various common testicular diseases.

Roy C., de Marini P., Labani A., Leyendecker P., Ohana M.

Embase

Clinical Radiology. 75(7) (pp 560.e9-560.e17), 2020. Date of Publication: July 2020.

[Article]

AN: 2005471476

AIM: To assess the value and efficacy of real-time shear-wave elastography (SWE) of normal testicular parenchyma and various common testicular diseases in clinical practice. MATERIALS AND METHODS: SWE was undertaken in 338 patients (mean age: 43.2+/-17.2 years, range 17-78 years) comprising normal testicles (n = 358), testicular microlithiasis (n = 40), and various testicular diseases (n = 208) and the stiffness was recorded. The final diagnosis was correlated with the clinical context, long-term follow-up, or histopathology. Statistical evaluation was performed to provide a stiffness threshold for pathological diagnosis.

RESULT(S): The mean size of testicular lesions was 2.6+/-1.5 cm (range: 10-42 mm). The mean Young's modulus value for normal testis was recorded at 4.55+/-2.54 kPa. Whatever the stage of microlithiasis, a higher statistically significant stiffness value was recorded. For acute orchitis, the mean stiffness value was slightly higher, but not statistically significantly. The testicular tumoural processes presented a median stiffness value of 21.02 kPa with a cut-off of 16.1 kPa. Fibrosis presented the highest median stiffness value of 30.03 kPa with a cut-off of 26.3 kPa. By analysing the distribution of the different pathological groups, the difference was statistically significant between fibrosis and tumoural processes (p = 0.001).

CONCLUSION(S): SWE is a feasible technique in the exploration of the testicular parenchyma. SWE values can be used to differentiate testicular fibrosis from a tumoural process with confidence.

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PMC Identifier

32248949 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32248949>]

Place Holder 11

Embase

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Publisher

W.B. Saunders Ltd

Year of Publication

2020

275.

Laparoscopic repair of congenital inguinal hernia: a comparative study between purse-string suture and peritoneal disconnection with ligation techniques in bilateral cases.

Almetaher H.A., Hassan H.S., Effat A., Elhalaby E.A.

Embase

Journal of Pediatric Endoscopic Surgery. 2(2) (pp 83-89), 2020. Date of Publication: 01 Jun 2020.

[Article]

AN: 2004551913

Background/purpose: Many laparoscopic surgical techniques were described for management of inguinal hernia in pediatric patients. This prospective study was conducted to compare laparoscopic purse-string suture of hernia sac at the internal ring at one side, leaving the distal sac intact (technique I) and disconnection of the hernia sac with intra-corporeal suture of proximal part at the internal ring (technique II) in the other side in the same case.

Patients and Methods: Thirty three patients with bilateral congenital inguinal hernia (66 repairs) were included in this study. The outcome variables were operative time, intraoperative complications, post-operative complications and recurrence rate.

Result(s): This study included 28 males and 5 females. The age of the patients ranged from 1 to 72 month with a mean of (15.27 +/- 19.09). The operative time was shorter in technique I than in technique II and this difference was statistically significant. No intraoperative complications were

reported. Five cases (15%) developed hydrocele and two cases (6%) developed recurrence in technique I during the follow up period.

Conclusion(s): Laparoscopic repair of congenital inguinal hernia using laparoscopic disconnection of the sac and closure of the internal ring has lower recurrence rate and hydrocele formation but longer operative time compared to laparoscopic purse-string closure alone. Due to the high rate of recurrence in technique I, there is definite superiority of technique II as a surgical option.

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Publisher

Springer (Singapore)

Year of Publication

2020

276.

Needlescopic lymphatic-sparing varicocelectomy in children using a mediflex needle: a new simplified technique.

Ismail M., Mohammed S., Shams A.M., Shahin M., Helal A.A., Maged M., Elmorshedy H.E., Kandeel A.A., Ghonim M., Abou-Okada M., Fawzy A.

Embase

Journal of Pediatric Endoscopic Surgery. 2(2) (pp 75-81), 2020. Date of Publication: 01 Jun 2020.

[Article]

AN: 2004582599

Aim: In this study we present a new technique for Needlescopic dye-assisted lymphatic-sparing Varicocelectomy (NV) in children using 14-gauge fascial closure needles (Mediflex , D-1001 New York, USA), (MedN) and a Vascular Access Canula (VAC).

Patients and Methods: Forty-two male children with 55 varicoceles (13 bilateral, 29 unilateral) underwent NV. According to the Dubin grading system, nine varicoceles were grade II (16%) and 46 (84%) varicoceles were grade III. Testicular lymphatics were demarcated by injection of 2 ml methylene blue.

Result(s): Fifty-five needlescopic dye-assisted lymphatic-sparing varicocelectomy were performed on 42 male children. Patients' age ranged between 8 and 16 years (mean 11.9 +/- 3 years). The mean operative time was 32.6 +/- 9.4 min for bilateral cases, and 21 +/- 3.2 min for unilateral cases. All patients discharged home at the same day of surgery. There were no intraoperative complications. There was no conversion to either open or multiport laparoscopic technique. In cases of left varicocele, the median testicular volumes difference decreased from 0.2645 +/- 0.17 preoperatively to 0.126 +/- 0.08 post operatively (P < 0.001). In bilateral cases, the median testicular differences of right and left testicular volumes decreased from 0.074 +/- 0.03 preoperatively, to 0.026 +/- 0.02, postoperatively, and from 0.238 preoperatively +/- 0.11, to 0.1125 +/- 0.06, post operatively, (P < 0.05), respectively. Family satisfaction was achieved in 98% of cases. Excellent cosmetic appearance were obtained.

Conclusion(s): This present method of single-port needlescopic dye-assisted varicocelectomy in children using MedN proved to be a feasible, safe, and an acceptable technique which further improves the cosmetic appearance and may be considered as an alternate minimally invasive varicocelectomy.

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Embase

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Publisher

Springer (Singapore)

Year of Publication

2020

277.

Effect of caudal ketamine on minimum local anesthetic concentration of ropivacaine in children: A prospective randomized trial.

Wang H.-Z., Wang L.-Y., Liang H.-H., Fan Y.-T., Song X.-R., She Y.-J.

Embase

BMC Anesthesiology. 20(1) (no pagination), 2020. Article Number: 144. Date of Publication: 08 Jun 2020.

[Article]

AN: 631990653

Background: Caudal ketamine has been shown to provide an effective and prolonged post-operative analgesia with few adverse effects. However, the effect of caudal ketamine on the minimum local anesthetic concentration (MLAC) of ropivacaine for intra-operative analgesia is unclear.

Method(s): One hundred and sixty-nine children were randomized to five groups: Group C (caudal ropivacaine only), Group K0.25 (caudal ropivacaine plus 0.25 mg/kg ketamine), Group K0.5 (caudal ropivacaine plus 0.5 mg/kg ketamine), Group K0.75 (caudal ropivacaine plus 0.75 mg/kg ketamine), and Group K1.0 (caudal ropivacaine plus 1.0 mg/kg ketamine). The primary outcome was the MLAC values of ropivacaine with/without ketamine for caudal block.

Result(s): The MLAC values of ropivacaine were 0.128% (0.028%) in the control group, 0.112% (0.021%) in Group K0.25, 0.112% (0.018%) in Group K0.5, 0.110% (0.019%) in Group K0.75, and 0.110% (0.020%) in Group K1.0. There were no significant differences among the five groups for the MLAC values ($p = 0.11$). During the post-operative period the mean durations of analgesia were 270, 381, 430, 494, and 591 min in the control, K0.25, K0.5, K0.75, and K1.0 groups respectively, which shown that control group is significantly different from all ketamine groups. Also there were significant differences between K0.25 and K0.75 groups, and between K1.0 groups and the other ketamine groups.

Conclusion(s): Adding caudal ketamine to ropivacaine prolong the duration of post-operative analgesia; however, it does not decrease the MLAC of caudal ropivacaine for intra-operative analgesia in children. Clinical trial registration: ChiCTR-TRC-13003492. Registered on 13 August 2013.

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PMC Identifier

32513111 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32513111>]

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Embase

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Jinsui Road, Guangzhou 510623, China
Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Clinical Trial Number
1300349/ChiCTR
Year of Publication
2020

278.

Incidence of Cord Hydrocele after Laparoscopic Intracorporeal Inguinal Hernia Repair in Male
Pediatric Patients: A Comparative Study between Removing and Leaving the Hernial Sac.

Lee S.R., Park P.J.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 30(5) (pp 596-602), 2020. Date
of Publication: May 2020.

[Article]

AN: 631822208

Purpose: Many laparoscopic repair techniques are available for treating pediatric inguinal hernias.
The development of a cord hydrocele (CH) after laparoscopic pediatric inguinal hernia repair
(LPIHR) in male patients can lead to reoperation. We performed the present study to evaluate the
effects of hernial sac removal on the occurrence of CH after laparoscopic transabdominal inguinal
hernia repair in male patients.

Material(s) and Method(s): This retrospective study included 3145 male pediatric patients aged
<10 years who underwent LPIHR from January 2014 to March 2017. We categorized patients into
two groups according to the operative technique: Group 1 (high ligation without hernial sac
removal, 1592 patients) and Group 2 (high ligation with hernial sac removal, 1553 patients). We
removed the hernial sacs in the first half of the study period and not in the second half of the
study period. We analyzed the surgical outcomes in both groups after the same follow-up period
of ≥ 2.5 years.

Result(s): We found no significant differences in demographic or clinical parameters between the
treatment groups. CH occurred in 6 patients in Group 1 only; no patients in Group 2 developed
CH (0.38% [6/1592] versus 0.00% [0/1553], respectively; $P = .044$). The interval from the initial
hernia repair to the hydrocelectomy in 6 patients was 20.8 months. The recurrence rate was
higher in Group 1 (0.4%, 7/1592) versus Group 2 (0.0%, 0/1553) ($P = .025$). In the logistic
regression test, Group 2 predicted a lower CH occurrence rate than Group 1 (odds ratio = 1.004,
95% confidence interval = 1.001-1.007; $P = .016$).

Conclusion(s): Our findings indicated that hernial sac removal resulted in a small but significant
decrease in the risk of postoperative CH.

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Place Holder 11

Embase

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Publisher
Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)
Year of Publication
2020

279.

Risk Factors for Necrotizing Enterocolitis in Infants With Patent Arterial Duct. A Retrospective Matched Paired Analysis.

Haefeli S., Kordasz M., Tsai C., Hau E.-M., Klimek P., Cholewa D., Pavlovic M., Berger S., Kessler U.

Embase

Frontiers in Pediatrics. 8 (no pagination), 2020. Article Number: 179. Date of Publication: 28 Apr 2020.

[Article]

AN: 631710572

Background: The development of necrotizing enterocolitis (NEC) in neonates with patent ductus arteriosus (PDA) is not well-understood. Our aim was to find risk factors for NEC in children with a significant PDA and to assess differences in mortality and duration of hospital stay between patients with PDA and those with PDA and NEC.

Method(s): We performed a retrospective single center case control study including infants with PDA scheduled for treatment. We compared multiple patient data between patients with PDA and those with PDA and NEC from 2004 to 2018 using 1:2 and 1:1 matching.

Result(s): We used 1:2 matching with 26 NEC patients (cases) and 52 PDA patients without NEC (controls) and 1:1 matching with 5 NEC patients and 5 PDA patients without NEC. NEC patients had lower Apgar score (1'), more congenital malformations, more suspected sepsis, less hypotension, higher minimum platelet count and higher CRP-values during the week before NEC ($P < 0.05$, respectively). The mortality was higher in NEC cases [29% (9/31)] compared to the control patients [2% (1/57), $P < 0.001$]. Lower Apgar score (1') was correlated with an increased risk of NEC stage III. Hypotension was inversely correlated with the odds of NEC (OR 0.3).

Conclusion(s): NEC increased mortality in infants with PDA. Hypotension did not increase the risk of NEC in infants with PDA. Routine clinical parameters were not able to predict NEC in infants who suffer from PDA.

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Embase

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Publisher

Frontiers Media S.A. (E-mail: info@frontiersin.org)

Year of Publication

2020

280.

Individualized treatment of pediatric inguinal hernia reduces adolescent recurrence rate: an analysis of 3006 cases.

Chu C.B., Chen J., Shen Y.M., Liu S.J., Sun L., Nie Y.S., Liu J., Cao J.X., Du H.D., Zou Z.Y., Yuan X.

Embase

Surgery Today. 50(5) (pp 499-508), 2020. Date of Publication: 01 May 2020.

[Article]

AN: 2003911821

Purpose: We implemented the individualized treatment (IT) regimen for children with inguinal hernia and the Lichtenstein hernioplasty using an acellular tissue matrix patch (LHAP) for those with high risks. This retrospective study compares the complications of conventional laparoscopic high hernia sac ligation (LHSL) with those of the IT regimen for the management of pediatric inguinal hernia and investigates whether the recurrence rate of inguinal hernias in children treated by IT is lower than that of those treated by LHSL.

Method(s): The subjects of this retrospective study were 3006 children who underwent LHSL or IT for inguinal hernia between February, 2008 and February, 2016 at the Beijing Chao-Yang Hospital (Beijing, China). They comprised 1516 (50.4%) children who underwent LHSL between February, 2008 and December, 2012, and 1490 (49.6%) who underwent IT between January, 2013 and June, 2016. We analyzed the patients' data, including clinical characteristics and postoperative complications. The mean follow-up was 85.31 months for the LHSL group and 43.34 months for the IT group ($P < 0.01$). Given the difference in the follow-up periods, the log-rank test was used to analyze the recurrence rate.

Result(s): The mean age, weight, and height of these children at the time of surgery were 6 years old, 24.17 kg, and 114.48 cm in the LHSL group and 6 years old, 24.57 kg, and 115.18 cm in the IT group, respectively ($P = 0.647$, $P = 0.393$, $P = 0.505$). The mean age, body weight, and height for adolescents at the time of surgery were 14.7 years old, 57.19 kg, and 168.37 cm in the LHSL group and 14.9 years old, 57.96 kg and 169.21 cm in the IT group, respectively ($P = 0.099$, $P = 0.061$, $P = 0.059$). The male/female ratio was 5.1:1 (1268/248) in the LHSL group and 4.9:1 (1241/249) in the IT group ($P = 0.795$). The side ratio of inguinal hernia (right/left/bilateral) was about 10:7:8 (602/430/484) in the LHSL group and 3.8:2.8:3.4 (567/422/501) in the IT group ($P = 0.551$). The comorbidities of the male patients included hydrocele (206), cryptorchidism (15), umbilical hernia (12), congenital heart disease (16), and other congenital diseases (25). The comorbidities in the female patients included round ligament cysts (11). There was no significant difference between the groups in postoperative complications including hydrocele ($P = 0.687$), hematoma ($P = 0.061$), surgical site infection ($P = 0.742$), testicular atrophy (not found), and umbilical trocar hernia ($P = 0.585$). There were two cases of recurrence in the IT group and eight in the LHSL group ($P = 0.07$). The frequency of postoperative recurrence of adolescent inguinal hernia was 3.16% (7/221) in the LHSL group, 0 (0/223) in the IT group ($P = 0.008$), and 0 (0/128) in the LHSL subgroup in the IT group ($P = 0.045$).

Conclusion(s): The favorable outcomes of IT, which had a lower recurrence rate than LHSL for adolescent inguinal hernia, demonstrate that this is a reasonable treatment regimen for pediatric inguinal hernia.

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PMC Identifier

31858238 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31858238>]

Place Holder 11

Embase

Institution

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Publisher

Springer (Singapore)

Year of Publication
2020

281.

New insights into the expression of androgen and estrogen receptors of the appendix testis in congenital cryptorchidism.

Sinopidis X., Panagidis A., Kourea E., Kostopoulou E., Rojas-Gil A.P., Skiadopoulos S., Georgiou G., Spiliotis B.E.

Embase

Journal of Pediatric Endocrinology and Metabolism. 33(4) (pp 503-508), 2020. Date of Publication: 01 Apr 2020.

[Article]

AN: 2005118454

The appendix testis (AT) is the most common vestigial remnant of the human testis. Variations in the presence and expression of AT androgen receptor (AR) and estrogen receptor (ER) have been reported in cryptorchidism. We studied the possible association of AR and ER expression of the AT with cryptorchidism. ATs were resected from 40 boys who underwent inguinoscrotal surgery, (20 patients with congenital unilateral cryptorchidism [UC] and 20 controls with orthotopic testes and hydrocele). AR and ER expression was evaluated with immunohistochemistry, and the percentage and intensity of AR and ER expression were evaluated by the Allred scoring method. AT length was compared between the two groups. Correlation of AR and ER expression was evaluated independently in patients and controls. The Allred score for AR trended toward lower values in UC compared to controls ($p = 0.193$), while ER scores presented statistically significant lower values in UC compared to controls ($p = 0.017$). No significant difference or trend was found in the expression of both receptors between high and low cryptorchidism ($p = 0.981$ for AR, $p = 0.824$ for ER) and for the appendiceal length between UC and controls ($p = 0.369$). The findings of a trend for lower AR expression and a statistically significant lower expression of ER in UC may suggest an association of AR and ER with cryptorchidism and may provide an insight into the process of testicular descent.

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PMC Identifier

32109207 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32109207>]

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Embase

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Publisher

De Gruyter (E-mail: peter.golla@degruyter.com)

Year of Publication

2020

282.

Paediatric urology.

Undre S., Cherian A.

Embase

Surgery (United Kingdom). 38(4) (pp 224-230), 2020. Date of Publication: April 2020.

[Review]

AN: 2005117568

Paediatric urology is a subject that covers the urological aspects of care in children, some of which are seen also in adults, but may have specific diagnostic methods and treatments that are quite different. Additionally, it covers a range of congenital anomalies either on their own or in combination with a spectrum of disorders that need more complex management available at only specialized centres. For the purposes of a broad and basic understanding of the subject, this article will cover relevant topics and up-to-date guidelines.

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Place Holder 11

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Publisher

Elsevier Ltd

Year of Publication

2020

283.

Litigation involving pediatric surgical conditions.

Rich B.S., Shelton K., Glick R.D.

Embase

Journal of Pediatric Surgery. 55(4) (pp 602-608), 2020. Date of Publication: April 2020.

[Review]

AN: 2002985983

Purpose: Malpractice litigation among pediatric surgeons is a subject of concern and interest, but minimal factual data are known. Our goal was to investigate national litigation trends regarding pediatric surgical conditions.

Method(s): We queried WestlawNext database for malpractice cases involving pediatric (age <= 18) surgical conditions. Cases were included if they named a care provider or health center. We gathered data on diagnoses, procedures, care providers, allegations, location, and outcomes.

Result(s): Our search revealed 4754 cases, and 170 met inclusion criteria. These ranged from 1965 to 2017 and represented 40 states. 110 cases involved a surgeon (41% pediatric surgeons).

Appendicitis was the most common diagnosis identified. Cases frequently involved delayed/missed diagnoses or interventions (45.9%), technical concerns (35.9%), mortalities (26.5%), negligent perioperative care (23.6%), and informed consent concerns (4.7%). Technical complication was the most common allegation against surgeons (49.1%), and nonsurgeon cases typically involved a delayed/missed diagnosis (78.3%). 39% of cases resulted in favor of the defendant, 35% plaintiff, and 14% had a split verdict.

Conclusion(s): Litigation involving pediatric surgical conditions is diverse, but appendicitis and circumcision comprise almost a third of cases. A greater understanding of these trends can help steer efforts in quality and safety as well as guide improved communication with families.

Level of Evidence: N/A

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Publisher

W.B. Saunders

Year of Publication

2020

284.

Comparison of snodgrass and bracka methods in terms of urethral fistula and meatal stenosis in hypospadias repair.

Kocak O.F., Avci V., Ayengin K.

Embase

Eastern Journal of Medicine. 25(1) (pp 146-150), 2020. Date of Publication: 2020.

[Article]

AN: 2003713067

Hypospadias is one of the most frequent congenital anomalies in birth. Many factors may have part in etiology. Its treatment is possible only through surgical intervention, and there are more than 300 methods in literature identified for hypospadias repair. The purpose of this study is to compare Snodgrass and Bracka methods, the methods most frequently used for hypospadias repair, in terms of urethral fistula and meatal stenosis. In this study, the data of 40 patients operated between 2014 and 2019 years have been used. 20 of the patients have been operated with Snodgrass, and the others have been operated with Bracka method. The average ages of the patients operated with Snodgrass method and Bracka method were 4 years 3 months and 2 years 9 months respectively. Average length for follow-up for the patients operated with Snodgrass method was 18 months 9 days, and it was 35 months 1 day for the patients operated with Bracka method. Urethral fistula was observed to develop in %30 of the patients operated with Snodgrass method and %25 of those operated with Bracka method totally. In both methods, rates of meatal stenosis were more frequent compared to fistula (Snodgrass: %35, Bracka %40). Fistula development is found numerically more in the patients operated with Snodgrass method while meatal stenosis development is observed numerically more in those operated with Bracka method.

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Place Holder 11

Embase

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Publisher

285.

MeningiSSS: A New Predictive Score to Support Decision on Invasive Procedures to Monitor or Manage the Intracerebral Pressure in Children with Bacterial Meningitis.

Johansson Kostenniemi U., Karlsson L., Silfverdal S.-A., Mehle C.

Embase

Neurocritical Care. 32(2) (pp 586-595), 2020. Date of Publication: 01 Apr 2020.

[Article]

AN: 2002324944

Background: Knowing the individual child's risk is highly useful when deciding on treatment strategies, especially when deciding on invasive procedures. In this study, we aimed to develop a new predictive score for children with bacterial meningitis and compare this with existing predictive scores and individual risk factors.

Method(s): We developed the Meningitis Swedish Survival Score (MeningiSSS) based on a previous systematic review of risk factors. From this, we selected risk factors identified in moderate-to-high-quality studies that could be assessed at admission to the hospital. Using data acquired from medical records of 101 children with bacterial meningitis, we tested the overall capabilities of the MeningiSSS compared with four existing predictive scores using a receiver operating characteristic curve (ROC) analysis to assert the area under the curve (AUC). Finally, we tested all predictive scores at their cut-off levels using a Chi-square test. As outcome, we used a small number of predefined outcomes; in-hospital mortality, 30-day mortality, occurrence of neurological disabilities at discharge defined as Pediatric Cerebral Performance Category Scale category two to five, any type of complications occurring during the hospital stay, use of intensive care, and use of invasive procedures to monitor or manage the intracerebral pressure.

Result(s): For identifying children later undergoing invasive procedures to monitor or manage the intracerebral pressure, the MeningiSSS excelled in the ROC-analysis (AUC = 0.90) and also was the only predictive score able to identify all cases at its cut-off level (25 vs 0%, $p < 0.01$). For intensive care, the MeningiSSS (AUC = 0.79) and the Simple Luanda Scale (AUC = 0.75) had the best results in the ROC-analysis, whereas others performed less well (AUC \leq 0.65). Finally, while none of the scores' results were significantly associated with complications, an elevated score on the MeningiSSS (AUC = 0.70), Niklasson Scale (AUC = 0.72), and the Herson-Todd Scale (AUC = 0.79) was all associated with death.

Conclusion(s): The MeningiSSS outperformed existing predictive scores at identifying children later having to undergo invasive procedures to monitor or manage the intracerebral pressure in children with bacterial meningitis. Our results need further external validation before use in clinical practice. Thus, the MeningiSSS could potentially be helpful when making difficult decisions concerning intracerebral pressure management.

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PMC Identifier

31342450 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31342450>]

Place Holder 11

Embase

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Publisher
Springer
Year of Publication
2020

286.

Laparoscopic suture-less herniotomy using tissue-sealing device for paediatric hydrocele.

Verma S., Agrawal V., Acharya H., Sharma D.

Embase

Journal of Minimal Access Surgery. 16(2) (pp 111-114), 2020. Date of Publication: April-June 2020.

[Article]

AN: 631304373

Laparoscopic herniotomy (LH) for hydrocele is an accepted procedure and provides advantages of contralateral diagnosis and repair with the same incisions. The suturing of patent processus vaginalis is associated with various complications. We describe suture-less herniotomy using tissue-sealing device for LH of hydrocele in children.

Material(s) and Method(s): The study was carried out on a prospective group of 21 children presenting with hydrocele after 1 year age over a period of 2 years. All infants with hydrocele and complicated hydroceles were excluded. The technique involved peritoneal incision and sealing of hydrocele sac with tissue-sealing device.

Result(s): A total of 21 patients (28 hydroceles) were operated. The age ranged from 1 year to 14 years (mean age, 4 years). Ten right, 4 left and 7 bilateral hydroceles (2 diagnosed on laparoscopy) were operated. Operative time ranged from 15 to 32 min, with a mean time of 18 min. All patients were discharged after a hospital stay of 12 h. No recurrences were observed during the follow-up period. One patient had persistent hydrocele for 4 months which resolved spontaneously.

Conclusion(s): The laparoscopic suture-less herniotomy for paediatric hydrocele is a safe, secure and easy procedure which can reduce suture and suturing-related complications following LH in hydroceles.

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Publisher

Wolters Kluwer Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

2020

287.

Laparoscopic orchiopexy of palpable undescended testes_ experience of a single tertiary institution with over 773 cases.

You J., Li G., Chen H., Wang J., Li S.

Embase

BMC Pediatrics. 20(1) (no pagination), 2020. Article Number: 124. Date of Publication: 16 Mar 2020.

[Article]

AN: 631232651

Background: Discuss the superiority of laparoscopic orchiopexy in the treatment of inguinal palpable undescended testes.

Method(s): Inclusion criteria: Preoperative examination and color Doppler ultrasound examination confirmed that the testes were located in the inguinal canal and could not be pulled into the scrotum, except for retractive and ectopic testes. The surgical steps were depicted as follow. The retroperitoneal wall was carved by ultrasonic scalpels, separates the spermatic vessels closed to the inferior pole of the kidney if necessary, dissects the peritoneum of vas deferens, cuts the testicular gubernaculum, and pulls back the testicle into the abdominal cavity. Besides, protect the vas deferens, and descend the testes to the scrotum and fix them without tension.

Result(s): There were 773 patients with 869 inguinal undescended palpable testes, 218 cases on the left side, 459 cases on the right side and 96 cases with bilateral undescended testes, whose age ranged from 6 months to 8 years, with an average of 20 months. All testes were successfully operated, no converted to open surgery. The average operation time was (34.8 +/- 5.4) min.

There were 692 testes have an ipsilateral patent processus vaginalis (89.5%); In 677 cases of unilateral cryptorchidism, 233 cases (34.4%) have a contralateral patent processus vaginalis, and laparoscopic percutaneous extraperitoneal closure the hernia sac carry out during the surgery.

There was no subcutaneous emphysema during the operation, no vomiting, no abdominal distension, no wound bleeding and obvious pain after surgery, especially wound infection is rarely. Doppler ultrasound was evaluated regularly after surgery. The patients were followed up for 6 to 18 months. All the testes were located in the scrotum without testicular retraction and atrophy. No inguinal hernia or hydrocele was found in follow-up examination.

Conclusion(s): Laparoscopic orchiopexy manage inguinal palpable cryptorchidism is safe and effective, and there are obvious minimally invasive advantages. Furthermore, It could discover a contralateral patent processus vaginalis, and treat at the same time, which avoid the occurrence of metachronous inguinal hernia.

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PMC Identifier

32178653 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32178653>]

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Publisher

BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Year of Publication

2020

288.

The International Pediatric Endosurgery Group Evidence-Based Guideline on Minimal Access Approaches to the Operative Management of Inguinal Hernia in Children.

Davies D.A., Rideout D.A., Clarke S.A.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 30(2) (pp 221-227), 2020. Date of Publication: February 2020.

[Article]

AN: 631099699

Introduction: Minimally invasive surgery (MIS) for inguinal hernia repair (IHR) in children has been reported for more than two decades. The International Pediatric Endosurgery Group (IPEG) Evidence-Based Review Committee chose MIS IHR as the inaugural topic for review and presentation at the 2016 IPEG annual meeting.

Material(s) and Method(s): English language articles published between January 1, 2009, and December 31, 2015, were reviewed and included in this evidence-based review after searching PubMed, Cochrane Reviews, ClinicalTrials.gov, Google Scholar, and EMBASE.

Result(s): Level 1a and 1b evidence supports the recommendations that operative time for bilateral IHRs should be considered shorter and postoperative complications rates should be considered lower in MIS repair over open. Recurrence rates are similar between the two methods (level 1a and 1b evidence). No level 1 evidence exists to support one MIS technique over another or that operating on a detected contralateral patent processus vaginalis during laparoscopy makes any difference in long-term outcome to the patient.

Conclusion(s): The advantages of lower postoperative complications and shorter operative times have been found in studies of surgeons experienced in MIS repair and differences were small. The evidence in this review supports that MIS repair is a safe, effective method of IHR with proper training and mentorship.

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PMC Identifier

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2020

289.

Single-incision approach for bilateral inguinal hernia repair in children: A retrospective study.

Chongxi R., Hongqiao W., Fengying L., Xin W., Hongxia Q., Lijun X., Huerta S.

Embase

Medicine (United States). 99(9) (no pagination), 2020. Article Number: e19376. Date of Publication: 2020.

[Article]

AN: 631081094

To introduce the use of a new surgical approach named single-incision bilateral inguinal herniorrhaphy (SBIH) in pediatric surgical population. This was a STROBE-compliant retrospective cohort study using data from 101 patients who had undergone bilateral inguinal herniorrhaphy in our institution. Children with bilateral inguinal hernias without contraindications for surgery, ranging in age from 6 months to 12 years, were included. Fifty-six children with bilateral inguinal hernias underwent SBIH (SBIH group) and 45 patients underwent laparoscopic bilateral inguinal herniorrhaphy (LBIH) (LBIH group). Differences in operative time, postoperative pain, recurrence, and complications between the 2 groups were analyzed. Patient satisfaction with cosmetic result was also investigated using questionnaires. There were no statistically

significant differences in operative time ($P=.2257$), postoperative pain ($P=.0607$), recurrence ($P=.8756$), and complications ($P=.7467$) between the 2 groups. Interestingly, the operation time of girls in SBIH group was significantly shorter than that of the boys in this group ($P<.0001$), but also shorter than that of girls in LBIH group ($P=.0038$). Postoperative pain for boys was lower in SBIH group than in the LBIH group ($P=.0340$). No ascending testis, testicular atrophy, and hydrocele occurred in either group. According to the questionnaire, both procedures had equally high levels of satisfaction for cosmetic results ($P=.7531$). Initial results show that SBIH for pediatric patients, regardless of gender, is a safe and feasible procedure compared with LBIH with an equally low recurrence rate, few complication, and satisfactory cosmetic outcomes.

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PMC Identifier

32118783 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32118783>]

Place Holder 11

Embase

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Publisher

Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Year of Publication

2020

290.

Increased hand digit length ratio (2D:4D) is associated with increased severity of hypospadias in pre-pubertal boys.

O'Kelly F., DeCotiis K., Zu'bi F., Farhat W.A., Koyle M.A.

Embase

Pediatric Surgery International. 36(2) (pp 247-253), 2020. Date of Publication: 01 Feb 2020.

[Article]

AN: 2003653165

Introduction: Hypospadias is a common congenital male disorder, with much research focusing on prenatal androgen exposure as a causative factor. Whilst digit length ratios were apparent in sexual dimorphism since the nineteenth century, their role in hypospadias remains unknown. The objective of our study was to determine the correlation between digit length (2D:4D) ratio, hypospadias severity, and anogenital distance.

Method(s): Pre-pubertal boys (<3 years old) seen intra/postoperatively following hypospadias repair (June 2018-January 2019 inc.) were included. These were age-matched to non-hypospadias controls. Anthropomorphic measurements of digit lengths, penile/glans width, and anogenital distance were measured using digital calipers.

Result(s): Data measurements were collected for 105 boys with hypospadias (60 distal; 45 proximal) and 55 controls. There were significant differences in 2D:4D ratios in each hand ($p < 0.001$), as well as individual digits ($p < 0.001$), and a reduced anogenital distance ($p < 0.001$), when comparing the proximal group with distal or control groups. There were no significant differences in glans width, or between term- and preterm births.

Conclusion(s): This study is the first to demonstrate increased 2D:4D ratios with proximal hypospadias, which also correlate with a shortened anogenital distance. This may provide a non-invasive, potentially antenatal, anthropomorphic measurement, as an indirect indicator of aberrant urogenital development.

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PMC Identifier

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Publisher

Springer

Year of Publication

2020

291.

Outcomes of laparoscopic incarcerated inguinal hernia repair in children.

Balogh B., Hajnal D., Kovacs T., Saxena A.K.

Embase

Journal of Minimal Access Surgery. 16(1) (pp 1-4), 2020. Date of Publication: January-March 2020.

[Review]

AN: 630485942

Aim: Laparoscopic inguinal hernia repair (LHR) is gaining widespread acceptance, but its role in the management of incarcerated cases is not well outlined. This review analyses the outcomes of laparoscopic repair of incarcerated inguinal hernia in children.

Patients and Methods: Literature was searched on PubMed using terms 'laparoscopic', 'incarcerated', 'inguinal', 'hernia' and 'children'. Age, sex, side, sac content, operative technique, follow-up period, complication and recurrence rate were analysed.

Result(s): Fifteen articles with 689 paediatric incarcerated inguinal hernias were identified between 1998 and 2018. Median age of patients was 22.4 months (2 weeks-16 years; M:F = 2.2:1). Side was mentioned in n = 576: n = 398 (69.1%) right and n = 178 (30.9%) left. In n = 355 (51.5%) manual reduction and delayed surgery (MRDS), in n = 34 (4.9%) manual reduction in general anaesthesia (MRGA) followed by emergency LHR and in n = 300 (43.5%) intraoperative reduction (IOR) was necessary. Incarcerated contents were documented in n = 68: intestine n = 36 (52.9%), ovary n = 14 (20.6%), omentum n = 11 (16.2%), appendix n = 5 (7.4%) and Meckel's diverticulum n = 2 (2.9%). Among the n = 18 girls in IOR group, n = 14 (77.8%) had ovaries incarcerated. For LHR, the hook method was used in 376 (54.6%) and purse-string suture in 313 (45.4%), with two conversions in IOR group. Mean followup was 15 months (3-80 months), with one (0.15%) testicular atrophy, and 4 (0.58%) recurrences in MRDS and 1 (0.15%) in IOR. All five cases were closed with pursestring technique. Total recurrence rate was 0.73%; significantly higher (P = 0.014) with pursestring (n = 5, 1.6%) than with the hook (none).

Conclusion(s): Hook and purse-string methods are equally popular in LHR for paediatric incarcerated hernias, with 50% hernia reductions possible at the time of surgery. Recurrence rate is low and comparable with non-incarcerated hernias; however, it is significantly higher in purse-string method than hook technique.

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Publisher
Wolters Kluwer Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)
Year of Publication
2020

292.

Effect of caudal ketamine on minimum local anesthetic concentration of ropivacaine in children: a prospective randomized trial

Wang HZ. Wang LY. Liang HH. Fan YT. Song XR. She YJ

EBM Reviews - Cochrane Central Register of Controlled Trials

BMC anesthesiology. Vol.20(1):144p,2020. United Kingdom BioMed Central Ltd.

[Journal article Clinical trial protocol

]

AN: CN-02144182

Background: Caudal ketamine has been shown to provide an effective and prolonged post-operative analgesia with few adverse effects. However, the effect of caudal ketamine on the minimum local anesthetic concentration (MLAC) of ropivacaine for intra-operative analgesia is unclear. Methods: One hundred and sixty-nine children were randomized to five groups: Group C (caudal ropivacaine only), Group K0.25 (caudal ropivacaine plus 0.25 mg/kg ketamine), Group K0.5 (caudal ropivacaine plus 0.5 mg/kg ketamine), Group K0.75 (caudal ropivacaine plus 0.75 mg/kg ketamine), and Group K1.0 (caudal ropivacaine plus 1.0 mg/kg ketamine). The primary outcome was the MLAC values of ropivacaine with/without ketamine for caudal block. Results: The MLAC values of ropivacaine were 0.128% (0.028%) in the control group, 0.112% (0.021%) in Group K0.25, 0.112% (0.018%) in Group K0.5, 0.110% (0.019%) in Group K0.75, and 0.110% (0.020%) in Group K1.0. There were no significant differences among the five groups for the MLAC values ($p = 0.11$). During the post-operative period the mean durations of analgesia were 270, 381, 430, 494, and 591 min in the control, K0.25, K0.5, K0.75, and K1.0 groups respectively, which shown that control group is significantly different from all ketamine groups. Also there were significant differences between K0.25 and K0.75 groups, and between K1.0 groups and the other ketamine groups. Conclusions: Adding caudal ketamine to ropivacaine prolong the duration of post-operative analgesia; however, it does not decrease the MLAC of caudal ropivacaine for intra-operative analgesia in children. Clinical trial registration: ChiCTR-TRC-13003492. Registered on 13 August 2013.

Institution

Department of Anesthesiology and Perioperative Medicine, Guangzhou Women and Children's Medical Center, Guangzhou Medical University, China

Publisher

BioMed Central Ltd.

Identifier <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7278144>

293.

Evaluation of surgical conditions during short-lasting laparoscopic surgery in children with muscle relaxants vs no muscle relaxants

EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]
[Trial registry record Clinical trial protocol
]

AN: CN-02436875 NEW

INTERVENTION: No muscle relaxant group:Cisatracurium benzenesulfonic acid is not injected;Muscle relaxant group:Cisatracurium benzene sulfonate was injected;;CONDITION: Laparoscopic surgery for children,PRIMARY OUTCOME: Surgical Rating Scale;;SECONDARY OUTCOME: blood pressure;Ppeak;time of operation;Recovery time;anesthesia depth;;INCLUSION CRITERIA: 1. Aged between 0 and 12 years;;2. Undergo laparoscopic repair for single-sided inguinal hernia or communicating hydrocele;; 3. ASA I-II.

294.

Recovery of sugammadex reversal of residual neuromuscular blockade influenced by dexmetomidine combined with sevoflurane in children

EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]
[Trial registry record Clinical trial protocol
]

AN: CN-02447042 NEW

INTERVENTION: A:nasal dexmetomidine 1 mcg/kg;B:nasal dexmetomidine 0.75 mcg/kg;C:nasal saline ;;CONDITION: inguinal hernia, hydrocele of tunica vaginalis, OSAS, etc,PRIMARY OUTCOME: TOF ratio;;SECONDARY OUTCOME: time of extubation;;INCLUSION CRITERIA: 1. Aged from 1-12years;;2. ASA I or II;;3. Operative time<120min;; 4. The subjects legally authorized representative has given written informed consent to participate in the study.

295.

Sclerotherapy for fluid filled cysts in the scrotum with 99.5% Alcohol Sclerotherapy for hydro and spermatoceles with 99.5% Ethanol, an open randomized, multicenter, phase 2 study

EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]
[Trial registry record Clinical trial protocol
]

AN: CN-02329107

INTERVENTION: Product Name: Ethanol 99.5% Product Code: 356592 Pharmaceutical Form: Dental solution INN or Proposed INN: Ethanol CAS Number: 64-17-5 Current Sponsor code: Etanol APL Dentalöning 99,5% Other descriptive name: ETHANOL 99.5% Concentration unit: % (V/V) percent volume/volume Concentration type: equal Concentration number: 99.5-;CONDITION: Hydrocele and Spermatocele ; MedDRA version: 20.0,Level: PT,Classification code 10020488,Term: Hydrocele,System Organ Class: 10010331 - Congenital, familial and genetic disorders;; MedDRA version: 20.0,Level: PT,Classification code 10041490,Term: Spermatocele,System Organ Class: 10038604 - Reproductive system and breast disorders,Therapeutic area: Diseases [C] - Male diseases of the urinary and reproductive systems [C12],PRIMARY OUTCOME: Main Objective: To examine systemic ethanol absorption as measured by alcometer results and blood tests; Primary end point(s): Systemic absorption of ethanol by injection into a hydro or spermatocele at 2 different doses; ; Secondary Objective: To

examine pain and complication rates 1-30 days from treatment; ; To examine cure rates
Timepoint(s) of evaluation of this end point: 30min,SECONDARY OUTCOME: Secondary end
point(s): - Pain 1-4 days after treatment at 2 different doses; - Complications within 30 days after
treatment at 2 different doses; - Symptom, 3 months after treatment at 2 different doses;
Timepoint(s) of evaluation of this end point: 1-4 days and 30 days and after three months from
treatment,INCLUSION CRITERIA: - Testicular hydrocele or spermatocele/epididymal cyst
confirmed clinically or with ultrasound - Informed consent to participate - Symptomatic hydro or
spermatocele corresponding to inconvenience that can not be ignored - Patients wish to undergo
treatment Are the trial subjects under 18? no Number of subjects for this age range: F.1.2 Adults
(18-64 years) yes F.1.2.1 Number of subjects for this age range 60 F.1.3 Elderly (>=65 years) yes
F.1.3.1 Number of subjects for this age range 60

296.

Effect of dexamethasone with caudal levobupivacaine for pain after operation in children posted
for lower abdomen surgeries Analgesic efficacy of dexamethasone as an adjuvant to caudal
levobupivacaine in children undergoing infraumbilical surgeries -A prospective, randomised,
double blind study

EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02166732

INTERVENTION: Intervention1: Caudal epidural block: Caudal levobupivacaine 0.2% 1ml/kg
Control Intervention1: Caudal epidural block: caudal dexamethasone 0.1mg/kg with
levobupivacaine 0.2% 1ml/kg,CONDITION: Health Condition 1: N433- Hydrocele,
unspecified,Health Condition 2: Q539- Undescended testicle, unspecified,PRIMARY OUTCOME:
Duration of analgesiaTimepoint: upto 24hrs post operatively,SECONDARY OUTCOME: Side
effectsTimepoint: Upto 24 Hours postoperatively,INCLUSION CRITERIA: ASA grade I and II
posted for infraumbilical surgery

297.

Correlation of preoperative fasting with emergence delirium in pediatric patients undergoing
General Anaesthesia Effect of Duration of Preoperative Fasting on the Incidence of Emergence
Delerium in Paediatric Patients during Recovery From General Anaesthesia: a Randomized
Controlled Trial

EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02167575

INTERVENTION: Intervention1: Preoperative fasting: Patients is divided into 1 hour and 2 hour
fasting groups Control Intervention1: Preoperative fasting: Divided patients into 1 hour and 2 hour
fasting Control Intervention2: Emergence delerium: Comparing emergence delerium, post
operative pain and nausea and vomiting between two group(1 hour and 2 hour fasting
group),CONDITION: Health Condition 1: K353- Acute appendicitis with localizedperitonitis,Health
Condition 2: K402- Bilateral inguinal hernia, withoutobstruction or gangrene,Health Condition 3:

Q410- Congenital absence, atresia and stenosis of duodenum,Health Condition 4: Q502- Congenital torsion of ovary,Health Condition 5: K629- Disease of anus and rectum, unspecified,Health Condition 6: N509- Disorder of male genital organs, unspecified,Health Condition 7: N430- Encysted hydrocele,Health Condition 8: K313- Pylorospasm, not elsewhere classified,Health Condition 9: N835- Torsion of ovary, ovarian pedicleand fallopian tube,Health Condition 10: Q531- Undescended testicle, unilateral,Health Condition 11: K409- Unilateral inguinal hernia, without obstruction or gangrene,PRIMARY OUTCOME: TO Compare The Incidence of Emergence Delirium Between Two GroupsTimepoint: 18 Months,SECONDARY OUTCOME: To Compare The Incidence of Pain and Post Operative Nausea and Vomiting Between Two Groups in PACUTimepoint: 18 Months,INCLUSION CRITERIA: ASA 1 and 2 posted for Laparoscopic Surgery of Duration 1-4 Hours Under General Anaesthesia

298.

The effect of withdrawal of sevoflurane on the incidence of postoperative emergence delirium in children To compare the effect of abrupt withdrawal of sevoflurane versus a step-down technique at the end of surgery on the incidence of postoperative emergence delirium in children

EBM Reviews - Cochrane Central Register of Controlled Trials

2020. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02240620

INTERVENTION: Intervention1: Sevoflurane withdrawal: Abrupt cessation of sevoflurane at extubation vs step down withdrawal of sevoflurane Control Intervention1: Sevoflurane abrupt withdrawal: At the end of surgery, Sevoflurane will be withdrawn abruptly at the last suture.

Control Intervention2: NOT APPLICABLE: NOT APPLICABLE,CONDITION: Health Condition 1:

N433- Hydrocele, unspecified,PRIMARY OUTCOME: Emergence delirium in the post op recoveryTimepoint: At time shifting to post-operative recovery, at 5,10,20,30,40,50,60,90 and 120 mins,SECONDARY OUTCOME: Emergence delirium

; Pain scores

; Discharge scoresTimepoint: 2 hour observation in recovery period,INCLUSION CRITERIA:

1. Ages 2-8 years 2. ASA 1 and 2 3. Elective surgeries of less than or equal to two hours 4.

Parental/guardianâ??s consent

299.

A comparative study between effects of ultrasound guided ilioinguinal /iliohypogastric nerve block versus caudal block on postoperative analgesia in children undergoing inguinal surgery

Nafie MMH. Altaher WA. Nassef GN. Ahmed MMW

EBM Reviews - Cochrane Central Register of Controlled Trials

QJM : monthly journal of the Association of Physicians. Vol.113(SUPPL 1):i26-p, 2020-11-25 to 2020-11-25. 40th Annual Ain Shams Medical Conference. Online. Netherlands Oxford University Press

[Journal article Conference proceeding

]

AN: CN-02355851

Background: The most commonly performed inguinal surgeries in children include inguinal hernia repair with or without orchidopexy and hydrocele repair. For postoperative pain with these

surgeries, a regional analgesic modality such as caudal analgesia (CA), ilioinguinal and iliohypogastric nerve block (IL/ IH), or even local infiltration is combined with a general anaesthetic (GA). Regional analgesia techniques are commonly used to facilitate pain control during pediatric surgical practice, decrease parenteral opioids requirements and improve the quality of post-operative pain control and patient-parent satisfaction. When compared to intravenous (IV) opioids, regional techniques reduce the risk of side effects such as somnolence, respiratory depression, emesis, and ileus. Patients and Methods: After approval of Anesthesia, Intensive Care and pain management department, scientific and ethical committees, and after informed parental written consents, this prospective randomized clinical trial study was conducted in Ain Shams University Hospitals. This study is considered to be a pilot exploratory study. Forty five children patients were included in the study scheduled for elective inguinal surgeries (e.g.; unilateral inguinal hernia repair, hydrocele repair, or orchidopexy). Patients will be randomized using a random number table and the use of a closed envelopes technique to receive either combined general anesthesia with ultrasound guided caudal block (Group A), combined general anesthesia and ultrasound guided ilioinguinal /iliohypogastric block (Group B), or general anesthesia with intravenous morphine (group C). Results: Among 45 children of (27 boys and 18 girls), aged from one to six years old, ASA physical status I-II who were scheduled for elective unilateral inguinal surgeries, fifteen patients received general anesthesia with ultrasound guided caudal epidural anesthesia (1ml/kg bupivacaine 0.25%), fifteen patients received general anesthesia with ultrasound-guided ilioinguinal/ iliohypogastric nerve block (0.5ml/kg bupivacaine 0.25%) and fifteen patient received general anesthesia with intravenous morphine (0.1 mg/kg). Conclusion: The current study demonstrated that ultrasound-guided ilioinguinal /iliohypogastric nerve block was more effective than ultrasound guided caudal epidural block or intravenous morphine usage in children aged 1-6 years old undergoing unilateral inguinal surgeries as it carried the advantages of faster onset of action, longer duration of postoperative analgesia, the need of lower volumes of local anesthetic agents with no recorded complications.

Institution

Anesthesiology, Intensive Care Medicine and Pain Management Department, Faculty of Medicine, Ain Shams University, Egypt

Publisher

Oxford University Press

300.

Evaluation of different concentration of ropivacaine used in ultrasound-guided posterior quadratus lumborum block for perioperative analgesia in pediatrics laparoscopic surgery: a randomized controlled trial Evaluation of different concentration of ropivacaine used in ultrasound-guided posterior quadratus lumborum block for perioperative analgesia in pediatrics laparoscopic surgery EBM Reviews - Cochrane Central Register of Controlled Trials

2020. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02184603

INTERVENTION: C15 group:0.15% ropivacaine;C20 group:0.2% ropivacaine;C25 group:0.25% ropivacaine;;CONDITION: Inguinal hernia / hydrocele,PRIMARY OUTCOME: The time of first use of remedy analgesic drugs after operation;;SECONDARY OUTCOME: Postoperative FLACC score;Postoperative FACES score;Number of postoperative users of remedial analgesics;Parental satisfaction;Incidence of adverse reactions;Postoperative PAED score;;INCLUSION CRITERIA: 1. Children who underwent laparoscopic high ligation of hernia sac / sheath process;;2. Children aged 3-6 years, weighing 13-24 kg;; 3. ASA grade I or II.

301.

Comparison of the effects of the use of tablet computer and midazolam to suppress surgical stress of children The effect of using tablet computer on surgical stress
EBM Reviews - Cochrane Central Register of Controlled Trials
2020. [No additional source data available.]

[Trial registry record Clinical trial protocol
]

AN: CN-02184343

INTERVENTION: In the study, we aim to compare the effects of oral midazolam and tablet computer for premedication in patients with anxiety and non-anxiety in children planned for operations under general anesthesia with the diagnosis of circumcision desire, inguinal hernia, hydrocele, and undescended testes. All these interventions will be managed by anesthesiologists. 1- Lego Juniors, Talking Tom Cat, Racing Penguin, Subway surfers, Air hockey, Cut the Rope games will be offered for children ages 4-10. 2- Participants will be given a tablet computer 30 minutes before the operation. After that 30 minutes, the pediatric patient will be evaluated in his/her room. And then, the pediatric patient will be re-evaluated when leaving the family to go to the operating room. Finally, when inhalation induction is performed, its response to the anesthesia mask of the pediatric patient will be assessed again. When the child who is given a tablet computer to play games is seen by the nurse that the child does not play games with the tablet computer, this child is excluded from the study. When a child given peroral midazolam does not agree to take midazolam or is seen by the nurse, who is removed from the mouth, this child is excluded from the study.,CONDITION: Alternative and Complementary Medicine - Other alternative and complementary medicine Anaesthesiology - Anaesthetics anxiety;;hydrocele;circumcision prompt;inguinal hernia;undescended testis;hypospadias; ; anxiety; ; hydrocele ; circumcision prompt ; inguinal hernia ; undescended testis ; hypospadias Mental Health - Anxiety,PRIMARY OUTCOME: Acceptance of the anesthesia masks will be evaluated by anesthesiologists. The acceptance of the anesthesia mask is scored. ; Point 1- Children who easily accept the anesthesia mask ; Point 2- Children with mild ; Point 3- resistance to anesthesia mask ; Point 4- Resistant crying children who do not accept the anesthesia mask[The patient's response to the anesthesia mask will be evaluated when inhalation anesthesia is applied with the anesthesia mask.] After the operation the patient will sent to the post-anesthesia care unit by the anesthesiologist. The patient will sent to his room if he can lift his head for 5 seconds, open his eyes, pull out his tongue and swallow with the verbal warning, The time spent in post-anesthesia care unit will recorded as recovery time.[Recovery time will be evaluated after the patient arrives at post-anesthesia care unit.] Anxiety levels in the waiting room were evaluated 30 minutes after taking oral midazolam or tablet computer. The patients were evaluated by the anesthesiologist and scored according to their condition.; Point 1- Sleeping during the exam ; Point 2- Those awake and calm during the examination ; Point 3- Children who are nervous during the examination but can communicate ; Point 4- Children who are crying, stressed or have no dialogue during the examination[Patients will be evaluated by the anesthesiologist 30 minutes after oral midazolam or tablet computer administration.],SECONDARY OUTCOME: When we come in contact with the families of the patients 1 week after the operation, we will make specific questionnaire. In that questionnaire, we will question the patients whether there are negative behavioral changes such as nightmares, separation anxiety, eating problems, fear of physician after surgery.,INCLUSION CRITERIA: Age 4-10 years,American Society of Anesthesiologists score 1 or 2, Children will be anesthetized for the first time for surgical procedures due to one of the following conditions: circumcision, inguinal hernia, hydrocele, undescended testis, hypospadias.; The questionnaire used here is "Changes in Children's Behavior After Hospitalization". This questionnaire was not specifically designed for this study.[When we come in contact with the families of the patients 1 week after the operation,]

302.

Methadone for children undergoing surgery The use of intraoperative methadone in children undergoing open urological surgery

EBM Reviews - Cochrane Central Register of Controlled Trials

2020. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02187038

INTERVENTION: Trade Name: Methadone Streuli Sol Inj 10 mg/ml 10 AMPS 1 ML Product Name: Methadone Streuli Pharmaceutical Form: Solution for injection INN or Proposed INN: METHADONE CAS Number: 76-99-3 Concentration unit: mg/ml milligram(s)/millilitre Concentration type: equal Concentration number: 10- Pharmaceutical form of the placebo: Suspension for injection in pre-filled syringe Route of administration of the placebo: Intravenous use,CONDITION: Postoperative pain in children undergoing open urological surgery ; MedDRA version: 20.0,Level: LLT,Classification code 10031063,Term: Orchiopexy,System Organ Class: 100000004865,; MedDRA version: 20.0,Level: PT,Classification code 10011498,Term: Cryptorchism,System Organ Class: 10010331 - Congenital, familial and genetic disorders,; MedDRA version: 20.0,Level: HLT,Classification code 10022017,Term: Inguinal hernias,System Organ Class: 100000004856,; MedDRA version: 20.0,Level: PT,Classification code 10020488,Term: Hydrocele,System Organ Class: 10010331 - Congenital, familial and genetic disorders,Therapeutic area: Analytical, Diagnostic and Therapeutic Techniques and Equipment [E] - Anesthesia and Analgesia [E03],PRIMARY OUTCOME: Main Objective: • Consumption of analgesics within 3, 24 and 48 hours after extubation; • Pain intensity (FLACC-score) every 15 minutes after extubation in the PACU, and 3 times the day following the first post operative surgery (morning, noon, afternoon); ; Primary end point(s): • Consumption of analgesics; • Painintensity Secondary Objective: • Discharge time (minutes from extubation); • Sedation; • Postoperative nausea and vomiting (PONV) within the first 48 hours; Timepoint(s) of evaluation of this end point: Within 3, 24 and 48 hours after extubation,SECONDARY OUTCOME: Secondary end point(s): • Discharge time (minutes from extubation); • Sedation within 3 hours ; • Postoperative nausea and vomiting (PONV) within the first 48 hours Timepoint(s) of evaluation of this end point: • Within 3 hours ; • 48 hours,INCLUSION CRITERIA: Children under the age of five, scheduled for open urologiscal surgery are screened for inclusion Are the trial subjects under 18? yes Number of subjects for this age range: 96 F.1.2 Adults (18-64 years) no F.1.2.1 Number of subjects for this age range F.1.3 Elderly (>=65 years) no F.1.3.1 Number of subjects for this age range

303.

Congenital inguinal hernia repair with and without opening the inguinal canal

Sabry AA. Hassan TA. Allam A. Ali OKA

EBM Reviews - Cochrane Central Register of Controlled Trials

QJM : monthly journal of the Association of Physicians. Vol.113(SUPPL 1):i103-p,2020.

Netherlands Oxford University Press

[Journal article Conference proceeding

]

AN: CN-02383262

Background: Elective repair of congenital inguinal hernia is the most common surgery performed by pediatric surgeons and is considered the treatment of choice. The exact technique and steps

involved in the repair differs widely among pediatric surgeons, many surgeons open the roof of inguinal canal while preserving the external ring or opening it, this is called the modified Ferguson's technique. In infants, the inguinal canal is short and virtually the internal and external rings lie over each other so many surgeons also like to perform the whole operation without opening the external oblique aponeurosis distal to the external ring, this technique is called the Mitchell Banks technique. Objective: To compare both techniques regarding intraoperative time, incidence of intraoperative and postoperative complications to pass our experience in a trial to reach an ideal surgical technique for congenital inguinal hernia repair. Patients and Methods: In this study, 60 cases of congenital inguinal hernia were randomly selected and divided into two equal groups where group A underwent the repair with opening the external oblique aponeurosis and group B underwent the repair without opening the external oblique aponeurosis. Results: As regard the postoperative complications, the patients who underwent the Ferguson's technique experienced more postoperative pain with statistically significant more incidence of postoperative hydrocele than the Mitchell banks technique, no complications occurred postoperatively other than hydrocele in our study. Conclusion: Our study results, we can approve that Mitchell Banks technique is easier, consumes less time than Ferguson's technique with less incidence of postoperative complications and pain which can make this technique better for congenital inguinal hernia repair in children aging 2 years or less.

Institution

Department of General Surgery, Ain Shams University, Egypt

Publisher

Oxford University Press

304.

Elimination of lymphatic filariasis as a public health problem from the Arab Republic of Egypt.

[Review]

Ramzy RMR, Kamal HA, Hassan MA, Haggag AA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Acta Tropica. 199:105121, 2019 Nov.

[Journal Article. Review]

UI: 31400299

Lymphatic filariasis (LF) has been known in Egypt since ancient times. By 1930s it was recognized to be a major public health problem in the Nile Delta, and to be caused by *Wuchereria bancrofti* and transmitted by *Culex pipiens*. Remarkably, as a result of widespread DEC treatment and intensive vector control by the Ministry of Health and Population (MoHP), the infection rate of LF declined in the 1960s. However, relaxation of these efforts resulted in resurgence of filariasis in the 1980s and 1990s. In 2000, Egypt was among the first countries to join the WHO global efforts to eliminate LF as a public health problem by initiating a national LF elimination programme (NLFEP). This article reviews the history of LF control activities and summarizes the NLFEP extensive interventions to eliminate LF in Egypt. Based on MoHP data, mass drug administration (MDA) with DEC and ALB was started in 2000 in 161 implementation units (IUs). Additional IUs were included in subsequent MDA rounds, with the last IU included in 2007. MDA stopping surveys were conducted based on WHO guidelines (2005; 2011). Information about the presence of those suffering from lymphoedema/elephantiasis and hydrocele patients was collected, and care provided to those needing care in five rural health units (RHU) by primary health care system providers who were given training on LF morbidity management and disability prevention (MMDP). The NLFEP made excellent progress due to strong collaboration between different ministries, through intensive training and supervision, and the use of advocacy for mobilization of endemic communities. The epidemiological coverage for all MDA rounds was effectively $\geq 80\%$. Antigenemia levels found in schoolchildren during transmission assessment

surveys (TAS) in 166 IUs approximately 10 years after stopping MDA was 0%. In 2017, TAS conducted in additional 29 IUs indicated 0.1% antigenemia and 0% microfilaremia. In 2015, the registration of chronic LF patients was updated to 1472 lymphoedema and 18 hydrocele patients. Lymphoedema patients were trained on self-management, and hydrocele patients were referred to local General Hospitals for surgery. Thus, after over a decade of sustained effort, Egypt met the WHO criteria for successful elimination of LF as a public health problem. In December 2017, WHO validated Egypt as the first country in the Eastern Mediterranean Region to successfully achieve elimination.

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Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

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Ministry of Health and Population, Cairo, Egypt.

Hassan, Mohamed A. Ministry of Health and Population, Cairo, Egypt.

Haggag, Ayat A. Ministry of Health and Population, Cairo, Egypt.

Year of Publication

2019

305.

Epidemiology of hydrocele and spermatocele; incidence, treatment and complications.

Lundstrom KJ, Soderstrom L, Jernow H, Stattin P, Nordin P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Scandinavian Journal of Urology. 53(2-3):134-138, 2019 Apr - Jun.

[Journal Article]

UI: 30990342

Objectives: To estimate the incidence of men seeking specialized care and receiving treatment for hydro or spermatocele complaints. Also, to determine the risk of complications of treatment. Materials and methods: The total number of men living in Sweden each year from 2005 to 2014 was used to calculate incidence and age distribution of adult (≥ 18 years) men seeking specialized healthcare with either hydro or spermatocele. This was done by using nationwide registries, mandatory by law. They contain information on primary or discharge diagnosis, procedure codes and antibiotic prescriptions. Also, complication rates comparing aspiration (with or without sclerotherapy) and conventional surgery were analysed.

Results: The incidence of men with either hydro or spermatocele diagnosis in specialized healthcare was $\sim 100/100,000$ men. The treatment incidence was $17/100,000$ men. Orchiectomy was used as primary treatment in 2.4% of cases. The risk of experiencing a complication was clinically and statistically significantly increased with conventional surgery as compared with aspiration, 17.5% (1607/9174) vs 4.6% (181/3920), corresponding to relative risk of 3.79 (95% CI = 3.27-4.40). Hematoma and infections were the most common complications. Conclusion: Hydro and spermatoceles are common, affecting elderly men. Aspiration seems advantageous with respect to complications and can be recommended due to the benign course of the disease. The indication for conventional surgery might be questioned such as the use of orchiectomy as primary treatment.

Version ID

1

Place Holder 11

MEDLINE

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Institution

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Year of Publication

2019

306.

Evaluation of the success rate and complications of conventional varicocelectomy: Do we need microscopic surgery really?.

Ameli M, Ahmadzadeh M, Khajavi A, Nabizadeh M

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Urologia (Treviso). 86(1):23-26, 2019 Feb.

[Comparative Study. Journal Article]

UI: 30890103

OBJECTIVE:: Varicocele is the most commonly curable cause of infertility in men. Varicocele is found in 15% of the total male population, 35% of men with primary infertility, and 75%-81% of men with secondary infertility. Generally, patients seek microscopic surgery via surfing the Internet, which is not an available option in all medical centers. The purpose of this study was to determine the success rate and complications of conventional varicocelectomy and to compare it with that of the microscopic method.

METHODS:: In this descriptive cross-sectional study, 88 patients with varicocele who underwent non-microscopic varicocele surgery in the 15th Khordad Hospital during 2013-2015 were evaluated by the census method.

RESULTS:: The mean age of patients with varicocele was 27.30 years; 52 patients underwent bilateral varicocelectomy and 36 left varicocelectomy. Surgical complications of non-microscopic varicocelectomy in the studied patients included bleeding and hydrocele formation both in 0.7% and recurrence in 2.8%. Testicular atrophy was not observed in any case.

CONCLUSION:: The incidence of recurrence, hydrocele formation, atrophy, and bleeding in non-microscopic varicocelectomy, if done in accordance with its principles, is not more than the microscopic approach and therefore it could be recommended as a safe surgical treatment in centers where microscopic surgery is not available.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Ameli, Mojtaba, Ahmadzadeh, Milad, Khajavi, Abdoljavad, Nabizadeh, Mostafa
Institution
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Nabizadeh, Mostafa. 2 Iran University of Medical Sciences, Tehran, Iran.
Year of Publication
2019

307.

Incidence of pediatric metachronous contralateral inguinal hernia and the relationship with
contralateral patent processus vaginalis.

Li Y, Wu Y, Wang C, Wang Q, Zhao Y, Ji Y, Xiang B

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Surgical Endoscopy. 33(4):1087-1090, 2019 04.

[Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]

UI: 30255331

BACKGROUND: The management of contralateral patent processus vaginalis (CPPV) in children
with unilateral inguinal hernia is still controversial. The objective of this study was to verify the
relationship between metachronous contralateral inguinal hernia (MCIH) and CPPV, and the risk
factors of MCIH.

METHODS: Children with unilateral inguinal hernia from three medical centers underwent either
open or laparoscopic repairs. Clinical information, including demographics, morphological
characteristics of CPPV, follow-up outcomes were collected.

RESULTS: Among 2942 patients (92.2%) who received open repair with successful follow-up,
185 (6.29%) developed MCIHs [125 (10.9%) on the right side and 60 (3.3%)] on the left including
156 (7.07%) younger than 3 years old and 29 (3.94%) older than 3 years old. Patients younger
than 3 years old with primary left inguinal hernias more easily develop MCIHs and the difference
is statistically significant. Among 5370 patients (96.0%) who received laparoscopic repair with
successful follow-up, the morphology of ipsilateral patent processus vaginalis were cavernous
type in 5318 (99%) and 52 (1%) were fissure type. CPPVs were identified in 2233 (41.5%) cases
[1256 (35.01%) on the left side and 977 (54.80%) on the right side, $P < 0.001$]; 1503 cases were
cavernous type (1276 cases younger than 3 years old and 227 cases older than 3 years old) and
730 cases were fissure type (422 cases younger than 3 years old and 308 cases older than 3
years old). The probability of occurrence of cavernous type and CPPV in children younger than 3
years old was higher than that in children older than 3 years old.

CONCLUSIONS: Not all CPPVs progress into an MIH, and approximate one of 15 CPPVs would
progress into MIH. If patient with initial left-sided inguinal hernia is younger than 3 years old,
when the morphology of CPPV is cavernous type identified by laparoscopic exploration, the
contralateral repair would be recommended.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

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Year of Publication
2019

308.

Single-Site Laparoscopic Percutaneous Extraperitoneal Closure Versus Modified Transumbilical Two-Port Laparoscopic Suturing of the Hernia Sac for the Treatment of Pediatric Inguinal Hernia: Comparison of the Outcomes of Two Different Approaches.

Wang F, Zhong H, Shou T, Chen Y, Zhao J

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Laparoendoscopic & Advanced Surgical Techniques. Part A. 29(1):103-108, 2019 Jan. [Comparative Study. Journal Article]

UI: 30222529

OBJECTIVE: To evaluate the surgical outcomes of single-site laparoscopic percutaneous extraperitoneal closure (SLPEC) and modified transumbilical two-port laparoscopic suturing (M-TTLS) of the hernia sac for the treatment of pediatric inguinal hernia (PIH) and determine whether one approach was superior to another.

METHODS: From January 2014 to June 2017, a total of 599 children had undergone SLPEC or M-TTLS in our department. SLPEC and M-TTLS were the most frequently performed single-site laparoscopic procedures for PIH in our department, which represented the extraperitoneal and intraperitoneal approaches, respectively. All patients were followed up at the out-patients' clinics and the medical records were reviewed with respect to all operative outcomes.

RESULTS: There were 412 patients undergoing SLPEC and 187 patients undergoing M-TTLS, of which 358 hernias were on the right side, 172 on the left and 69 bilaterally. Two hundred and thirty-one unilateral hernias with contralateral patent processus vaginalis underwent contralateral repair at the same session. Mean operation time was 10.81 minutes in unilateral repair and 17.00 minutes in bilateral repairs, respectively. The perioperative complications included minor extraperitoneal hematoma in four (0.44%) patients, recurrence in one (0.11%), hydrocele in five (0.56%), and contralateral metachronous inguinal hernia in three (1.00%). No other complication developed in either group. There was no significant difference of complications between the two approaches except for the longer operation time in M-TTLS.

CONCLUSIONS: Both SLPEC and M-TTLS were the safe and effective methods for PIH. The complications were comparable for M-TTLS and SLPEC, but operation time was significantly longer in M-TTLS than in SLPEC.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

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Year of Publication
2019

309.

PIEZO1 Hypomorphic Variants in Congenital Lymphatic Dysplasia Cause Shape and Hydration Alterations of Red Blood Cells.

Andolfo I, De Rosa G, Errichiello E, Manna F, Rosato BE, Gambale A, Vetro A, Calcaterra V, Pelizzo G, De Franceschi L, Zuffardi O, Russo R, Iolascon A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Frontiers in Physiology. 10:258, 2019.

[Journal Article]

UI: 30930797

PIEZO1 is a cation channel activated by mechanical force. It plays an important physiological role in several biological processes such as cardiovascular, renal, endothelial and hematopoietic systems. Two different diseases are associated with alteration in the DNA sequence of PIEZO1: (i) dehydrated hereditary stomatocytosis (DHS1, #194380), an autosomal dominant hemolytic anemia caused by gain-of-function mutations; (ii) lymphatic dysplasia with non-immune fetal hydrops (LMPH3, #616843), an autosomal recessive condition caused by biallelic loss-of-function mutations. We analyzed a 14-year-old boy affected by severe lymphatic dysplasia already present prenatally, with peripheral edema, hydrocele, and chylothoraces. By whole exome sequencing, we identified compound heterozygosity for PIEZO1, with one splicing and one deletion mutation, the latter causing the formation of a premature stop codon that leads to mRNA decay. The functional analysis of the erythrocytes of the patient highlighted altered hydration with the intracellular loss of the potassium content and structural abnormalities with anisopoikilocytosis and presence of both spherocytes and stomatocytes. This novel erythrocyte trait, sharing features with both hereditary spherocytosis and overhydrated hereditary stomatocytosis, complements the clinical features associated with loss-of-function mutations of PIEZO1 in the context of the generalized lymphatic dysplasia of LMPH3 type.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

Andolfo, Immacolata, De Rosa, Gianluca, Errichiello, Edoardo, Manna, Francesco, Rosato, Barbara Eleni, Gambale, Antonella, Vetro, Annalisa, Calcaterra, Valeria, Pelizzo, Gloria, De Franceschi, Lucia, Zuffardi, Orsetta, Russo, Roberta, Iolascon, Achille

Institution

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PMC Identifier
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428731>
Year of Publication
2019

310.

Mesothelioma of the tunica vaginalis testis.

Butnor K.J., Pavlisko E.N., Sporn T.A., Roggli V.L.

Embase

Human pathology. (no pagination), 2019. Date of Publication: 31 Jul 2019.

[Article]

AN: 629021649

Malignant mesothelioma arising from the serosal membranes of the tunica vaginalis testis (TVT) is rare. Most examples in the published medical literature are individual case reports. This study presents the clinicopathologic findings of mesothelioma of the TVT in one of the largest series to date. Design Individuals with mesothelioma of the TVT were identified from a database of more than 4000 mesothelioma cases and their clinicopathologic features were recorded. Eighteen men with malignant mesothelioma (MM) and two with well-differentiated papillary mesothelioma (WDPM) of the TVT were identified, which represented 0.6% of males with mesothelioma in study population. The median age at diagnosis was 72years (range, 32-85years). A neoplasm was not suspected preoperatively in 12 of the 17 (71%) men whose clinical presentation was known, seven of whom presented with hydrocele and five with inguinal hernia. The other five had a clinically recognized mass. Seven of the men underwent herniorrhaphy, seven radical orchiectomy,

three hydrocelectomy, and three paratesticular mass biopsy or excision as the initial diagnostic procedure. Twelve of the MM cases were epithelioid and six were biphasic. Among the six men with MM who had ≥ 6 months follow-up, one was alive with no evidence of disease at six months and five were known to have died of disease 8-74 months (median=31.5 months) following diagnosis. Three men with MM had received either chemotherapy or radiation therapy. Of the two men initially diagnosed with WDPM, one was alive without evidence of disease five years after diagnosis, while the other had findings more compatible with MM with peritoneal involvement two years following initial diagnosis. In 15 of the 18 cases of MM (83%), there was documented occupational or paraoccupational exposure to asbestos, the average duration of which was 33 years (range, 2-46 years). Information regarding the presence or absence of pleural plaques was available in 5 of the MM cases and pleural plaques had been found in four. Lung tissue was not available for fiber analysis in any of the cases. One additional case originally diagnosed at another institution as MM of the TVT was reclassified as adenocarcinoma following performance of additional immunohistochemical testing. TVT is a rare site of MM, the diagnosis of which is often unsuspected preoperatively. Like its counterparts at other serosal sites, MM of the TVT is an aggressive tumor with a poor prognosis that evidence would suggest is etiologically associated with asbestos in at least some cases.

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Place Holder 11

Article-in-Press

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Publisher

NLM (Medline)

Year of Publication

2019

311.

The futility of continued surveillance of epididymal cysts: A study of the prevalence and clinico-demographics in pre- vs. Post-pubertal boys.

O'Kelly F., McAlpine K., Abdeen N., Keays M.A., Guerra L.A., Leonard M.P.

Embase

Canadian Urological Association Journal. 13(12) (pp E398-E403), 2019. Date of Publication: 2019.

[Article]

AN: 2004089075

Introduction: The first description of epididymal cysts in children appears from a 1976 case study. Since then, there have been a total of 24 indexed publications relating to pediatric epididymal cysts. Risk factors that may exist for children presenting with epididymal cyst remain unknown, as has the best method of management. And there have not been any studies looking at the cost implications of this diagnosis. The aim of this study was to assess the incidence, clinico-demographics, outcomes, and costs of epididymal cysts in pre-pubertal boys compared with a post-pubertal epididymal cyst cohort, and to assess whether this cohort requires continued surveillance Methods: Our institutional ultrasound (US) database was searched for all scrotal US. From these, a filtered, institution review board-approved search was performed for any reports

containing the word "cyst." These were then cross-referenced with a retrospective chart review (October 2006 to September 2017). Clinico-demographics, cyst characteristics, and outcomes were analyzed for both pre- and post-pubertal boys using descriptive and nonparametric statistical methods Results: Of 4508 boys undergoing scrotal US during the study period, 191 were indicated to contain cysts. This was manually reduced to 109 scans (2.4%) that met inclusion criteria (85 pre-pubertal; 24 post-pubertal). Thirty-one scans were ordered by urology, including all those with abnormal testicular echotexture (n=5). The average age of the post-pubertal cohort was 15.8 years, compared with 3.8 years in the pre-pubertal cohort. Most (70.5%) epididymal cysts were incidental. There was no difference between the pre- and post-pubertal cohorts in terms of presence of hydroceles (p=0.9), symptoms (p=0.9), ordering service (p=0.61), rate of resolution (4.2% vs. 8.2%; p=0.68), or length of followup (4 vs. 4.5 years; p=0.44). Pre-pubertal cysts were significantly smaller in size (3.35 vs. 14.52 mm; p=0.025) and more likely to trigger repeat scanning (67 vs. 10; p=0.008). There were no operative interventions and no subsequent clinical deterioration occurred with observation. At a cost of \$71.10 CAD per US, \$15 002.10 CAD was expended on epididymal cyst surveillance in direct cost to the healthcare system.

Conclusion(s): Epididymal cysts are comparable in both pre- and post-pubertal boys and can be safely managed non-operatively without the use of continued US surveillance or urological referral. The higher than expected rate of detection may be a result of the improved ultra-resolution of modern scanners. These children should not require continued followup with repeat surveillance imaging solely for epididymal cysts and could be managed in the primary care setting as part of routine clinical examination.

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Place Holder 11

Embase

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Publisher

Canadian Urological Association

Year of Publication

2019

312.

Extrathyroidal congenital defects in children with congenital hypothyroidism - observations from a single paediatric centre in Central Europe with a review of literature.

Wedrychowicz A., Furtak A., Prośniak A., Zuberek M., Szczerkowska M., Pacut P., Lemanska D., Słusznia A., Starzyk J.B.

Embase

Pediatric Endocrinology, Diabetes and Metabolism. 25(3) (pp 114-121), 2019. Date of Publication: 2019.

[Article]

AN: 2003121807

Introduction: Patients with congenital hypothyroidism (CH) can have an increased risk of occurrence of extrathyroidal defects compared to the general population, which could influence their development. The abnormalities occur mainly in organ systems whose development and function is dependent on genes that are also responsible for proper organogenesis of the thyroid gland and thyroid hormone synthesis. Aim of the study: The aim of the study was to evaluate the

frequency of extrathyroidal defects in CH patients, taking into consideration the cause of this co-occurrence and the role of genetic tests.

Material(s) and Method(s): The study included 54 newborns with positive screening test for CH based on elevated TSH level, in the years 2010-2017, from South-Eastern Poland. The data was retrieved retrospectively from patients' medical records.

Result(s): Twenty of 54 newborns with CH (37%) had congenital defects of other organs. In 10 (18.5%) cardiac defects were found, in 5 (9.25%) abnormal symptoms of the respiratory system, 7 (12.96%) had abnormalities of the gastrointestinal system, five (9.25%) had genitourinary abnormalities, 3 (5.55%) had abnormalities of the nervous system, and 6 (11.1%) had musculoskeletal abnormalities.

Conclusion(s): The analysis of our data and current literature suggests that genetic factors play the most important role in the development of extrathyroidal abnormalities in newborns with CH. Identifying the mutation causing CH, the potential defects that can accompany newborns with CH, screening could be offered for these patients in order to obtain an earlier diagnosis and implement early and appropriate treatment.

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Embase

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Publisher

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313.

Safety and efficacy of laparoscopic percutaneous extraperitoneal closure for inguinal hernia in infants younger than 6 months: A comparison with conventional open repair.

Zenitani M., Saka R., Sasaki T., Takama Y., Tani G., Tanaka N., Ueno T., Tazuke Y., Oue T., Okuyama H.

Embase

Asian journal of endoscopic surgery. 12(4) (pp 439-445), 2019. Date of Publication: 01 Oct 2019.

[Article]

AN: 629682569

INTRODUCTION: This study aimed to compare the safety and efficacy of laparoscopic percutaneous extraperitoneal closure (LPEC) and conventional open repair (OR) for inguinal hernia in infants younger than 6 months.

METHOD(S): The medical records of 202 patients who had undergone LPEC or OR at an age younger than 6 months between 2010 and 2016 were reviewed. Patient characteristics and surgical outcomes were compared between LPEC and OR.

RESULT(S): In total, there were 120 LPEC (76 males, 44 females) and 83 OR (76 males, 7 females) cases. There were no differences in median age, median bodyweight, and presence of incarceration between the two groups (LPEC group: 3 months (range, 0-5 months), 5.7 kg (range,

2.3-9.6kg), and 13.3%; OR group: 3months (range, 1-5months), 5.5kg (range, 2.1-9.0 kg), and 12.0%). LPEC was completed in all cases without any intraoperative complications or open conversions. In the LPEC group, 60.0% of unilateral hernia patients had a contralateral patent processus vaginalis and underwent prophylactic closure. The incidence of metachronous contralateral hernia was significantly lower in the LPEC group than in the OR group (0% vs 10.0%, $P < 0.01$). Operative time was significantly shorter during LPEC than during OR ($P < 0.01$) for male patients. The recurrence rate was lower in the LPEC group (0.83%) than in the OR group (2.4%), but the difference was not significant.

CONCLUSION(S): The present data indicate that LPEC is comparable to OR in terms of safety and efficacy in infants younger than 6months. Moreover, among the LPEC group, there were fewer incidences of metachronous contralateral hernia, and the procedure had a shorter operative time.

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Publisher

NLM (Medline)

Year of Publication

2019

314.

Prevalence of surgically correctable conditions among children in a mixed urban-rural community in Nigeria using the SOSAS survey tool: Implications for paediatric surgical capacity-building.

Ademuyiwa A.O., Odugbemi T.O., Bode C.O., Elebute O.A., Alakaloko F.M., Alabi E.O., Bankole O., Ladipo-Ajayi O., Seyi-Olajide J.O., Okusanya B., Abazie O., Ademuyiwa I.Y., Onwuka A., Tran T., Makanjuola A., Gupta S., Ots R., Harrison E.M., Poenaru D., Nwomeh B.C.

Embase

PLoS ONE. 14(10) (no pagination), 2019. Article Number: e0223423. Date of Publication: 01 Oct 2019.

[Article]

AN: 2003321499

Background In many low- and middle-income countries, data on the prevalence of surgical diseases have been derived primarily from hospital-based studies, which may lead to an underestimation of disease burden within the community. Community-based prevalence studies may provide better estimates of surgical need to enable proper resource allocation and prioritization of needs. This study aims to assess the prevalence of common surgical conditions among children in a diverse rural and urban population in Nigeria. **Methods** Descriptive cross-sectional, community-based study to determine the prevalence of congenital and acquired surgical conditions among children in a diverse rural-urban area of Nigeria was conducted. Households, defined as one or more persons 'who eat from the same pot' or slept under the same roof the night before the interview, were randomized for inclusion in the study. Data was collected using an adapted and modified version of the interviewer-administered questionnaire-Surgeons Overseas Assessment of Surgical Need (SOSAS) survey tool and analysed using the REDCap web-based analytic application. **Main results** Eight-hundred-and-fifty-six households were surveyed, comprising 1,883 children. Eighty-one conditions were identified, the most common being umbilical hernias (20), inguinal hernias (13), and wound injuries to the extremities

(9). The prevalence per 10,000 children was 85 for umbilical hernias (95% CI: 47, 123), and 61 for inguinal hernias (95% CI: 34, 88). The prevalence of hydroceles and undescended testes was comparable at 22 and 26 per 10,000 children, respectively. Children with surgical conditions had similar sociodemographic characteristics to healthy children in the study population. Conclusion The most common congenital surgical conditions in our setting were umbilical hernias, while injuries were the most common acquired conditions. From our study, it is estimated that there will be about 2.9 million children with surgically correctable conditions in the nation. This suggests an acute need for training more paediatric surgeons.

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Public Library of Science (E-mail: plos@plos.org)

Year of Publication

2019

315.

Social and Clinical Impact of Congenital Urological Malformations in a Developing Country: The Need for a Transdisciplinary Way of Treatment.

Fernandez N., Puerto Nino A., Arreaza Kaufman D.J., Gracia G., Ibanez L., Acevedo C., Zarante I.

Embase

Urologia Colombiana. 28(4) (pp 285-290), 2019. Date of Publication: 2019.

[Article]

AN: 630324813

Introduction The prognosis of congenital anomalies (CAs) can be improved if detected and treated accurately. Given the complexity of some anomalies, it is almost always necessary to approach them with an interdisciplinary team. Our objective was to contact patients with congenital urological anomalies (CUAs) and follow them up during their first years of life and evaluate their clinical status, as well as their social and health care limitations. **Method** Based on the Bogota Congenital Malformations Surveillance Program (BCMSP), we have contacted by phone all the patients with CUAs and evaluated their follow-up. We have included all the registered patients from 2006 until 2015. A standardized questionnaire was applied by a trained staff. The questions assessed on each call included: evaluation of the clinical status of the patient, the clinical treatments and evaluations performed by clinical and surgical subspecialties, health care limitations, and social barriers. The first call was made at the 2nd month, then every 3 months during the 1st year and every 6 months thereafter. **Results** A total of 277 patients were contacted, 97.3% of whom have an increased risk of mortality or significant disability. The malformation related mortality was of 38.1%. Only 38.7% of the patients were evaluated by a specialist, while 57.4% were still waiting to be seen by a specialist. Ninety eight percent of the limitations related to the health care system were the long waiting lists to be seen by a specialist. **Conclusion** Many of the pathologies that we have found belong to the group that has a significant reduction in mortality when treated accurately and promptly. However, we have a profound problem in our health care system, in that many of the patients have not been seen by a specialist, which results in a worse prognosis and recovery rate.

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Publisher

Thieme Medical Publishers, Inc. (E-mail: custserv@thieme.com)

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2019

316.

Scrotal Ultrasound Is Not Routinely Indicated in the Management of Cryptorchidism, Retractable Testes, and Hydrocele in Children.

Shields L.B.E., White J.T., Peppas D.S., Rosenberg E.

Embase

Global Pediatric Health. 6 (no pagination), 2019. Date of Publication: 2019.

[Article]

AN: 2003733201

Cryptorchidism, or undescended testes, is the most common congenital genitourinary anomaly. A failure or delay of treatment may result in reduced fertility or an increased risk of testicular cancer. The American Urological Association (AUA) recommends that a scrotal ultrasound (SUS) not be performed in the preoperative management of cryptorchidism. This study investigated how likely pediatricians were to perform SUS despite the AUA guidelines. We retrospectively studied 243 patients referred to a single pediatric urology practice for clinically diagnosed testis pathology including undescended testis, hydrocele, and retractile testis over a 4-year period (January 1, 2015, to December 30, 2018). A total of 72 patients (29.6%) underwent a SUS ordered by their pediatrician prior to the pediatric urology visit. Pediatricians should be aware that SUS performed prior to pediatric urological evaluation does not alter management and is associated with a significant financial cost in patients with cryptorchidism or hydrocele.

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SAGE Publications Inc. (E-mail: claims@sagepub.com)

Year of Publication

2019

317.

The importance of surgical timing in inguinoscrotal surgical pathologies. Inguinoskrotal cerrahi patolojilerde cerrahi zamanlamanin onemi <Inguinoskrotal cerrahi patolojilerde cerrahi zamanlamanin onemi.>

Kaya M., Ozkan A., Kabaklioglu M.

Embase

Duzce Medical Journal. 21(3) (pp 181-185), 2019. Date of Publication: 2019.

[Article]

AN: 2003446135

Aim: Various inguinal pathologies can occur if the processus vaginalis cannot close fully. The aim of this study was to evaluate all patients who underwent inguinoscrotal surgery operations between 2011 and 2018 in our clinic, in terms of age, gender and accompanying with another operation, retrospectively.

Material(s) and Method(s): In this study, records of 807 patients who were performed inguinal surgery operations including 558 inguinal hernia repair, 184 orchiopexy and 65 hydrocelectomy between 2011 and 2018 at Duzce University, Faculty of Medicine, Pediatric Surgery Department were evaluated retrospectively.

Result(s): Mean age of the 558 patients who underwent inguinal hernia operation was 3.0+/-3.6 years, and 288 (51.6%) patients were older than 2 years of age. Of the patients who performed inguinal hernia operation, 411 (73.7%) were male and 147 (26.3%) were female. There was a statistically significant difference in terms of inguinal hernia repair side according to gender ($p=0.038$), and left inguinal hernia repair rate in females was detected higher than in males. Mean age of the 184 patients who performed orchiopexy operation was 4.0+/-3.4 years old, and only 46 patients (25.0%) who underwent orchiopexy were younger than 2 years of age. Mean age of the 65 patients who performed hydrocele operation was 4.6+/-4.1 years old.

Conclusion(s): According to the results of this study, it is seen that the community does not have enough information about the right operation time of inguinal hernia and undescended testis, and that the society should be informed about this issue.

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Place Holder 11

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Publisher

Duzce University Medical School (E-mail: duzcetipdergisi@gmail.com)

Year of Publication

2019

318.

A low cost and non-complicated circumcision; when, how, where, who should be made by?.

Dusuk maliyetli ve komplikasyonsuz bir sunnet; ne zaman, nasil, nerede, kim tarafından yapilmali? <Dusuk maliyetli ve komplikasyonsuz bir sunnet; ne zaman, nasil, nerede, kim tarafından yapilmali?.>

Kaya M., Ozkan A., Kabaklioglu M.

Embase

Konuralp Tip Dergisi. 11(3) (pp 440-443), 2019. Date of Publication: 2019.

[Article]

AN: 2004765994

Objective: Circumcision, in Turkey as a Muslim country is one of the most commonly performed operation. The aim of this study is to retrospectively evaluated circumcision datas and discuss about 'a low cost and non-complicated circumcision; when, how, where, who should be made by'. Method(s): 4059 patients who were circumcised between 2011-2018 were included in the study. The age of the patient, time of operation, presence of accompanying surgical pathology (inguinal hernia, undescended testis, hydrocele, etc.) and anesthesia type (local only, sedoanalgesia and general) were evaluated.

Result(s): The mean age of 4059 patients was 4.1 years (+/- 3.29). The number of patients who had circumcised <2year was 1315 (32.40%), aged 2-6 who no recommended by child psychiatrists was 1154 (28.43%) and >6 year was 1590 (39.17%). 422 (10.40%) of patients who underwent circumcision had additional surgical pathology. The most common additional surgical pathologies were inguinal hernia (n=212, 50.24%), undescended testes (n=100, 23.70%) and hydrocele (n=32, 7.58%).

Conclusion(s): Since the circulation of complicated surgical operations is intense, especially in the 3rd level public university hospitals are more appropriate to perform circumcision in patients who require additional operation to reduce the cost and hospitalization. If additional operation is not required, circumcision should be performed by private health institutions or certified 1st level family physicians. In terms of childhood psychology, it is important to take measures to increase the level of knowledge of families at this issue, since a significant number of families still circumcised their children aged 2-6 years.

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Publisher
Duzce University Medical School (E-mail: duzcetipdergisi@gmail.com)
Year of Publication
2019

319.

Single-port laparoscopic percutaneous extraperitoneal closure of inguinal hernia using "two-hooked" core needle apparatus in children.

Yonggang H., Changfu Q., Ping W., Fangjie Z., Hao W., Zicheng G., Guodong G., Jing Y.

Embase

Hernia. 23(6) (pp 1267-1273), 2019. Date of Publication: 01 Dec 2019.

[Article]

AN: 627302635

Objective: The aim of this study is to evaluate the surgical outcomes of single-port laparoscopic percutaneous extraperitoneal closure of inguinal hernia using "two-hooked" core needle apparatus in children.

Method(s): This study was conducted at Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine between January 2016 and June 2018. Five hundred and eighteen patients under the age of 12 years with inguinal hernias were subjected to single-port laparoscopic percutaneous extraperitoneal closure (SPLPEC) using non-absorbable suture by "two-hooked" core needle apparatus. Description of the technique is as follows: Under general anesthesia, a 0.5-0.8 cm trans-umbilical skin incision was done for insertion of a 0.5 cm port. A "two-hooked" core needle apparatus was used for insertion of a non-absorbable suture around internal ring. The suture knot was tied extracorporeally.

Result(s): Among 518 child patients with inguinal hernias, there were 406 males and 112 females with a mean age of 4.6 +/- 3.5 years. One hundred and six cases were subjected to bilateral surgery including 91 cases of contralateral patent processus vaginalis (PPV). Three cases converted to open surgery and additional 0.5 cm port was done in five cases. The mean operative time was 13.2 +/- 3.5 min for unilateral hernia repair and 16.9 +/- 4.6 min for bilateral cases. All patients achieved full recovery without complications such as surgical site infection (SSI), testicular atrophy, or iatrogenic ascent of the testis. At the mean follow-up time of 18.72 +/- 5.27 months, two cases had recurrences (0.39%) and one case had postoperative hydrocele (0.19%). Conclusion(s): SPLPEC of inguinal hernia using "two-hooked" core needle apparatus in children is a feasible and reliable minimal invasive procedure. It has the advantages of short operating time, low complication rate, low recurrence rate and better cosmetic result.

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Publisher

Springer (E-mail: springer@springer.it)

Year of Publication

2019

320.

Needlescopic assisted internal ring suturing; a novel application of low-cost home-made instruments for pediatric inguinal hernia repair.

Shalaby R., Elsaied A., Shehata S., Hamed A., Alsamahy O., Ashour Y., Elsayaad I., Shahin M. Embase

Hernia. 23(6) (pp 1279-1289), 2019. Date of Publication: 01 Dec 2019.

[Article]

AN: 627898550

Background: Congenital inguinal hernia (CIH) is a commonly performed surgical procedure in infants and children. Single port laparoscopic hernia repair using percutaneous internal inguinal ring (IIR) suturing procedure is a widely employed technique for indirect inguinal hernia repair in children. The majority of extracorporeal techniques use extracorporeal knotting and burying the knot subcutaneously. This may result in many drawbacks. The aim of this multicenter study is to introduce a new technique for pediatric inguinal hernia repair using only needles without any laparoscopic instruments.

Patients and Methods: This is a multicenter study which was conducted at Pediatric Surgical Departments of Al-Azhar, Mansoura, Alexandria and Tanta Universities during the period from January 2015 to June 2017. 314 patients with CIH underwent Needlescopic Assisted Internal Ring Suturing (NAIRS) after cauterization of the hernia sac at its neck. The main outcome measures were: feasibility, safety of the technique, operative time, recurrence rate, hydrocele and cosmetic results.

Result(s): A total of 314 patients with CIH were corrected by NAIRS. They were 232 males and 82 females. The mean age was 28.12 +/- 1.3 months (range 6-120 months). The mean operative time was 12.6 +/- 1.7 min (range 8-15 min) for unilateral cases and 18.6 +/- 1.7 min (range 14-20 min) for the bilateral repairs. All cases were completed laparoscopically without major intraoperative complications. No recurrence was detected in this study. No wound complications or umbilical hernias developed. Hydrocele occurred in five males (2.16%), without detection of testicular atrophy or iatrogenic ascent of the testis.

Conclusion(s): This preliminary study showed that NAIRS after cauterization of the neck of the hernia sac in infants and children is safe, feasible, reproducible with excellent cosmetic results. Copyright © 2019, Springer-Verlag France SAS, part of Springer Nature.

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321.

Ultrasound detection and closure of contralateral patent processus vaginalis in pediatric patients with unilateral inguinal hernia and hydrocele: a longitudinal study to prove efficacy in avoiding contralateral hernia development.

Yip P.K.F.

Embase

Hernia. 23(6) (pp 1253-1259), 2019. Date of Publication: 01 Dec 2019.

[Article]

AN: 627324827

Background: Open herniotomy has been the gold standard of pediatric hernia treatment with the advantages of simplicity in surgical technique, fast post operative recovery, and minimal recurrence rate, but its inability to prevent hernia development from a contralateral patent processus vaginalis (PPV) after a unilateral herniotomy is its major drawback. By contrast, laparoscopic hernia repair has the advantage of contralateral internal ring inspection, and, therefore, has become popular in recent years, although open herniotomy is still the favorable surgical technique among many surgeons. A simple and reliable tool to detect contralateral PPV will be valuable to surgeons who practice conventional open hernia surgery on children, although ultrasound has been applied for this purpose, but there is no long-term data to support such application.

Method(s): The author performed a preoperative ultrasound on the contralateral groins of children undergoing unilateral herniotomy or PPV ligation. If the ultrasound showed no evidence of contralateral PPV, no contralateral surgery was performed. Those patients were then followed up after a long period of time to see whether contralateral hernia or hydrocele was developed or not.

Result(s): 322 pediatric patients were studied from 2006 to 2012. In 96 of the cases (30%), contralateral PPV were identified with ultrasound, and 95% of which were affirmed intraoperatively. In the remaining 226 patients who were without evidence of contralateral PPV, only unilateral surgeries were offered. One of these patients later developed contralateral hernia and required another surgery. The remaining patients were phoned up after a median period of 9 years. 114 of them could be contacted and none of them had developed contralateral hernia or hydrocele.

Conclusion(s): Ultrasound groin is a valuable tool as an adjunct in pediatric hernia management by detecting contralateral PPV with high accuracy. Surgeon can offer unilateral or bilateral hernia surgery according to the ultrasound finding, and the incidence of contralateral hernia development is negligible. Preoperative ultrasound groin with selective contralateral PPV closure in children can be an alternative to routine laparoscopic hernia repair in avoiding contralateral hernia or hydrocele development.

Level of Evidence: Level 3.

Type of Study: Retrospective study.

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Publisher

Springer (E-mail: springer@springer.it)

Year of Publication

2019

322.

Comparative study of laparoscopic and open inguinal herniotomy in children in ile ife, Nigeria: A prospective randomized trial.

Igwe A.O., Talabi A.O., Adisa A.O., Adumah C.C., Ogundele I.O., Sowande O.A., Adejuyigbe O.
Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(12) (pp 1609-1615), 2019.
Date of Publication: December 2019.

[Article]

AN: 630205479

Background: Inguinal hernia in children is currently treated through a groin incision with access to the inguinal canal and handling of the spermatic cord. In the face of the growing utilization of laparoscopic surgery in Nigeria, it was important to compare the outcome of laparoscopic and open herniotomy (OH) in our local teaching hospital to create a basis for recommendation.

Objective(s): We compared OH with laparoscopic needle assisted hernia repair (LNAR) in children in Obafemi Awolowo University Teaching Hospital Complex, Ile Ife. Methodology: A prospective study involving children who presented with uncomplicated inguinal hernia, carried out within the period of 1 year in our center.

Result(s): In the LNAR group, there were 24 (75%) males and 8 (25%) females, while in the OH group, there were 29 (90.6%) males and 3 (9.4%) females. The age range for LNAR was 2-156 (median = 44) months and OH was 2-168 (median = 36) months. Higher complication rate for OH was found to be statistically significant ($P = .001$). The total operating time was found to be similar between the two groups for both unilateral and bilateral hernias ($P = .636$ and $P = .334$, respectively). Two contralateral patent processus vaginalis (PPV) were identified during laparoscopy and were repaired at the same sitting.

Conclusion(s): Postoperative complications are significantly lower with LNAR. Duration of surgery for LNAR is similar to OH. Incidence of contralateral PPV seen following unilateral LNAR is low.

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

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323.

Laparoscopic Versus Open High Ligation for Adolescent Varicocele: A 6-year Single Center Study.

Jukic M., Todoric M., Todoric J., Susnjari T., Pogorelic Z.

Embase

Indian Pediatrics. 56(8) (pp 653-658), 2019. Date of Publication: 01 Aug 2019.

[Article]

AN: 2002619579

Objective: The aim of this study was to compare the outcomes of high ligation in adolescents with varicocele between open and laparoscopic surgical approaches.

Design(s): Retrospective study.

Setting(s): The study was conducted from January 2012 to January 2018, with median follow-up of 36 months, in the division of pediatric surgery at tertiary-care hospital.

Patient(s): Data of 537 adolescents who underwent varicocelectomy were classified into two groups, depending on surgical approach.

Intervention(s): Open or laparoscopic varicocelectomy.

Main Outcome Measure(s): Indications for surgery, complications, duration of surgery, hospital stay, and recurrences rate.

Result(s): The median age of the patients was 15 years. The median (IQR) duration of surgery was 12 (11,15.3) min in laparoscopic and 25 (10,30) min in open group ($P<0.001$). The most common complication was hydrocele ($n=29$), which was more common in open group (6.8% vs 1.4%; $P=0.01$). A total of 16 recurrences were recorded, all in open group ($P=0.049$). In both groups, sperm concentration ($P<0.001$), morphology ($P<0.001$) and motility (laparoscopy, $P=0.001$; $P=0.02$; open varicocelectomy, $P=0.001$; $P=0.04$) improved six months after surgery in patients with varicocele stage I and II. In stage III there was an improvement in sperm concentration ($P=0.002$; $P=0.001$) and morphology ($P=0.03$; $P=0.06$), while sperm motility ($P=0.15$; $P=0.2$) did not significantly recover in either of the groups.

Conclusion(s): Laparoscopic and open varicocelectomy are equally effective and result in significant improvement of testicular volume, disappearance of pain, and sperm parameters in adolescents. Based on our findings laparoscopic varicocelectomy is associated with shorter operating time, shorter hospitalization, faster recovery, and fewer complications and recurrences.

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Embase

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Publisher

Springer

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2019

324.

How Thailand eliminated lymphatic filariasis as a public health problem.

Rojanapanus S., Toothong T., Boondej P., Thammapalo S., Khuanyoung N., Santabutr W., Prempre P., Gopinath D., Ramaiah K.D.

Embase

Infectious Diseases of Poverty. 8(1) (no pagination), 2019. Article Number: 38. Date of Publication: 27 May 2019.

[Article]

AN: 627856043

Background: Lymphatic filariasis is endemic in nine of the eleven Member States of the World Health Organization South East Asia Region. This article describes the intensive interventions with the National Programme for Elimination of Lymphatic Filariasis in Thailand since its launch in 2001 till the validation of its elimination in 2017.

Method(s): A baseline epidemiological survey was initiated in 2001 to identify both brugian and bancroftian filarial areas and delineate its endemicity. Mass drug administration (MDA) with diethylcarbamazine citrate (DEC) and albendazole (ALB) was implemented in a total of 357 implementation units (IUs) in 11 lymphatic filariasis (LF) endemic provinces. The implementing unit (IU) was a sub-village. Stop-MDA surveys were conducted in 2006 in the 11 LF endemic provinces among population over 6 years of age and children of <=6 years using immunochromatographic test (ICT) for *Wuchereria bancrofti* antigen and microfilariae (mf) detection for *Brugia malayi*. In Narathiwat province, Stop-MDA surveys were done in 2011 using ELISA. Transmission assessment surveys (TAS) were conducted in 2012-2013, 2015 and 2016-2017 among school students in the 6-7-year age-group. Surveillance of migrant populations through the national migrant health checkup were intensified in seven provinces over 2002-2017 for LF antigenaemia using ICT test cards. In four *B. malayi* endemic provinces, annual surveys to detect LF reservoir in domestic cats commenced in 1994. A 2001 survey of the chronic disease burden for LF established a register of the cumulative number of people with lymphedema/elephantiasis.

Result(s): A total of five rounds of MDA annually were implemented over 2002-2006 in all IUs. Additional annual rounds of MDA were required in 87 IUs of Narathiwat province from 2007 to 2011 due to persistent infection. The annual national drug coverage with MDA over 2002-2012 was in the range of 68.0 to 95.4%. Stop-MDA surveys in 2006 in the 11 LF endemic provinces found nine mf positive cases in seven IUs in Narathiwat province with the highest prevalence of 0.8% (range: 0.1-0.8%). In Narathiwat TAS-1, TAS-2 and TAS-3 detected below transmission threshold rates for *B. malayi* mf among antibody positive children (0.3, 0.2 and 0.7% respectively). Contact tracing both all mf cases in all three TAS yielded no positive cases. Through the migrant health checkup, a total of 23 477 persons were tested, showing a positive rate of 0.7% (range: 0.1-2.7%) over years 2002-2017. In Narathiwat province, annual ivermectin treatment among cats commenced in 2003 resulting in a decline of mf prevalence among cats from 8.0% in 1995 to 0.8% in 2015. As of April 2017, a total of 99 lymphoedema/elephantiasis patients were registered and followed-up under 34 health facilities.

Conclusion(s): Thailand over the years 2002 to 2011 conducted extensive MDA with high coverage rates. Through periodic and regular monitoring surveys it delineated LF transmission areas at sub-village level and demonstrated through its evaluation surveys - the Stop-MDA surveys and TAS, below transmission threshold rates that enabled its validation of LF elimination. In September 2017, World Health Organization acknowledged the Ministry of Health Thailand had eliminated lymphatic filariasis as a public health problem.

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A study of contralateral persistent processus vaginalis in laparoscopic hernia repair in children.
Ho I.G., Ihn K., Koo E.-J., Oh J.-T.

Embase

Hernia. 23(4) (pp 783-787), 2019. Date of Publication: 01 Aug 2019.

[Article]

AN: 626128124

Purpose: The introduction of laparoscopy for hernia repair permits intra-abdominal observation of a hernia and contralateral persistent processus vaginalis (CPPV). The current study's aim was to investigate the diameter of opening of an inguinal hernia and CPPV in patients with unilateral inguinal hernia, and to evaluate their correlation with age.

Method(s): From September 2012 to August 2017, 569 pediatric patients underwent laparoscopic repair of unilateral inguinal hernia. We retrospectively evaluated the size of the hernia and CPPV by measuring the diameter of opening. Pearson correlation analysis and linear-by-linear association were used in the statistical analysis.

Result(s): The median age at operation was 32.4 months (range 0.2-219 months). CPPV was observed in 330 patients (58.0%), and its incidence was significantly higher in patients with left inguinal hernias than in those with right inguinal hernias (62.8 versus 54.0%, $p < 0.001$). The mean diameter of opening for the hernias was significantly larger than that for CPPV (11.2 +/- 3.1 vs. 6.1 +/- 2.5 mm, $p < 0.001$). The incidence of CPPV gradually decreased from 77.2% in infants to 46.6% in the oldest age group (≥ 6 years) (p trend < 0.001). The diameter of the opening of a hernia was not correlated with increasing age, and the diameter of the opening of a CPPV was not correlated with increasing age, as well.

Conclusion(s): The diameters of a hernia and CPPV were identified in the current study, and the diameter was not correlated with increasing age. The incidence of CPPV was more common in patients with left inguinal hernias than in those with right inguinal hernias, and it gradually decreased with increasing age.

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Publisher

Springer-Verlag France (22, Rue de Palestro, Paris 75002, France)

Year of Publication

2019

326.

Contralateral processus closure to prevent metachronous inguinal hernia: A systematic review.
Muensterer O.J., Gianicolo E.

Embase

International Journal of Surgery. 68 (pp 11-19), 2019. Date of Publication: August 2019.

[Review]

AN: 2002111006

Background: Inguinal hernia repair is one of the most frequent operations in pediatric surgery and is increasingly performed laparoscopically. The latter introduced new momentum in the debate on the necessity of contralateral exploration, as the rates of contralateral patent processus vaginales

and metachronous inguinal hernias determine whether a routine closure would be overtreatment or useful prevention.

Material(s) and Method(s): We searched MEDLINE via PubMed, Web of Science and Scopus at the 6th of September 2017; reference lists and CrossRef were snowballed for reports citing identified studies. Eligibility criteria were age <18 years, preoperative diagnosis of unilateral hernia, laparoscopic evaluation, and publication since January 2012. Studies using hernioscopy (transinguinal laparoscopy) were excluded. We reported our systematic review following PRISMA criteria.

Result(s): We included 32 reports consisting of 19,188 pediatric patients diagnosed with unilateral inguinal hernia. Of these, 38.5% (95% confidence interval: 34%-43.1%) had a contralateral open processus vaginalis concomitantly found during laparoscopic inguinal hernia repair. A secondary analysis using nine studies that compared open and laparoscopic approaches found that prophylactic closure of contralateral patent processus vaginales resulted in a risk difference of 5.7% (95% confidence interval: 3.6%-7.7%; $P < 0.001$) following 2691 (42.8%) procedures (nine studies: Ten of 6282 patients operated laparoscopically had a metachronous hernia, versus 286 of 5764 with open hernia repair).

Conclusion(s): Prophylactic closure of a contralateral patent processus vaginalis reduces the number of metachronous inguinal hernias, but about 18 procedures must be performed to prevent one metachronous inguinal hernia, indicating that the indication should be based on personal circumstances of the patient.

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Publisher

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2019

327.

The clinical significance of an incidentally detected open internal inguinal ring.

Valioulis I., Papageorgiou I., Ioannidou D.

Embase

Journal of Pediatric Urology. 15(2) (pp 185.e1-185.e5), 2019. Date of Publication: April 2019.

[Article]

AN: 2001509904

Introduction and objective: An open internal inguinal ring (IIR) may be discovered incidentally either in the context of correcting pathology involving the contralateral side or at the time of surgical exploration for reasons unrelated to a patent processus vaginalis (PPV). The aim of this study is to determine the evolution of an incidentally encountered open IIR in patients undergoing laparoscopy for reasons not associated with unilateral inguinal hernia or cryptorchidism.

Material(s) and Method(s): The authors conducted a prospective study of all patients who underwent laparoscopic surgery in the department of pediatric surgery at Agios Loukas hospital

between 2004 and 2013 for various indications. Patients operated for inguinal hernia and cryptorchidism were excluded. During this period, 572 patients underwent laparoscopy for reasons not related to PPV. The median age at time of initial laparoscopy was 9,4 years (range 2 days-16 years). The IIRs were always inspected. No attempt was made to repair the open IIRs, as they were asymptomatic. Parents were informed after the operation, and instructions were given to inform us, in case that inguinal hernia symptoms manifested. The duration of the follow-up was 4 years.

Result(s): Among these 572 patients, 39 patients with 44 open IIRs were found (6,82%). From the 39 patients, 35 were male and four were female; 22 had a right open IIR, 12 had a left one, and five of them a bilateral open IIR. The median age was 7,82 years (3-14 years). Four patients were lost during follow-up. Of the remaining 35 patients with 40 open IIRs, four developed an inguinal hernia (11,43%) and were operated on with laparoscopically assisted (subcutaneous endoscopically assisted ligation [SEAL]) technique at the time of diagnosis. The study results are demonstrated on Fig. 1.

Discussion(s): The percentage of an incidentally discovered open IIR in this study is lower in comparison with studies including patients with PPV pathologies. There is a possibility, in those patients, of underlying pathology which can affect both sides. It is also lower in comparison with previous studies including younger patients. However, gender and side predominance is in accordance with most published studies. In this study group, the possibility of developing a symptomatic hernia from an asymptomatic open IIR is rather small.

Conclusion(s): An incidentally discovered open IIR in patients without symptoms, excluding those with contralateral inguinal hernias or cryptorchidism, has relatively low chance of developing an inguinal hernia. Thus, the authors support the strategy of close follow-up in these patients.[Figure presented]

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Publisher

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Year of Publication

2019

328.

The Impact of Groin Surgery during Childhood on the Incidence of Inguinal Hernia Repair and Its Postoperative Complications in Adult Life.

Sokratous A., Osterberg J., Sandblom G.

Embase

European Journal of Pediatric Surgery. 29(3) (pp 271-275), 2019. Date of Publication: 13 Apr 2019.

[Article]

AN: 621756588

Background Pediatric inguinal hernia, hydrocele, and cryptorchidism are common congenital anomalies affecting children, and require surgical intervention in some cases. The association between surgical treatment of these conditions and acquired inguinal hernia later in life is poorly understood. The aim of this cohort study was to examine the effect of groin surgery during

childhood on the incidence and surgical outcome of inguinal hernia repair in adult life. Materials and Methods Data from the Swedish Inpatient Register and the Swedish Hernia Register were cross-linked using the patient personal identity numbers. The incidence of inguinal hernia repair in patients 15 years or older in the study cohort, as well as postoperative complication rates, were compared with the expected incidence and complication rates extrapolated from the general Swedish population in 2014, stratifying for age and gender. Results Note that 68,238 children aged 0 to 14 years were found to have undergone groin surgery between 1964 and 1998. The median follow-up time after an operation in the groin was 30.8 years (21.0-50.0). Of those, 1,118 were found to have undergone inguinal hernia repair as adults (> 15 years old) between 1992 and 2013. The incidence of inguinal hernia repair in the cohort was significantly higher than that expected (1.43 [1.33-1.53]), both for men (1.32 [1.25-1.41]) and women (4.30 [3.28-5.55]). The incidence was also increased in the subgroup of patients that had undergone more than one procedure during childhood. No significant impact on postoperative complication rate, reoperation rate, or operation time was identified. Conclusion Individuals undergoing surgery in the groin during childhood are at increased risk for acquired inguinal hernia surgery later in life. Inguinal surgery during childhood did not affect the outcome of hernia repair in adult age.

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Publisher

Georg Thieme Verlag (E-mail: iaorl@iaorl.org)

Year of Publication

2019

329.

Clinical and socioeconomic factors associated with delayed orchidopexy in cryptorchid boys in China: A retrospective study of 2423 cases.

Zhao T.-X., Liu B., Wei Y.-X., Wei Y., Tang X.-L., Shen L.-J., Long C.-L., Lin T., Wu S.-D., Wei G.-H.

Embase

Asian Journal of Andrology. 21(3) (pp 304-308), 2019. Date of Publication: 01 May 2019.

[Article]

AN: 627396540

We investigated the associations of clinical and socioeconomic factors with delayed orchidopexy for cryptorchidism in China. A retrospective study was conducted on cryptorchid boys who underwent orchidopexy at Children's Hospital at Chongqing Medical University in China from January 2012 to December 2017. Of 2423 patients, 410 (16.9%) received timely repair by 18 months of age, beyond which surgery was considered delayed. Univariate analysis suggested that the laterality of cryptorchidism ($P = 0.001$), comorbidities including inguinal hernia/scrotal hydrocele ($P < 0.001$) or urinary tract disease ($P = 0.016$), and whether patients lived in a poverty county ($P < 0.001$) could influence whether orchidopexy was timely or delayed. Logistic regression analysis suggested that the following factors were associated with delayed repair: unilateral rather than bilateral cryptorchidism (odds ratio [OR] = 1.752, $P < 0.001$), absence of inguinal hernia or hydrocele (OR = 2.027, $P = 0.019$), absence of urinary tract disease (OR =

3.712, $P < 0.001$), and living in a poverty county ($OR = 2.005$, $P < 0.001$). The duration of postoperative hospital stay and hospital costs increased with the patient's age at the time of surgery.

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Place Holder 11

Embase

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Publisher

Wolters Kluwer Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

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330.

Inconsistency in Opioid Prescribing Practices After Pediatric Ambulatory Hernia Surgery.

Denning N.-L., Kvasnovsky C., Golden J.M., Rich B.S., Lipskar A.M.

Embase

Journal of Surgical Research. 241 (pp 57-62), 2019. Date of Publication: September 2019.

[Article]

AN: 2001844261

Introduction: Nonmedical opioid use is a major public health problem. There is little standardization in opioid-prescribing practices for pediatric ambulatory surgery, which can result in patients being prescribed large quantities of opioids. We have evaluated the variability in postoperative pain medication given to pediatric patients following routine ambulatory pediatric surgical procedures.

Method(s): Following IRB approval, pediatric patients undergoing umbilical hernia repair, inguinal hernia repair, hydrocelectomy, and orchiopexy from 2/1/2017 to 2/1/2018 at our tertiary care children's hospital were retrospectively reviewed. Data collected include operation, surgeon, resident or fellow involvement, utilization of preoperative analgesia, opioid prescription on discharge, and patient follow-up.

Result(s): Of 329 patients identified, opioids were prescribed on discharge to 37.4% of patients (66.3% of umbilical hernia repairs, 20.6% of laparoscopic inguinal hernia repairs, and 33.3% of open inguinal hernia repairs [including hydrocelectomies and orchiopexies]). For each procedure, there was large intrasurgeon and intersurgeon variability in the number of opioid doses prescribed. Opioid prescription ranged from 0 to 33 doses for umbilical hernia repairs, 0 to 24 doses for laparoscopic inguinal repairs, and 0 to 20 doses prescribed for open inguinal repairs, hydrocelectomies, and orchiopexies. Pediatric surgical fellows were less likely to discharge a patient with an opioid prescription than surgical resident prescribers ($P < 0.01$). In addition, surgical residents were more likely to prescribe more than twelve doses of opioids than pediatric

surgical fellows ($P < 0.01$). Increasing patient age was associated with an increased likelihood of opioid prescription ($P < 0.01$). There were two phone calls and two clinic visits for pain control issues with equal numbers for those with and without opioid prescriptions.

Conclusion(s): There is significant variation in opioid-prescribing practices after pediatric surgical procedures; increased awareness may help minimize this variability and reduce overprescribing. Training level has an impact on the frequency and quantity of opioids prescribed.

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Publisher

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Year of Publication

2019

331.

Disparities in Pediatric Operative Experience during Urology Residency Training.

Silvestre J., Hernandez J.M., Lee D.I.

Embase

Urology. 127 (pp 24-29), 2019. Date of Publication: May 2019.

[Article]

AN: 2001591954

Objective: To understand trends in pediatric cases performed during urology residency including intrainresident variability and cases performed relative to required minimums.

Material(s) and Method(s): Case logs of urology residents graduating from 2010 to 2018 were analyzed. Temporal trends in reported pediatric case volume were assessed via ANOVA tests and calculation of compound annual growth rates (CAGRs). Percent differences between the 90th and 10th percentiles of residents were calculated to assess intrainresident variability. Reported case volumes were compared with minimum requirements with t tests.

Result(s): 1072 residents from 306 urology residency programs were represented in this study. Minor pediatric cases increased from 2010 to 2018 (105.4 +/- 54 vs 124.6 +/- 65, $P = .004$, CAGR = 2.1%) while major pediatric cases decreased (83.9 +/- 40 vs 60.8 +/- 30, $P < .001$, CAGR = -3.9%). Orchiopexy (range, 23%-27%), hypospadias (range, 19%-21%), and hydrocele / hernia (range, 15%-19%) were the highest volume case categories. Mean intrainresident variability in reported case volumes was 338% for minor pediatric (CAGR = 0%) and 382% for major pediatric (CAGR = 1.8%). Mean reported case volumes exceeded the minimum requirement for each case category by several fold ($P < .001$, range, percent difference 232-675%). All urology residents reported minimum pediatric case requirements in 2018.

Conclusion(s): Urology residents report more cases than minimum requirements for pediatric urology by several folds. Future research is needed to understand the implications of increasing intrainresident case volume variabilities on residency training in pediatric urology.

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2019

332.

Independent risk factors for contralateral patent processus vaginalis undetected by pre-operative ultrasonography in boys with unilateral inguinal hernia.

Jo H.-U., Yoo D.S., Park J., Park H.S., Shin H.B., Woo S.H.

Embase

Pediatric Surgery International. 35(5) (pp 591-595), 2019. Date of Publication: 01 May 2019.

[Article]

AN: 626327673

Purpose: Many trials have been done to make sure probability of metachronous contralateral side hernia (MCH) and contralateral patent processus vaginalis (CPPV). But the necessity of contralateral side exploration is still on debate. The aim is to investigate the risk factors for the consideration of contralateral examination on operation.

Material(s) and Method(s): The study was designed as retrospectively. Patients with unilateral inguinal hernia from January 2010 to May 2015 were enrolled. Pre-operative ultrasonography was done in all patients. Patients with obvious contralateral side hernia on pre-operative US were excluded. The presence of CPPV was evaluated by transinguinal laparoscopy during the operation.

Result(s): In univariate analysis, hernial sac size only shows difference (P value: 0.001). The others, location of the hernia, age at surgery, gestational age (preterm), low birth weight and parent's age, did not show statistically significant differences. Multivariate analysis also demonstrates CPPV is more common in patients with large hernial sac (Odds ratio: 2.727, 95% confidence interval 1.495-4.974, P value: 0.001).

Conclusion(s): We propose that surgeons should consider contralateral evaluation during operation in case with large ipsilateral hernial sac, although CPPV was not detected by pre-operative US.

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Place Holder 11

Embase

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Publisher

Springer Verlag (E-mail: service@springer.de)

Year of Publication

2019

333.

Indocyanine Green Fluorescence Lymphography: A New Technique to Perform Lymphatic Sparing Laparoscopic Palomo Varicocelectomy in Children.

Esposito C., Turra F., Del Conte F., Izzo S., Gargiulo F., Farina A., Severino G., Cerulo M., Escolino M.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(4) (pp 564-567), 2019. Date of Publication: 01 Apr 2019.

[Article]

AN: 627212557

Background: Laparoscopic Palomo varicocelectomy is one the most common approaches adopted to treat pediatric varicocele, but postoperative hydrocele still remains a potential problem with this procedure. This study aimed to evaluate the outcome of a new technique of lymphography using indocyanine green (ICG)-enhanced fluorescence to perform lymphatic sparing laparoscopic Palomo varicocelectomy.

Patients and Methods: The records of 25 patients who underwent laparoscopic left varicocelectomy in our unit from March 2017 to March 2018 were retrospectively evaluated. The average patients' age was 13.7 years (range 12-16). All patients had a high degree varicocele associated with left testicular hypotrophy and symptoms. All procedures were performed in laparoscopy using three trocars. After trocars' positioning, 2 mL of ICG solution was directly injected into the left testicle. Using ICG fluorescence, the lymphatic vessels were clearly identified and spared, and then the entire spermatic bundle was clipped and divided according to Palomo's principle.

Result(s): The average operative time was 18 minutes (range 10-25). No conversions to open surgery and no allergy or other adverse reactions induced by ICG were reported. At a maximum follow-up of 18 months, no recurrence of varicocele or postoperative hydrocele was recorded.

Conclusion(s): Our preliminary experience showed that ICG fluorescence lymphography is a safe and effective option to perform lymphatic sparing laparoscopic Palomo varicocelectomy in children and adolescents with high degree varicocele. The intratesticular injection of ICG and use of fluorescence vision allowed identification of lymphatic vessels in 100% of cases. No allergy to ICG or postoperative hydrocele was reported in our experience.

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Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2019

334.

Late ascended testes: is non-orthotopic gubernacular insertion a confirmation of an alternative embryological etiology?.

Haid B., Silay M.S., Radford A., Rein P., Banuelos B., Oswald J., Spinoit A.-F.

Embase

Journal of Pediatric Urology. 15(1) (pp 71.e1-71.e6), 2019. Date of Publication: February 2019.

[Article]

AN: 2001310222

Introduction: Re-ascended testes account for a proportion of all undescended testes (UDTs); one main hypothesis relating to their etiology relates to a patent processus vaginalis peritonei. The aim was to investigate gubernacular insertion points in boys with late ascended testis as a possible guide to an alternative embryological etiology.

Patients and Methods: Patients with proven ascended testes were recruited from four different pediatric urology centers between May 2016 and September 2017. All patients were evaluated regarding their gubernacular insertion during orchidopexy. The presence of accompanying patent processus vaginalis and the association between the epididymis and testis were also documented.

Result(s): Seventy-seven children (mean age = 73.1 +/- 41.2 months [range 18-176]) were enrolled into the study. A non-orthotopic gubernacular insertion point was found in 96.1% (n = 74); 34.2% (n = 26) of these were located in the groin and 63.2% (n = 48), high within the scrotum. Figure A. An open processus vaginalis peritonei was found in 35.1%. Twelve patients (15.6%) had small, dysplastic appearing testis with testis-epididymis dissociation. Boys with a higher insertion of the non-orthotopic gubernaculum (n = 48, groin) were operated earlier (mean age at surgery, 62.3 months) compared with those with a gubernacular insertion at a high scrotal site (mean age at surgery, 90.5 months; p = 0.004). Figure B.

Discussion(s): This study revealed that non-orthotopic gubernacular insertion is found in the vast majority of the ascending testis cases. Patent processus vaginalis was accompanying only 35.1% of all children and might be the cause of the ascending testis in this small subgroup of patients in line with the earlier reports [1]. In boys with ascending testes, in this population, the gubernaculum was very likely to insert non-orthotopically. In concordance with previous reports [2] and regarding the finding of an earlier age at surgery in boys with higher inserting gubernacula, this could provide a logical explanation as to how these testes are initially palpable in the scrotum and then, during body growth are retracted to the groin.

Conclusion(s): In 96.1% of the patients, a non-orthotopic gubernacular insertion was found. This points to embryologic etiology, complying well with earlier reports and further underlining the critical importance of timely diagnosis and treatment for this group of patients.[Figure presented]

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Place Holder 11

Embase

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Publisher

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2019

335.

Treatment of Varicocele in Children and Adolescents: A Systematic Review and Meta-analysis from the European Association of Urology/European Society for Paediatric Urology Guidelines Panel(Figure presented.).

Silay M.S., Hoen L., Quadackaers J., Undre S., Bogaert G., Dogan H.S., Kocvara R., Nijman R.J.M., Radmayr C., Tekgul S., Stein R.

Embase

European Urology. 75(3) (pp 448-461), 2019. Date of Publication: March 2019.

[Review]

AN: 2001169258

Context: The benefits and harms of intervention (surgical or radiological) versus observation in children and adolescents with varicocele are controversial.

Objective(s): To systematically evaluate the evidence regarding the short- and long-term outcomes of varicocele treatment in children and adolescents.

Evidence Acquisition: A systematic review and meta-analysis was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement. A priori protocol was registered to PROSPERO (CRD42018084871), and a literature search was performed for all relevant publications published from January 1980 until June 2017. Randomized controlled trials (RCTs), nonrandomized comparative studies (NRSs), and single-arm case series including a minimum of 50 participants were eligible for inclusion.

Evidence Synthesis: Of 1550 articles identified, 98 articles including 16 130 patients (7-21 yr old) were eligible for inclusion (12 RCTs, 47 NRSs, and 39 case series). Varicocele treatment improved testicular volume (mean difference 1.52 ml, 95% confidence interval [CI] 0.73-2.31) and increased total sperm concentration (mean difference 25.54, 95% CI 12.84-38.25) when compared with observation. Open surgery and laparoscopy may have similar treatment success. A significant decrease in hydrocele formation was observed in lymphatic sparing versus non-lymphatic sparing surgery ($p = 0.02$). Our findings are limited by the heterogeneity of the published data, and a lack of long-term outcomes demonstrating sperm parameters and paternity rates.

Conclusion(s): Moderate evidence exists on the benefits of varicocele treatment in children and adolescents in terms of testicular volume and sperm concentration. Current evidence does not demonstrate superiority of any of the surgical/interventional techniques regarding treatment success. Long-term outcomes including paternity and fertility still remain unknown.

Patient Summary: In this paper, we review benefits and harms of varicocele treatment in children and adolescents. We found moderate evidence that varicocele treatment results in improvement of testicular volume and sperm concentration. Lymphatic sparing surgery decreases hydrocele formation. Paternity and fertility outcomes are not clear. Moderate evidence exists on the benefits of varicocele treatment in children and adolescents in terms of testicular volume and sperm concentration. Lymphatic sparing surgery decrease hydrocele formation. Long-term outcomes including paternity and fertility still remain unknown.

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Publisher
Elsevier B.V.
Year of Publication
2019

336.

Kniphofia crassifolia Baker: A Critically Endangered medicinal plant used in the Soutpansberg, Vhembe Biosphere Reserve, Limpopo Province, South Africa.

Ramarumo L.J., Maroyi A., Tshisikhawe M.P.

Embase

Journal of Pharmaceutical Sciences and Research. 11(11) (pp 3552-3558), 2019. Date of Publication: 2019.

[Article]

AN: 2004082877

Literature studies suggest the possibilities that *Kniphofia crassifolia* might have gone extinct in some areas across the Limpopo Province, South Africa. However, the species is still extant in the Soutpansburg area of the Limpopo Province. Traditional healers within the region have been using *K. crassifolia* as phytomedicine for various male reproductive related ailments for ages. The present study was, therefore, aimed at documenting phytomedicinal uses of *K. crassifolia* by the traditional healers for treating male reproductive related ailments across the Soutpansberg area of the Vhembe Biosphere Reserve in Limpopo Province, South Africa. Data about phytomedicinal uses of the target plant species were collected using triangulation research methods, including interviewing 123 traditional healers using semi-structured questionnaires. The total of four phytomedicinal uses associated with *K. crassifolia* were recorded, including being utilized as a cure for orchitis (34.1%), hydrocele (infants and adult) (24.4%), varicocele (24.4%) and erectile dysfunctionality (17.1%). Three of the four recorded ailments were firstly recorded in the present study and they have never been reported elsewhere. To the best of our knowledge, no study has articulated the phytomedicinal uses of *K. crassifolia* before, in South Africa and elsewhere. Although traditional collection of phytomedicinal materials involved conservation cautions, this study argued that over-harvesting of *K. crassifolia* could exert its extinction pressure. So far, there is no evidence of published literature about active biological compounds that the target plant species may possess. Therefore, further studies on phytochemical and pharmacological evaluation of *K. crassifolia* need to be done.

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Pharmainfo Publications (Plot No 5, Dr. Murugapriya Nagar, Lalpuram Post, Chidambaram, Tamil Nadu 608 602, India. E-mail: jpsronline@gmail.com)

Year of Publication

2019

337.

Pre-operative skin antisepsis with chlorhexidine gluconate baths and wipes does not prevent postoperative surgical site infection in outpatient pediatric urologic inguinal and scrotal surgery. Berrondo C., Ahn J.J., Shnorhavorian M.

Embase

Journal of Pediatric Urology. 15(6) (pp 652.e1-652.e7), 2019. Date of Publication: December 2019.

[Article]

AN: 2002972016

Introduction: To reduce surgical site infections (SSI), many institutions utilize pre-operative antisepsis with chlorhexidine gluconate (CHG) baths and/or wipes. CHG reduces bacterial colonization of the skin, but it is unclear whether this reduces SSI, and current guidelines from the American College of Surgeons, the Centers for Disease Control, and the World Health Organization do not support this practice. There are several factors that increase the risk of SSI in adults, but there is limited understanding of these factors in pediatric patients.

Objective(s): The primary objectives were to describe the proportion of pediatric patients undergoing hernia/hydrocele repair and/or orchiopexy who develop a postoperative (postop) SSI and to determine whether pre-operative CHG baths/wipes were associated with SSI. The secondary objectives were to identify other factors associated with SSI and to estimate the cost of CHG baths/wipes in this population. Study design: Pre-operative antisepsis with CHG baths/wipes was implemented at the authors institution in 2006. The authors performed a retrospective cohort study of patients aged 0-18 years undergoing hernia/hydrocele repair and/or orchiopexy by a pediatric urologist at their institution before (2004) and after (2008) the introduction of CHG. The authors compared the proportion of patients with SSI in the no CHG and CHG groups and evaluated for factors associated with SSI. Statistical analysis included Wilcoxon rank-sum test, Chi-squared test, and Fisher's exact test. The cost of CHG baths and wipes was estimated using institutional fees in 2018 US dollars.

Result(s): A total of 543 patients met inclusion criteria, 203 in the no CHG group and 340 in the CHG group. The overall rate of SSI was 0.92%. There was no association between use of CHG and SSI. No patient or peri-operative factors were associated with development of SSI. There were no CHG-associated adverse events. The cost of materials was estimated at \$3.29/patient (\$1118.60 for 340 cases in 2008) in 2018 US dollars.

Discussion(s): SSI is not common in pediatric patients undergoing hernia/hydrocele repair or orchiopexy. In the present study, pre-operative antisepsis with CHG baths/wipes is not associated with a reduction in SSI and carries additional cost.

Conclusion(s): To the authors knowledge, this is the first study to evaluate the use of pre-operative antisepsis with CHG baths/wipes in an exclusively pediatric population. In the study, CHG baths/wipes add cost with no clear benefit for reducing SSI in pediatric patients undergoing hernia/hydrocele repair and/or orchiopexy. [Table presented]

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Publisher

Elsevier Ltd

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2019

338.

Assessment of transmission in areas of uncertain endemicity for lymphatic filariasis in Brazil.

Xavier A., Oliveira H., Aguiar-Santos A., Junior W.B., Da Silva E., Braga C., Bonfim C., Medeiros Z.

Embase

PLoS Neglected Tropical Diseases. 13(11) (no pagination), 2019. Article Number: e0007836.

Date of Publication: 2019.

[Article]

AN: 2004114956

Background The objective of the Global Program to Eliminate Lymphatic Filariasis (GPELF) is to phase out this endemic disease as a public health problem by 2020. Validation of elimination is obtained from the World Health Organization through evidence of non-transmission in countries that have already been subjected to mass drug administration (MDA) and in places adjoining these endemic areas. While three municipalities in Brazil have completed MDA, the epidemiological situation remains uncertain in nine adjoining municipalities. To determine the epidemiological status, this study was to perform a review of the literature and a school-based survey to describe the past and recent endemicity of lymphatic filariasis (LF) these nine municipalities in Brazil. Methodology/Principle findings For review of the literature, both formal and informal literature sources were accessed since the first reports of filariasis in the Metropolitan Region of Recife, Brazil. We conducted a school-based survey in 2016 using immunochromatographic card tests (ICTs) among schoolchildren aged 6-10 years living in nine municipalities contiguous with the endemic areas in which MDA was conducted. Our review of the literature identified eight studies involving surveys demonstrating that microfilariae had been circulating in eight of the municipalities since 1967, with a low prevalence of microfilaremia, isolated autochthonous cases, and treatment of individual cases. The school-based survey included 17,222 children in 185 urban schools in the nine areas of Brazil with uncertain endemicity. One child affected by allochthonous transmission was antigen positive based on ICT and lived in a municipality adjacent to Recife; this child's family came from Recife, but no other case was diagnosed within the family. Conclusions/Significance The study results suggest that there is no transmission of LF in the municipalities investigated. However, these areas have population migration and socioenvironmental conditions favorable to mosquito breeding grounds; therefore, surveillance is strongly recommended in these areas.

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Publisher
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Year of Publication
2019

339.

A hemodynamic analysis of renal dysfunction in 79 patients with liver cirrhosis.

Wang X.-L., Tian T., Feng P., Li X., Hu W.-W., Wang R.-L.

Embase

International Journal of Clinical and Experimental Medicine. 12(11) (pp 13044-13049), 2019.

Article Number: IJCEM0098878. Date of Publication: 2019.

[Article]

AN: 2003260679

Hemodynamic changes occur in cirrhosis patients with early renal damage. We retrospectively analyzed the data of 79 patients hospitalized with liver cirrhosis between June 2016 and January 2019 at the Chinese Rocket Force Characteristic Medical Center. According to their estimated glomerular filtration rate and urinary protein, the patients were divided into two groups: the renal dysfunction group and the non-renal dysfunction group. Univariate and multivariate logistic analyses were performed on the patients' sex, age, type of cirrhosis, complications, alanine aminotransferase, total bilirubin, serum albumin, creatinine, diameter of bilateral renal arteriovenous, diameter of the hepatic vein, diameter of the portal vein, and anatomical flow. The results of the univariate analysis showed that serum albumin ($P=0.001$) and the diameter of the left renal artery ($P=0.03$) were significantly different between cirrhotic patients with renal dysfunction and those without renal dysfunction ($P < 0.05$). The results of a binary logistic regression analysis showed that the serum albumin level (odds ratio=0.878, 95% confidence interval: 0.802-0.961) and the diameter of left renal artery (odds ratio=0.138, 95% confidence interval: 0.030-0.639) were protective factors for renal dysfunction in liver cirrhosis (odds ratio < 1 , $P < 0.05$).

Conclusion(s): The serum albumin level and the diameter of the right renal artery are protective factors for renal dysfunction in cirrhosis. Renal artery contraction and insufficient renal blood perfusion occur before the complications of hepatorenal syndrome occur in patients with advanced cirrhosis.

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Publisher

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Year of Publication

2019

340.

Novel prognostic grayscale ultrasonographic findings in the testis from a comprehensive analysis of pediatric patients with testicular torsion.

Afsarlar C.E., Cakmakci E., Demir E., Guney G., Komut E., Elizondo R., Seth A., Koh C.J.

Embase

Journal of Pediatric Urology. 15(5) (pp 480.e1-480.e7), 2019. Date of Publication: October 2019.

[Article]

AN: 2002793101

Introduction: Although grayscale and Doppler ultrasound (US) findings of testicular torsion (TT) have previously been described in the literature, other US findings may provide more prognostic information to families.

Objective(s): The authors hypothesized that a comprehensive analysis of US findings of TT that focused on time-dependent changes would lead to additional ultrasonographic morphologic findings and clinically relevant prognostic information. Study design: The authors reviewed the records of pediatric patients with acute TT from 2010 to 2017. The sizes and parenchymal characteristics of the torsed and contralateral testes on US were analyzed in relation to the time duration from the onset of scrotal pain to the time of surgery (0-6 h, 6-12 h, 12-24 h, 24-48 h, and >48 h), torsion degree, and clinical outcomes of the testes.

Result(s): Patient demographics, time intervals, and US measurements of the torsed and contralateral testes showed significant differences with respect to testicular viability (Summary Table). The mean volume ratios of torsed to contralateral testis showed significant differences between the 0-6 h and the 12-24 h time groups as well as the 6-12 h and the 12-24 h time groups ($P = 0.003$ and $P = 0.035$, respectively), as well as significant differences between the viable and non-viable testes ($P = 0.005$). Regarding testicular heterogeneity, two novel grayscale sonographic findings were noted: (1) multiple hypoechoic lines that were termed 'testicular fragmentation' and (2) hyperechoic patches that were termed 'testicular patching'. The presence of these two findings were significantly increased as TT time duration increased ($P < 0.001$), and these findings were significantly associated with testicular non-viability ($P < 0.001$). Torsion degree was also noted to be significantly higher in the non-viable testes ($P < 0.001$). Presence of hydrocele or scrotal edema also showed significant differences between the TT time groups ($P < 0.001$).

Discussion(s): The results of this study demonstrated ultrasonographic findings related to time dependent changes in TT and provided prognostic information regarding testicular viability.

Conclusion(s): Specific US grayscale findings in torsed testes (testicular fragmentation and testicular patching) were identified that provide prognostic information regarding time duration of testicular torsion and testicular viability. Testicular fragmentation and testicular patching significantly increased as TT time increased, with increasing risk for testicular non-viability. [Table presented]

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2019

341.

Transinguinal laparoscopic evaluation of contralateral side during unilateral inguinal hernia repair for children.

Gollu G., Ates U., Bahadir K., Ergun E., Yagmurlu A., Cakmak M., Aktug T., Dindar H., Bingol-Kologlu M.

Embase

Journal of Pediatric Urology. 15(5) (pp 561.e1-561.e6), 2019. Date of Publication: October 2019.

[Article]

AN: 2002459621

Background: Inguinal hernia repair is a common procedure in daily pediatric surgical practice.

Objective(s): The present study was planned to find out whether transinguinal laparoscopic exploration (TILE) of the contralateral groin is effective in reducing the need of operation for contralateral metachronous inguinal hernia (CMIH) in children. Study design: Charts of 1103 children who underwent inguinal hernia repair between 2006 and 2016 were retrospectively analyzed. Eighty-eight children with bilateral hernia at the presentation were excluded, and 705 patients whose parents could be contacted by phone to get the latest information about children's condition were included in the study.

Result(s): Of the 705 children with unilateral inguinal hernia repair, 362 (51.4%) and 343 (48.6%) of them had right-sided and left-sided inguinal hernia, respectively. Transinguinal laparoscopic exploration was performed in 479 of the 705 children with unilateral hernia and a hernia or contralateral patent processus vaginalis (PPV) was found and ligated in %28.3 (n = 136) of them. Mean follow-up time was 60 +/- 36 months. Fifteen (4.3%) of 479 patients who had TILE and 31 (13.6%) of 226 the patients who did not have TILE developed CMIH. When the videos of 15 patients who developed CMIH were reviewed, overlooked PPV was found in 10 (3.3%) patients who had TILE during early phases of institutional learning curve. Discussion and conclusions: TILE of the contralateral side during pediatric inguinal hernia repair is a simple and effective method to evaluate contralateral PPV. This approach clearly and significantly reduces the need of operation for a metachronous hernia at a later date.

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Publisher

Elsevier Ltd

Year of Publication

2019

342.

A Societies for Pediatric Urology survey of opioid prescribing practices after ambulatory pediatric urology procedures.

Ahn J.J., Ellison J.S., Merguerian P.A.

Embase

Journal of Pediatric Urology. 15(5) (pp 451-456), 2019. Date of Publication: October 2019.

[Article]

AN: 2002045207

Introduction: Opioid dependence and abuse has been declared a national public health emergency, and overprescribing of opioids after surgery has been identified as a driving factor. To date, opioid prescribing after pediatric urology ambulatory surgery has not been well-described.

Objective(s): The study's objective was to assess pediatric urologists' practices in prescribing opioids for routine ambulatory procedures. Study design: A 23-question survey was created, including eight case vignettes describing routine procedures (orchiopexy, hydrocele repair, circumcision) across three age groups (8 months, 3 years, 13 years). Multiple choice questions asked about typical opioid type and duration for each case. Respondent attitudes and practice types were also evaluated. The survey was administered through the Societies for Pediatric Urology.

Result(s): Of the 102 respondents, 48% reported prescribing postoperative opioids for all cases described (Figure 1). Fourteen percent reported prescribing no opioids for all cases. Longer prescription duration was associated with older age ($p = 0.003$). Acetaminophen-hydrocodone was prescribed most commonly, while a few respondents reported prescribing acetaminophen-codeine. North Central and Southeastern respondents were more likely to prescribe opioids for all cases described ($p = 0.003$). The majority of respondents work in academic settings and had >10 years in practice. Only 16% believe that their patients take the majority of opioids prescribed, while only 35% provide education to their patients on proper disposal.

Discussion(s): There is significant variability in reported opioid prescribing practices after ambulatory procedures amongst pediatric urologists. Only 16% of respondents believe that patients take the majority of opioids prescribed, and only 14% reported never prescribing opioids for these procedures. There is an opportunity for guidelines and standardization of care for postoperative analgesia in this patient population. Given that overprescribing can lead to abuse and misuse, further work needs to be done to establish postoperative analgesia needs and to educate providers and families on proper prescribing and disposal.

Conclusion(s): Pediatric urologists report prescribing opioids frequently after routine ambulatory procedures in infants, children, and adolescents despite believing that patients do not take the majority of the prescribed medication.

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Publisher

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343.

Surgical antimicrobial prophylaxis and its dose appropriateness among paediatric patients in a Nigerian teaching hospital.

Oshikoya K.A., Ogunyinka I.A., Adamaigbo C., Olowo-Okere A.

Embase

Journal of Chemotherapy. 31(6) (pp 329-342), 2019. Date of Publication: 18 Aug 2019.

[Article]

AN: 628021239

Surgical antimicrobial prophylaxis (SAP) prevents incision site infection. We assessed SAP compliance with existing international guidelines, evaluated the appropriateness of the antimicrobial doses, and determined the risk factors for antimicrobial under-dosing. A retrospective chart review was performed for patients who under-went surgery and administered antimicrobial prophylaxis. Compliance with SAP guidelines was evaluated. Antimicrobial doses were categorized as under-, normal-, or over-dose. Of the 303 surgical patients, 97.7% received SAP and complete compliance was achieved in 5.6%. Of the 550 antimicrobial prescriptions, metronidazole (42.7%) and cefuroxime (34.7%) were the most prescribed. Over- (31.5%), under- (44.5%), and normal- dosing (24.0%) were recorded, respectively. None of the factors evaluated predicted the risk of antimicrobial under-dosing. Full compliance with international SAP guidelines was poor in our study. Correct timing, re-dosing, and duration of antimicrobial use were the most violated. Most antimicrobials were under-dosed, suggesting a need for national and institutional SAP guidelines.

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Publisher

Taylor and Francis Ltd. (E-mail: michael.wagreich@univie.ac.at)

Year of Publication

2019

344.

Risk factors for contralateral metachronous indirect inguinal hernia in children with unilateral inguinal hernia.

Khorana J., Reanpang T., Tepmalai K.

Embase

Journal of the Medical Association of Thailand. 102(9) (pp 997-1002), 2019. Date of Publication: 2019.

[Article]

AN: 2003443354

Background: The repair of indirect inguinal hernia is a common operation among pediatric surgeons. The incidence of inguinal hernia in children ranging from 0.8% to 4.4%. After unilateral repair of the inguinal hernia, the incidence of a contralateral inguinal hernia is about 6%.

Objective(s): To identify the risk factors of metachronous contralateral indirect inguinal hernia (MCIH).

Material(s) and Method(s): A retrospective cohort study of the indirect inguinal hernia patients (ICD-10 code K40.9) was performed. Patients having bilateral inguinal hernia at the initial presentation were excluded. The patient between 0 and 15 years old visiting the authors' institute between January 2007 and December 2014 were included. The data collected including gender, age at presentation, birthweight, gestational age, initial side of indirect inguinal hernia, history of incarceration, post-operative complication, recurrence, comorbidity, and presence of MCIH as the outcome of the present study.

Result(s): Five hundred seventy-five indirect inguinal hernia patients' data were collected. Fifty-nine patients were excluded due to bilateral indirect inguinal hernias at presentation. Five hundred sixteen patients were included for final analysis. Incarceration in the initial side was found in 23%. The MCIH was found in 7.9% with a mean follow-up time of 21 months (maximum time 124 months). The multivariable analysis of the factors associated with MCIH clustering by gender was performed and the significant risk factors were initial left side hernia (risk ratio [RR] 1.27, $p=0.011$, number needed to treat [NNT] 50), age less than six months (RR 1.04, $p=0.001$, NNT 200), underlying heart disease (RR 2.50, $p<0.001$, NNT 8), and lung disease (RR 1.39, $p=0.007$, NNT 20).

Conclusion(s): The risk factors of the MCIH in the present study were initial left side hernia, age less than six months, and underlying heart and lung diseases clustering by gender. The history of risk factors combined with the definite physical examination and investigation aided in the judgement for contralateral inguinal exploration.

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Publisher

Medical Association of Thailand (E-mail: math@loxinfo.co.th)

Year of Publication

2019

345.

Ultrasound-assisted microsurgical left spermatic-inferior epigastric vein anastomosis for treating nutcracker syndrome-associated varicocele.

Hao J., Shi H., Xu H., Zhu J., Zhou J., Du T.

Embase

International Urology and Nephrology. 51(11) (pp 1925-1932), 2019. Date of Publication: 01 Nov 2019.

[Article]

AN: 2002408276

Objectives: The study summarizes the effectiveness of ultrasound-assisted microsurgical left spermatic-inferior epigastric vein anastomosis for treating nutcracker syndrome (NCS)-associated varicocele.

Method(s): Cases of NCS-associated varicocele were recruited between December 2012 and December 2018. Prior to the operation, all patients were tested for the internal diameter and blood flow velocity of left renal vein, testicular volume, maximum venous diameter and venous retrograde flow in the pampiniform plexus of veins during the Valsalva maneuver by Color Doppler ultrasound. Moreover, the direction of left spermatic and inferior epigastric vein was marked.

Result(s): All patients underwent ligation of the internal spermatic veins and left spermatic-inferior epigastric vein anastomosis under microscopy. Color Doppler ultrasound, urinary and semen analysis (above age 18 years old) were reviewed during the follow-up period. 53 patients (94.6%) underwent spermatic-inferior epigastric vein anastomosis with the mean operation time of 78.4 +/- 14.2 min. The hospital stay was 4-7 days. Scrotal hydrocele, wound infection and testicular atrophy did not occur after operation. However, there were 5 cases of left varicocele recurrence and 2 cases of vascular anastomotic thrombosis. 51 cases had decrease in blood peak flow rate of left renal vein and improvement in nutcracker syndrome while scrotal bulge symptoms resolved in 26 cases. 10 cases had microscopic hematuria disappearance with symptom improvement in 2 cases. 19 cases of left testicular hypotrophy experience no further deterioration after surgery, of which 16 cases had catch-up testicular growth.

Conclusion(s): Ultrasound-assisted microsurgical left spermatic-inferior epigastric vein anastomosis assisted is safe, easy and effective for treating nutcracker syndrome-associated varicocele.

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Springer Netherlands (E-mail: rbk@louisiana.edu)

Year of Publication

2019

346.

Reoperation after laparoscopic inguinal hernia repair in children: A retrospective review.

Hayashi K., Ishimaru T., Kawashima H.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(10) (pp 1264-1270), 2019.

Date of Publication: October 2019.

[Article]

AN: 629652389

Background: Laparoscopic inguinal hernia repair (LIHR) is increasingly widely accepted in pediatric surgery. However, reoperation risks remain unknown. We summarized our single-center experience with reoperations after laparoscopic percutaneous extraperitoneal closure (LPEC) and single-incision LPEC (SILPEC).

Material(s) and Method(s): We retrospectively reviewed reoperation cases of hernia repair greater than or equal to two times between 2000 and 2018, wherein the first hernia repair was performed laparoscopically. Primary outcomes were recurrence type and screening sufficiency for contralateral patent processus vaginalis (cPPV). Secondary outcomes were associated with details of recurrences.

Result(s): Of the 2112 patients who underwent LPEC/SILPEC, 14 (recurrence rate = 0.7%) showed recurrences after treatment and 8 (incidence rate = 0.4%) showed contralateral metachronous inguinal hernia (CMIH). Concerning the primary outcome of recurrence type, the orifice was inside the previous ligation (Inside group), suggesting loosened first ligation, in 6 (42.9%) patients and outside the previous ligation (Outside group) in 7 (50.0%); and 1 (7.1%) patient showed no orifice. Regarding CMIH, 3 (37.5%) patients were suspected of insufficient screening for cPPV, 1 (12.5%) underwent sufficient screening, and 1 (12.5%) had cPPV but treatment was deemed unnecessary. Concerning secondary outcomes, 4 (66.7%) and 6 (85.7%) patients from the Inside and Outside groups were treated with single ligation, respectively. One patient from the Outside group (14.3%) had a massive peritoneum injury during the first operation.

Conclusion(s): Some preventable factors, such as loosened ligation, torn peritoneum, and use of single ligation in recurrences and insufficient screening for cPPV in CMIH, were observed. These should be taken care to prevent reoperations in LIHR.

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Year of Publication

2019

347.

Laparoscopic percutaneous extraperitoneal closure of the internal ring in pediatric recurrent inguinal hernia.

Zhu H., Li J., Peng X., Alganabi M., Zheng S., Shen C., Dong K.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(10) (pp 1297-1301), 2019.

Date of Publication: October 2019.

[Article]

AN: 629652084

Background: Laparoscopic repair has become the preferred option for the treatment of pediatric hernias. Recently, laparoscopic operations have also been conducted in pediatric recurrent hernia cases. Laparoscopic percutaneous extraperitoneal closure (LPEC) is a simple and reliable minimally invasive procedure for pediatric inguinal hernia repair. However, it is still unclear whether LPEC is an ideal procedure for recurrent inguinal hernias in children. The aim of this study is to evaluate the efficacy of LPEC in the treatment of pediatric recurrent inguinal hernias.

Patients and Methods: We retrospectively reviewed all children with primary inguinal hernia repairs in our hospital from 2016 to 2017 and analyzed the outcomes of recurrent inguinal hernia repairs with LPEC.

Result(s): There were 1703 children with 1985 indirect inguinal hernias: 1549 were laparoscopic (91.0%) and 154 open (9.0%). Thirty-five (2.1%) of these children had recurrent inguinal hernia with no difference in prevalence between laparoscopic and open ($P = .24$). One case was bilateral. LPEC was performed successfully in all children with recurrent inguinal hernias. There were no severe intra- or postoperative complications in any of the recurrent cases. No children had inguinal hernia recurrence at follow-up (8 months-2 years).

Conclusion(s): LPEC of the internal ring is a reliable and effective minimally invasive technique for the treatment of recurrent inguinal hernia in children.

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Publisher

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Year of Publication

2019

348.

Laparoscopic treatment of inguinal hernia in children, an experience of purse string at the level of deep ring.

Ur Rahman F., Ur Rehman I., Amin H.

Embase

Journal of Medical Sciences (Peshawar). 27(2) (pp 111-115), 2019. Date of Publication: 2019.

[Article]

AN: 2002507166

Objective: To share our experience of laparoscopic inguinal hernia repair with purse string around deep ring.

Material(s) and Method(s): This retrospective study was conducted from July 2015 to January 2017 at Pediatric surgery unit of the Khyber teaching hospital - Peshawar, Pakistan. Children below 16 years with a diagnosis of reducible inguinal hernia were included. 68 laparoscopic repair of inguinal hernia performed on 60 patients, as 8 patients had bilateral inguinal hernia.

Laparoscopic hernia repair was done with a technique of purse string around the deep ring (PSDR). Follow up period was of 6 months. Clinical and demographic data were collected and analysed using SPSS 20.

Result(s): Laparoscopic repair of inguinal hernia repair performed in 60 patients with an intraperitoneal technique of PSDR. Mean age was about 2.9 ± 2 year and mean weight of 13.3 ± 7.3 Kg. Male to female ratio was 5:1. Unilateral hernia was in 86.6% and contralateral patent processus vaginalis (CPPV) was found in 33.3%. Operative time for unilateral hernia repair 39.4 ± 10 min and bilateral hernia repair 57.6 ± 8.3 min. Wound infection in umbilical port site was 1.6%, hydrocele 6.6% and testicular atrophy 0%. Recurrence recorded in follow up period in 6.6%. Absorbable suture and low skills of intracorporeal suturing was recorded as a risk factor for recurrence.

Conclusion(s): Laparoscopic technique of Purse string at the level of deep ring using non-absorbable suture is a safe and effective method. High rate of recurrence in this technique can be overcome by gaining high skills of intracorporeal suturing and using non-absorbable suture.

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Year of Publication

2019

349.

Brucella and non-brucella epididymo-orchitis: Comparison of ultrasound findings.

Baykan A.H., Sayiner H.S., Inan I.

Embase

Medical Ultrasonography. 21(3) (pp 246-250), 2019. Date of Publication: 2019.

[Article]

AN: 629385729

Aim: In brucellosis the male genitourinary system can be affected in a small number of patients.

In this study we aimed to identify, discuss and compare the radiologic findings of 24 cases with Brucella epididymo-orchitis (BEO) and 285 cases with non-Brucella epididymis orchitis (NBEO).

Material(s) and Method(s): The study had a retrospective design. The area of involvement, side of involvement (left, right or bilateral), presence of abscess, hydrocele and testicular involvement pattern were analyzed and compared between the BEO and NBEO cases.

Result(s): The median age of the included cases was 33 years, with a minimum of 0 and maximum of 89. Epididymo-orchitis and isolated orchitis were more frequent in BEO cases while isolated epididymis involvement was more common in patients with non-BEO ($p=0.0117$).

Bilateral involvement was present in 20.8% and 4.6% cases in the BEO and non-BEO groups, respectively ($p=0.008$). The frequency of abscess was significantly higher in BEO cases ($p=0.003$).

Conclusion(s): Although the radiological indications of BEO are similar to those of other types of epididymo-orchitis, abscess formation, bilateral involvement and testicular involvement contribute significantly to diagnosis.

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Year of Publication

2019

350.

Surprising interobserver and intra-observer variability in pediatric testicular ultrasound volumes. Welliver C., Cardona-Grau D., Elebyjian L., Feustel P.J., Kogan B.A.

Embase

Journal of Pediatric Urology. 15(4) (pp 386.e1-386.e6), 2019. Date of Publication: August 2019.

[Article]

AN: 2001969313

Introduction: Testicular volume (TV) can be obtained by either scrotal ultrasound (SU) or orchidometer. Scrotal ultrasound allows for a more objective measurement; however, the interobserver and intra-observer variability of TV measurements has not been rigorously studied.

Objective(s): The authors measured intra-observer and interobserver variability of SU TV measurements in pediatric patients to assess the reliability and reproducibility of SU. Special attention was paid to how often a 20% discrepancy in TV was noted as this has previously been utilized as an indication for varicocelectomy.

Design(s): Patients with an indication for SU or undergoing an ultrasound for another reason were prospectively recruited. Two different urologic specific ultrasound technicians (A and B) performed SU to assess interobserver variability. A second measurement was taken by technician A within 90 days to assess intra-observer variability (A vs A1). The technicians were blinded to other ultrasound results.

Result(s): Fourteen patients (28 testes, 56 volume measurements) were included in the intra-observer group and 17 patients (34 testes, 68 volume measurements) in the interobserver group. The mean time to repeat intra-observer ultrasound measurements (range) was 46 days (23-84). Mean age (range) in the intra-observer group was 14.3 years (11-19) and 14.1 years (11-19) in the interobserver group. Indication for ultrasound was varicocele (n = 6), scrotal pain (4), hydronephrosis (3), hydrocele (2), epididymal cyst (2), posterior urethral valves (1), and testis asymmetry (1). Utilizing Bland-Altman analysis and plots, variability was seen in both intra-observer and interobserver measurements. The mean values for testicular sizes for technician A and technician B were 13.0 +/- 9.7 cm³ vs 13.8 +/- 9.9 cm³, respectively. The mean values for TV measurement for technician A's first and second measurements (A, A1) were 14.3 +/- 9.7 cm³ and 14.8 +/- 8.9 cm³, respectively. An errant 20% difference in TV measurements for the same testis was seen in 25% (7 of 28) of intra-observer measurements and 35% (12 of 34) of interobserver measurements. These 20% differences were more common with a lower body mass index (odds ratio, OR = 0.74, p = 0.01) in the interobserver group, and lower TV was a predictor in the intra-observer group (OR: 0.82, p = 0.009).

Conclusion(s): Variability exists in both interobserver and intra-observer measurements of TV by dedicated urologic ultrasonographers, and greater than 20% of differences in measured TV in same testicles occurred in over 25% of cases. Caution should be exercised in basing operative decisions and scientific studies on limited measurements of TV.[Figure presented]

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Year of Publication

2019

351.

Single-visit surgery: An evaluation from an institutional perspective.

Cunningham M.E., Justus C.A., Milewicz A.L., Wortley M.G., Denner F.R., Hollier L.H., Nuchtern J.G., Wesson D.E., Fraser C.D., Shah S.R.

Embase

Journal of Pediatric Surgery. 54(6) (pp 1108-1111), 2019. Date of Publication: June 2019.

[Article]

AN: 2001711459

Background/Purpose: Elective ambulatory surgical care traditionally involves three independent visits. Single-Visit Surgery (SVS) is an alternative surgical model that consolidates care into one visit. Evaluation of the effect of this novel program on hospital operations is limited. The objective of this study was to analyze SVS from an institutional perspective.

Method(s): We retrospectively reviewed patients scheduled for SVS at a freestanding children's hospital between January 2016 and August 2017. Data collected included clinic "no show" rates, operating room (OR) utilization, reimbursement rates, and postoperative visits.

Result(s): There were 89 patients scheduled for SVS, of which 63% (n = 56) were male, and the median age was 6 years [IQR, 4-9]. The SVS clinic "no show" rate was 2% (n = 2) compared to the pediatric surgery clinic "no show" rate of 11% (p = 0.01). The SVS OR block utilization rate was 90%. Payment was received from third-party payors for 92% of consultations and 100% of operative procedures without securing prior authorization. Postoperatively 25% (n = 17) of patients presented to clinic for follow-up, and one child presented to the emergency department for vomiting. There were no hospital admissions.

Conclusion(s): Single-Visit Surgery is an alternative model of ambulatory surgical care that improves institutional efficiency while also enhancing the patient experience.

Type of Study: Retrospective cohort review Level of evidence: III

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Publisher

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Year of Publication

2019

352.

Congenital rubella syndrome surveillance in South Africa using a sentinel site approach: A Cross-sectional Study.

Motaze N.V., Manamela J., Smit S., Rabie H., Harper K., Duplessis N., Reubenson G., Coetzee M., Ballot D., Moore D., Nuttall J., Linley L., Tooke L., Kriel J., Hallbauer U., Sutton C., Moodley P., Hardie D., Mazanderani A.H., Goosen F., Kyaw T., Leroux D., Hussain A., Singh R., Kelly C.,

Ducasse G., Muller M., Blaauw M., Hamese M., Leeuw T., Mekgoe O., Rakgole P., Dungwa N., Maphosa T., Sanyane K., Preiser W., Cohen C., Suchard M.

Embase

Clinical Infectious Diseases. 68(10) (pp 1658-1664), 2019. Date of Publication: 01 May 2019.

[Article]

AN: 628223944

Background. Congenital rubella syndrome (CRS) includes disorders associated with intrauterine rubella infection. Incidence of CRS is higher in countries with no rubella-containing vaccines (RCV) in their immunization schedules. In the World Health Organization African region, RCVs are being introduced as part of the 2012-2020 global measles and rubella strategic plan. This study aimed to describe the epidemiology of confirmed CRS in South Africa prior to introduction of RCVs in the immunization schedule. **Methods.** This was a descriptive study with 28 sentinel sites reporting laboratory-confirmed CRS cases in all 9 provinces of South Africa. In the retrospective phase (2010 to 2014), CRS cases were retrieved from medical records, and in the prospective phase (2015 to 2017) clinicians at study sites reported CRS cases monthly. **Results.** There were 42 confirmed CRS cases in the retrospective phase and 53 confirmed CRS cases in the prospective phase. Most frequently reported birth defects were congenital heart disease and cataracts. The median age of mothers of CRS cases was 21 years in the retrospective phase (range: 11 to 38 years) and 22 years in the prospective phase (range: 15 to 38 years).

Conclusion. Baseline data on laboratory-confirmed CRS will enable planning and monitoring of RCV implementation in the South African Expanded Programme on Immunization program.

Ninety-eight percent of mothers of infants with CRS were young women 14-30 years old, indicating a potential immunity gap in this age group for consideration during introduction of RCV.

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2019

353.

Laparoscopic Percutaneous Extraperitoneal Internal Ring Closure for Pediatric Inguinal Hernia: 1,142 Cases.
Wang Y.-J., Zhang Q.-L., Chen L., Lin Y., Zhang J.-Q., Wu D.-M., Huang W.-H., Zhou C.-M.
Embase
Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(6) (pp 845-851), 2019. Date of Publication: 01 Jun 2019.
[Article]
AN: 628040482
Purpose: The purpose of this study was to summarize the clinical experience of the laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for the treatment of inguinal hernias.
Method(s): There were 1,142 children with an isolated inguinal hernia who participated in this study from January 2013 to May 2018. An epidural needle was used to treat the indirect inguinal hernia with laparoscopic assistance. Symptoms and signs were followed up at 1 week, 3 months, and every 1-2 years after the operation.

Result(s): All 1,142 children underwent laparoscopic surgery successfully. All patients were discharged 1-2 days after the operation. During the hospitalization and follow-up, there were 21 patients with complications, including 6 cases of hernia recurrence, 7 cases of poor healing of the umbilical incision, 5 cases of suture granuloma and 3 cases of groin traction pain discomfort.

None of the following complications occurred: abdominal wall vascular injury, deferent duct injury, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, hydrocele, or scrotal oedema.

Conclusion(s): Laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle is a safe and feasible method for the treatment of inguinal hernias in children.

This method has the advantages of less trauma, no scarring and a good cosmetic effect.

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PMC Identifier

31009311 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31009311>]

Place Holder 11

Embase

Institution

(Wang, Zhang, Chen, Lin, Zhang, Wu, Huang, Zhou) Department of Pediatric Surgery, Fujian Provincial Maternity and Children's Hospital, Fuzhou, China

Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2019

354.

Delaying surgery for inguinal hernia in neonates: Is it worthwhile?.

Bawazir O.A.

Embase

Journal of Taibah University Medical Sciences. 14(4) (pp 332-336), 2019. Date of Publication: August 2019.

[Article]

AN: 2002369584

Objective: The incidence of inguinal hernia is high in premature infants; however, surgical repair is a high-risk procedure for these patients. The timing of hernia repair is still controversial. This study aimed to determine the optimal timing for inguinal herniotomy in neonates in a general hospital.

Method(s): A prospective cohort study was conducted from March 2014 to September 2018. A total of 127 neonates and preterm infants were admitted to the paediatric surgery clinic with uncomplicated inguinal hernia. Herniotomy was performed in all neonates, and the patients were followed up for up to 8 months after surgery for perioperative and postoperative complications. The timing of surgery was based on the surgeon's decision along with the consent of the family to the surgical intervention.

Result(s): Of 118 neonates, as many as 53 (45%) underwent early repair and 65 (55%) underwent late repair of inguinal hernia. The demographic data were similar between the 2 groups with no significant difference. There were no significant differences in the incidence of inguinal hernia incarceration and hydrocele formation ($p = 0.11$ and $p = 0.8$, respectively); however, there was a higher incidence of inguinal hernia recurrence ($p = 0.05$) and postoperative apnoea ($p = 0.02$) in the early repair group.

Conclusion(s): Surgical repair of inguinal hernia is feasible with low morbidity in preterm babies. The risk of hernia incarceration and testicular atrophy did not increase with delayed elective hernia repair in neonates. Delayed hernia repair decreased the risk of perioperative and postoperative complications. This study recommends delaying elective hernia repair in neonates and preterm babies.

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(Bawazir) Department of Surgery, Faculty of Medicine, Umm Al-Qura University, Makkah, Saudi Arabia
Publisher
Elsevier B.V.
Year of Publication
2019

355.

Dorsal midline cutaneous stigmata associated with occult spinal dysraphism in pediatric patients.
Sung H.J., Lee H.-S.

Embase

Korean Journal of Pediatrics. 62(2) (pp 68-74), 2019. Date of Publication: 2019.

[Article]

AN: 2002175918

Purpose: To investigate the prevalence of occult spinal dysraphism (OSD) and subsequent neurosurgery in pediatric patients with isolated or combined dorsal midline cutaneous stigmata with or without other congenital malformations.

Method(s): We carried out a retrospective review of patients who underwent sonography or magnetic resonance imaging (MRI) for OSD because of suspicion of dorsal midline cutaneous stigmata (presumed to be a marker for OSD) between January 2012 and June 2017. Information about patient characteristics, physical examination findings, spinal ultrasound and MRI results, neurosurgical notes, and accompanying congenital anomalies was collected.

Result(s): Totally 250 patients (249 ultrasound and one MRI screening) were enrolled for analysis. Eleven patients underwent secondary MRI examinations. The prevalence of OSD confirmed by an MRI was 2.4% (6 patients including one MRI screening). Five patients (2%) had tethered cord and underwent prophylactic neurosurgery, 3 of whom had a sacrococcygeal dimple and a fibrofatty mass. Prevalence of tethered cord increased as markers associated with a sacrococcygeal dimple increased (0.5% of the isolated marker group, 8.1% of the 2-marker group, and 50% of the 3-marker group). Incidence of OSD with surgical detethering in 17 other congenital anomaly patients was 11.8%, which was higher than the 1.3% in 233 patients without other congenital anomalies.

Conclusion(s): Our results suggest that the presence of dorsal midline cutaneous stigmata, particularly fibrofatty masses, along with a sacrococcygeal dimple is associated with OSD or cord tethering requiring surgery. OSD should be suspected in patients with concurrent occurrence of other congenital anomalies.

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Publisher

Korean Pediatric Society (E-mail: kjpped@gmail.com)

Year of Publication

2019

356.

Single-Site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with Inguinal Hernia.

Zhang J.-Q., Zhang Q.-L., Chen L., Lin Y., Wang Y.-J., Wu D.-M., Zhou C.-M.

Embase

Medical Science Monitor. 25 (pp 4469-4473), 2019. Date of Publication: 2019.

[Article]

AN: 2002292974

Background: This study evaluated the safety and effectiveness of single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with inguinal hernia. Material/Methods: We retrospectively analyzed clinical data of 542 children with inguinal hernia who underwent single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle at our hospital from June 2014 to June 2017.

Result(s): All patients successfully underwent surgery and none were converted to conventional surgery. Abdominal vascular injury, vasectomy injury, testicular vascular injury, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, hydrocele, hernia recurrence, and scrotal edema were not reported during the perioperative period. A follow-up of these patients was performed for 1224 months. During the follow-up period, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, and hydrocele were not noted, but 3 cases of hernia recurrence were found.

Conclusion(s): The single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with inguinal hernia is safe and effective, and this procedure has the advantages of minimal trauma, no scarring, and good cosmetic effect.

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Publisher

International Scientific Information, Inc. (E-mail: iza.pranga@isl-science.com)

Year of Publication

2019

357.

Laparoscopic versus open inguinal hernia repair in children: which is the true gold-standard? A systematic review and meta-analysis.

Kantor N., Travis N., Wayne C., Nasr A.

Embase

Pediatric Surgery International. 35(9) (pp 1013-1026), 2019. Date of Publication: 01 Sep 2019.

[Article]

AN: 2002284520

Purpose: Hernia repair is one of the most common operations performed in children. Traditionally, an open surgical approach has been utilized; however, laparoscopic repair has been gaining

favour within the surgical community. We aimed to determine whether open or laparoscopic hernia repair is optimal for pediatric patients by comparing recurrence rates and other outcomes. Method(s): We searched CENTRAL, MEDLINE, and EMBASE from 1980 onwards, including studies that compared laparoscopic and open repair for pediatric inguinal hernia. Result(s): Our initial search yielded 345 unique citations. Of these, we reviewed the full text of 28, and included 21 in meta-analysis. The results showed that patients who underwent laparoscopic surgery were more likely to experience wound infection ($p = 0.003$), but less likely to experience ascending testis ($p = 0.05$) and metachronous hernia ($p = 0.0002$). There were no differences in recurrence rates ($p = 0.95$), surgical time ($p = 0.55$), length of hospitalization ($p = 0.50$), intra-operative injury, bleeding, testicular atrophy, or hydrocele. Conclusion(s): Laparoscopic and open surgeries are equivalent in terms of recurrence rates, surgical time, and length of hospitalization. Laparoscopic repair is associated with increased risk of wound infection, but decreased risk of ascending testis. Laparoscopic surgery allows the opportunity to explore and repair the contralateral side, preventing metachronous hernia. Level of Evidence: III.

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PMC Identifier

31292721 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31292721>]

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Embase

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Publisher

Springer Verlag (E-mail: service@springer.de)

Year of Publication

2019

358.

Laparoscopic reoperation for pediatric recurrent inguinal hernia after previous laparoscopic repair. Lee S.R., Park P.J.

Embase

Hernia. 23(4) (pp 663-669), 2019. Date of Publication: 01 Aug 2019.

[Article]

AN: 624730692

Purpose: Recurrence is a concerning area in pediatric inguinal hernia repair. Various laparoscopic repair methods are available to treat recurrent pediatric inguinal hernia. We analyzed previous laparoscopic hernia repairs and report the outcomes of laparoscopic inguinal hernia reoperations in patients with recurrent inguinal hernia.

Method(s): Fifty-one patients who presented for recurrent inguinal hernia after laparoscopic hernia repair from September 2012 to May 2017 were retrospectively evaluated. Previous laparoscopic procedures were analyzed with respect to sac removal (removal vs. leaving in place), suture material (absorbable vs. nonabsorbable), and high ligation method (purse string vs. multiple stitches). We removed the hernia sac from all patients and performed suture repair of the muscular arch of the internal inguinal ring using nonabsorbable material.

Result(s): All patients (38 male, 13 female) had indirect inguinal hernias. No conversion to open surgery occurred. Forty-three (84.3%) patients developed recurrence within 1 year after the previous operation [mean 8.7 +/- 6.9 (range 3-33) months]. Twenty patients had concurrent hydroceles (39.2%); 16 were cord hydroceles and 4 were canal of Nuck hydroceles. In the previous operations, the hernia sac was not removed in 100% (51/51) of patients, absorbable

suture material was used in 58.8% (30/51), and purse string high ligation was performed in 88.2% (45/51). No re-recurrence developed during a mean follow-up of 25.0 +/- 12.6 (range 13-54) months.

Conclusion(s): Laparoscopic reoperation with hernia sac removal and suture repair of the muscular arch of the internal inguinal ring with nonabsorbable material is an effective operation with few recurrences and complications.

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Publisher

Springer-Verlag France (22, Rue de Palestro, Paris 75002, France)

Year of Publication

2019

359.

Elimination of lymphatic filariasis as a public health problem from Tonga.

Ofoano R., Ofa T., Padmasiri E.A., Kapa D.R.

Embase

Tropical Medicine and Health. 47(1) (no pagination), 2019. Article Number: 43. Date of Publication: 15 Jul 2019.

[Article]

AN: 628506014

Background: Tonga was highly endemic for lymphatic filariasis (LF) caused by diurnally sub-periodic *Wuchereria bancrofti* transmitted by *Aedes* vector species. LF prevalence declined very appreciably as a result of chemotherapeutic intervention measures implemented in 1977, but low levels of infection persisted. Along with other Pacific Island countries and in partnership with the Pacific Programme to Eliminate LF (PacELF), Tonga implemented a programme to eliminate LF as a public health problem.

Method(s): On the basis of historical data and baseline survey, all the divisions of the country were declared as endemic. Five to six consecutive rounds of effective MDA were implemented in all the divisions during 2001-2006. The impact of MDA was assessed through interim and post-MDA antigen (Ag) detection surveys among adults and transmission assessment surveys among children. The chronic disease burden was assessed by health workers through observation.

Result(s): The base-line Ag prevalence was 2.70%. The treatment coverage was > 80% in all MDA rounds. The mid-term surveys showed an Ag prevalence of 2.46%. The pre-stop MDA Ag survey revealed an Ag prevalence of 0.34%. The stop MDA survey and transmission assessment surveys among children showed Ag prevalence at < 0.05%, indicating transmission is negligible. Health workers concluded that filarial lymphedema or hydrocele condition in the communities is absent or very rare.

Conclusion(s): Tonga had successfully met the criteria for elimination of LF as a public health problem. The accomplishment was acknowledged by the WHO in 2017. Tonga looks forward to work with stakeholders to eliminate transmission of LF and achieve zero incidence of infection.

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Publisher

BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Year of Publication

2019

360.

A neonatal case with perinatal lethal gaucher disease associated with missense G234E and H413P heterozygous mutations.

Wei M., Han A., Wei L., Ma L.

Embase

Frontiers in Pediatrics. 7(MAY) (no pagination), 2019. Article Number: 201. Date of Publication: 2019.

[Article]

AN: 628126212

Perinatal lethal Gaucher disease (PLGD), a particular and serious form of type 2 Gaucher disease (GD), often causes lethality in utero or death within hours after birth. The typical clinical manifestations include non-immune hydrops fetalis (NIHF), premature birth, fetal growth restriction, fetal intrauterine death, or neonatal distress and rapid death after birth. Here, we present a premature neonate with GD whose main clinical manifestations included intrauterine growth retardation, anasarca, facial dysmorphism, ichthyosis, respiratory distress, hepatosplenomegaly, joint contractures, myoclonus, refractory thrombocytopenia, anemia, elevated levels of liver enzymes, bile acid and direct bilirubin, cholestasis, pulmonary hypoplasia, intracranial hemorrhage, and abnormal electroencephalogram. The activity of beta-glucocerebrosidase was 0 in the peripheral white blood cells of the neonate. The sequencing analysis identified the presence of missense G234E and H413P heterozygous mutations in glucocerebrosidase (GBA) exon 7 and 10, with the latter first observed to be associated with PLGD. This infant died at 73 days of age.

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Frontiers Media S.A. (E-mail: info@frontiersin.org)

Year of Publication

2019

361.

Orchidopexy for bilateral undescended testes: A multicentre study on its effects on fertility and comparison of two fixation techniques.

Uijldert M., Meissner A., Kuijper C.F., Repping S., de Jong T.P.V.M., Chrzan R.J.

Embase

Andrologia. 51(3) (no pagination), 2019. Article Number: e13194. Date of Publication: April 2019. [Article]

AN: 624810277

To evaluate fertility potential after orchidopexy for bilateral undescended testis and compare two surgical fixation techniques for effect on fertility. Men older than 22 years who had either tunica albuginea orchidopexy (TAO) or "no-touch" technique (NTO) in childhood for bilateral undescended testis (BUDT) were selected. Participants filled out a questionnaire followed by physical examination, had testicular ultrasound, blood sample and semen analysis. Statistical testing was performed using general linear modelling. Sixty-seven out of 166 individuals responded. Forty-nine completed the questionnaire, and nine (18.3%) reported having fathered children. Thirty-six showed up for further examination, 26 had TAO and 10 NTO. Impaired hormonal spermatogenesis regulation (34.6% vs. 20%), higher subfertility rate (46% vs. 20%) and lower means of motile spermatozoa (58.1×10^6 spz vs. 177.9×10^6 spz) were observed in the TAO versus the NTO group; none of these were statistically significant. Four (15.4%) of the TAO and two (20%) of the NTO group have azoospermia. Although the operation technique did not have a significant impact on fertility, unfavourable outcomes were more common after surgery involving the tunica albuginea of the testis. Larger sample sizes are needed to ascertain whether the trends favouring the NTO technique are of any significance.

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Publisher

Blackwell Publishing Ltd

Year of Publication

2019

362.

Frequency of inguinal herniotomy in Australia (1998-2017).

Vikraman J., Donath S., Hutson J.M.

Embase

Pediatric Surgery International. 35(7) (pp 759-763), 2019. Date of Publication: 08 Jul 2019.

[Article]

AN: 627826295

Background/aim: Closure of the processus vaginalis (PV) is considered as the last step of testicular descent. Therefore, patent processus vaginalis (PV), and inguinal hernias are linked to cryptorchidism. As the National Australian incidence of orchidopexy has decreased over the previous 20 years, we aimed to explore the incidence of inguinal herniotomy (including hydrocele) over time in Australia.

Method(s): The National Department of Human Services (DHS) database, and Bureau of Statistics database were obtained for the years 1998-2017. The numbers of inguinal herniotomies in patients aged 0-4, 5-14 and 15-24 years were examined with ethical approval.

Result(s): Over the 20-year period, over 87,000 inguinal herniotomy procedures were performed in males. The incidence per year in males decreased across all ages over the 20-year period, but was most pronounced in infants and toddlers. Similar to males, the incidence in females decreased over time, with the ratio of procedures per head of population decreasing in children under 5 years of age. The ratio of male: females varied according to ages, and was between 2.8 and 6.2 males: 1 female.

Conclusion(s): This study suggests that fewer 0-4-year olds are undergoing inguinal herniotomy, compared with 20 years ago. This is likely due to a change in practice for the management of unilateral symptomatic hernias, from routine bilateral herniotomies, to unilateral surgery. As well as less aggressive surgical intervention for hydroceles in boys.

Level of Evidence: III.

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PMC Identifier

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Publisher

Springer Verlag (E-mail: service@springer.de)

Year of Publication

2019

363.

Normal Changes and Ranges of Pediatric Testicular Volume and Shear Wave Elasticity.

Shin H.J., Yoon H., Lee Y.S., Kim M.-J., Han S.W., Roh Y.H., Lee M.-J.

Embase

Ultrasound in Medicine and Biology. 45(7) (pp 1638-1643), 2019. Date of Publication: July 2019.

[Article]

AN: 2001839265

To determine normal ranges for pediatric testicular volume and stiffness values (SV) on ultrasonography (US) and shear wave elastography (SWE) with respect to age and weight, testicular US scans (including SWE) of children (<10 y old) performed from February 2015 to January 2017 were retrospectively reviewed; grossly normal testes or testes with small

hydroceles were included. Correlations between age weight, and testicular volume or SV were evaluated. Among a total of 52 boys (1-92 mo, median = 23.5 mo), there were positive correlations between testicular volume and age ($R^2 = 0.451$, $p < 0.001$) and weight ($R^2 = 0.515$, $p < 0.001$). Testicular SV was negatively correlated with age ($R^2 = 0.166$, $p = 0.051$) and weight ($R^2 = 0.372$, $p = 0.049$). Therefore, SV decreases while volume increases with increasing weight in testes of healthy children. Normal ranges for testicular volume and SV in children younger than 10 y are reported.

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Publisher

Elsevier USA

Year of Publication

2019

364.

The split sign: The MRI equivalent of the bell clapper deformity.

Tokuda B., Kiba M., Nagano H., Miura H., Goto M., Yamada K.

Embase

British Journal of Radiology. 92(1095) (no pagination), 2019. Article Number: 20180312. Date of Publication: 2019.

[Article]

AN: 2002028206

Objective: We sought to define the MRI findings in the bell clapper deformity (BCD) and to retrospectively evaluate its diagnostic ability.

Method(s): The cases of eight patients who underwent MRI and surgery for acute scrotum between January 2010 and January 2017 were evaluated. We recorded whether hyperintense fluid on T2 weighted images existed between the posterior aspect of the epididymis and the scrotal wall ("split sign") and investigated if it correlated with BCD in surgical findings.

Result(s): In one patient without hydrocele, readers were unable to evaluate the anatomy of the tunica vaginalis. Among seven patients with hydrocele, five had the split sign and all were surgically confirmed as BCD. In two patients with hydrocele but no split sign, one had normal scrotal anatomy and the other had a BCD with a necrotic testis adherent to the scrotal wall.

Conclusion(s): The split sign on MRI corresponded well to the lack of fixation of the epididymis to the scrotal wall and detected BCD with high sensitivity (5/6). Advances in knowledge: A hyperintense area on T2 weighted image between the posterior aspect of the epididymis and scrotal wall (split sign) is a useful MRI finding for diagnosing BCD.

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Publisher
British Institute of Radiology (E-mail: publications@bir.org.uk)
Year of Publication
2019

365.

Comparison of Recurrence and Postoperative Complications Between 3 Different Techniques for Surgical Repair of Idiopathic Hydrocele.

Tsai L., Milburn P.A., Cecil C.L., Lowry P.S., Hermans M.R.

Embase

Urology. 125 (pp 239-242), 2019. Date of Publication: March 2019.

[Article]

AN: 2001436953

Objective: To determine if recurrence rates and complication rates differ between 3 different techniques for treatment of idiopathic hydrocele: Jaboulay's bottleneck, hydrocelectomy, or Lord's technique.

Method(s): All surgeries for idiopathic hydrocele in the health system were reviewed from 2000 to 2011. Recurrence rate, complication rate, and other surgical data were collected and analyzed.

Result(s): The 276 surgeries were performed using the following techniques: 70 (26%) Jaboulay's repair, 127 (46%) hydrocelectomy, and 79 (28%) Lord's repair. 18 (6%) hydrocele procedures required repeat surgery for recurrence, and there were no statistical differences between all techniques. Complications occurred in 32 (11.6%) of 276 surgeries and included hematoma, postoperative testalgia, and infection. Lord's repair had a significantly lower overall complication rate and rate of hematoma ($P = .0016$, $P = .023$). There was no difference between the groups with regard to infection or pain. The median volume of fluid removed with the Jaboulay's approach was 200 mL, and the volumes were 270 mL for each of the hydrocelectomy and Lord's repair, respectively. The largest volume hydrocele treated was 2.4 L and was performed with Lord's repair.

Conclusion(s): Overall recurrence rate after open hydrocele surgery was 6%, and did not differ between the surgical techniques analyzed. The overall rate of complications and the rate of postoperative hematoma were lowest with Lord's repair. This data reaffirms the existing literature on hydrocele repair technique, and suggests that Lord's repair is an efficacious and safe choice in treating hydroceles.

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Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2019

366.

Congenital inguinal hernia, hydrocoele and undescended testis.

Khoo A.K., Cleeve S.J.

Embase

Surgery (United Kingdom). 37(4) (pp 225-230), 2019. Date of Publication: April 2019.

[Review]

AN: 2001661368

Congenital inguinal hernias (CIH), hydrocoeles and undescended testes (UDT) are common groin conditions in neonates, infants and children that are encountered by general practitioners, paediatricians, general surgeons and paediatric surgeons. CIH, hydrocoeles and UDT share a common embryological origin. Clinical differentiation between the three conditions can be challenging, particularly as they may exist in isolation or combination in the same patient. Accurate clinical distinction is imperative as the management and outcome is different for each condition. Surgery and outcomes for these conditions is discussed.

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Publisher

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Year of Publication

2019

367.

The acute scrotum in children.

Smith N.

Embase

Surgery (United Kingdom). 37(4) (pp 221-224), 2019. Date of Publication: April 2019.

[Review]

AN: 2001657897

The acute scrotum is a common referral to paediatric emergency departments. The term covers a wide range of diagnoses, with variable severity. The most time-sensitive diagnosis is testicular torsion, and this should be ruled out in all cases due to the risk of gonadal loss. History and examination may give some indication of the underlying cause of pain; however, surgical exploration of the scrotum is often required as an emergency procedure. This article describes the presentation, differential diagnosis and acute management of this common condition, as well as touching on some areas of debate.

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Embase

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Publisher

Elsevier Ltd

Year of Publication

368.

Elimination of lymphatic filariasis as a public health problem in Niue under PacELF, 1999-2016. Carlingford C.N., Melrose W., Mokoia G., Graves P.M., Ichimori K., Capuano C., Kim S.H., Aratchige P., Nosa M.

Embase

Tropical Medicine and Health. 47(1) (no pagination), 2019. Article Number: 20. Date of Publication: 15 Mar 2019.

[Article]

AN: 626772251

Background: Lymphatic filariasis (LF) is a mosquito-borne parasitic disease which is targeted for elimination as a public health problem worldwide. Niue is a small self-governing South Pacific island nation with approximately 1600 residents that was formerly LF endemic. Here, we review the progress made towards eliminating LF in Niue since 1999.

Method(s): This study has reviewed all the available literature relating to LF in Niue to assess surveillance efforts and the elimination of transmission. Reviewed documentation included both published and unpublished works including historical reports of LF, WHO PacELF records, and Niue Country Reports of the national LF elimination program.

Finding(s): Niue conducted mapping of baseline LF endemicity by testing the total present and consenting population for LF antigen with immunochromatographic test (ICT) in 1999, when circulating filarial antigen prevalence was 3.1% (n = 1794). Five nationwide annual mass drug administration (MDA) rounds with albendazole (400 mg) and diethylcarbamazine citrate (DEC) were undertaken from 2000 to 2004, with coverage reported from distribution records ranging from 78 to 99% of the eligible population, which excluded pregnant women and children under 2 years of age. A further whole population survey using ICT in 2001 found 1.3% positive (n = 1630). In 2004, antigen prevalence had reduced to 0.2% (n = 1285). A similar post-MDA survey in 2009 indicated antigen prevalence to be 0.5% (n = 1378). Seven positive cases were re-tested and re-treated every six months until negative.

Conclusion(s): After five rounds of MDA, Niue had reduced the LF antigen population prevalence in all ages from 3.1% to below 1% and maintained this prevalence for a further five years. Due to Niue's small population, surveillance was done by whole population surveys. Niue's results support the WHO recommended strategy that five to six rounds of annual MDA with effective population coverage can successfully interrupt the transmission of LF. Niue received official acknowledgement of the validation of elimination of LF as a public health problem by the WHO Director-General and WHO Western Pacific Regional Office (WPRO) Regional Director at the 67th session of the Regional Committee for the Western Pacific held in Manila in October 2016. Copyright © 2019 World Health Organization.

Place Holder 11

Embase

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(Kim, Aratchige) Department of Parasitology, Liverpool School of Tropical Medicine, Liverpool, United Kingdom
Publisher
BioMed Central Ltd. (E-mail: info@biomedcentral.com)
Year of Publication
2019

369.

Appropriateness of postoperative analgesic doses among pediatric surgical patients in a teaching hospital in Northwest Nigeria.

Ogunyinka I.A., Oshikoya K.A., Olowo-okere A., Lukong C.S., Adamaigbo C., Adebayo A.A.
Embase

Drugs and Therapy Perspectives. 35(3) (pp 135-144), 2019. Date of Publication: 11 Mar 2019.

[Review]

AN: 626430552

Background: The inappropriate and suboptimal use of analgesic drugs is a global problem, and is an area of concern with regard to the management of postoperative pain, particularly in children. Information relating to the management of postoperative pain in children is generally limited, particularly in low- and middle-income countries, and is unavailable in Northwest Nigeria.

Objective(s): The aim of this study was to describe the types of analgesics used postoperatively in children, evaluate the appropriateness of their doses compared with best practice, and determine risk factors for underdosing of analgesics.

Method(s): We performed a retrospective chart review of patients administered analgesics after surgery between 1 January 2015 and 31 December 2017. The appropriateness of the analgesic doses was categorized as underdose, normal dose, or overdose. Simple descriptive and comparative statistical analyses were performed. Logistic regression was used to build an analgesic underdose risk-prediction model.

Result(s): Overall, 194 patients received a total of 281 prescriptions for seven different analgesics, with 112 (57.7%), 77 (39.7%), and 5 (2.6%) patients receiving one, two, and three analgesics, respectively. Of the 281 analgesic prescriptions, paracetamol accounted for 148 (52.7%) and pentazocine accounted for 77 (27.4%), and there were 64 cases of overdosing (22.8%) and 89 of underdosing (31.7%). There was a statistically significant association between analgesic type and category of dose appropriateness ($p < 0.001$). The risk of underdosing was not predicted by any of the patient demographic characteristics or by the number of analgesics used.

Conclusion(s): Inappropriate use of analgesics (overdosing or underdosing) is common and is found across all analgesic types and all age groups. A substantial number of children were underdosed, suggesting undertreatment of pain.

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Publisher
Springer International Publishing
Year of Publication
2019

370.

Diagnostic accuracy of preoperative ultrasonography in predicting contralateral inguinal hernia in children: a systematic review and meta-analysis.

Dreuning K.M.A., ten Broeke C.E.M., Twisk J.W.R., Robben S.G.F., van Rijn R.R., Verbeke J.I.M.L., van Heurn L.W.E., Derikx J.P.M.

Embase

European Radiology. 29(2) (pp 866-876), 2019. Date of Publication: 01 Feb 2019.

[Review]

AN: 623338523

Objectives: The incidence of children developing metachronous contralateral inguinal hernia (MCIH) is 7-15%. Contralateral groin exploration during unilateral hernia repair can prevent MCIH development and subsequent second surgery and anaesthesia. Preoperative ultrasonography is a less invasive strategy and potentially able to detect contralateral patent processus vaginalis (CPPV) prior to MCIH development.

Method(s): We queried MEDLINE, Embase and Cochrane library to identify studies regarding children aged < 18 years diagnosed with unilateral inguinal hernia without clinical signs of contralateral hernia, who underwent preoperative ultrasonography of the contralateral groin. We assessed heterogeneity and used a random-effects model to obtain pooled estimates of sensitivity, specificity and area under the receiver operating characteristic curve (AUC).

Result(s): Fourteen studies (2120 patients) were included, seven (1013 patients) in the meta-analysis. In studies using surgical exploration as reference test (n = 4, 494 patients), pooled sensitivity and specificity were 93% and 88% respectively. In studies using contralateral exploration as reference test following positive and clinical follow-up after negative ultrasonographic test results (n = 3, 519 patients), pooled sensitivity was 86% and specificity 98%. The AUC (0.984) shows high diagnostic accuracy of preoperative ultrasonography for detecting CPPV, although diagnostic ultrasonographic criteria largely differ and large heterogeneity exists. Reported inguinal canal diameters in children with CPPV were 2.70 +/- 1.17 mm, 6.8 +/- 1.3 mm and 9.0 +/- 1.9 mm.

Conclusion(s): Diagnostic accuracy of preoperative ultrasonography to detect CPPV seems promising, though may result in an overestimation of MCIH prevalence, since CPPV does not invariably lead to MCIH. Unequivocal ultrasonographic criteria are mandatory for proper diagnosis of CPPV and subsequent prediction of MCIH. Key Points: * Diagnostic accuracy of preoperative ultrasonography for detection of CPPV in children with unilateral inguinal hernia is high. * Preoperative ultrasonographic evaluation of the contralateral groin assumedly results in an overestimation of MCIH prevalence. * Unequivocal ultrasonographic criteria are mandatory for proper diagnosis of CPPV and risk factor identification is needed to predict whether CPPV develops into clinically apparent MCIH.

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PMC Identifier

30054793 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30054793>]

Place Holder 11

Embase

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Publisher
Springer Verlag (E-mail: service@springer.de)
Year of Publication
2019

371.

Laparoscopic versus open repair of groin hernias in children: a systematic review and meta-analysis.

Olesen C.S., Andresen K., Oberg S., Rosenberg J.

Embase

Surgical Endoscopy. (no pagination), 2019. Date of Publication: 2019.

[Review]

AN: 626791783

Background: Regarding groin hernia repair in children, guidelines do not favor open or laparoscopic repair. Even so, most surgeons prefer an open technique. The aim of this systematic review was to compare short- and long-term outcomes after laparoscopic and open groin hernia repair in children.

Method(s): Systematic searches were conducted in three databases, and all randomized controlled trials comparing laparoscopic and open groin hernia repair in children under 18 years were included. Outcomes were postoperative complications, intraoperative complications, operative time, length of hospital stay, time to recovery, and wound appearance. The outcomes were compared between open and laparoscopic repairs in meta-analyses.

Result(s): We included ten studies with 1270 patients involving 1392 hernias. We found no differences in recurrence rate, testicular atrophy, hydrocele, hematoma, seroma, infection, pain, length of hospital stay, or time to full recovery. Laparoscopic repair was superior regarding wound appearance. Laparoscopic repair had shorter operative time than open repair for bilateral groin hernias. For unilateral groin hernias, extraperitoneal laparoscopic repair was faster than open repair, but open repair was faster than intraperitoneal laparoscopic repair.

Conclusion(s): Our results indicate similar outcome after laparoscopic and open techniques for groin hernia repair in children. The surgeon's preference as well as the wishes of the patient and parents should therefore determine the surgical approach.

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PMC Identifier

30868322 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30868322>]

Place Holder 11

Article-in-Press

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Publisher
Springer New York LLC (E-mail: barbara.b.bertram@gsk.com)
Year of Publication
2019

372.

Laparoscopic treatment of varicocele within adolescents in two African countries.

Seraphin G.A., Armand F.M., Komlatse A.-N.G., Serge M.C., Jos U.T.

Embase

African journal of paediatric surgery : AJPS. 16(1) (pp 6-9), 2019. Date of Publication: 01 Jan 2019.

[Article]

AN: 632920697

Varicocele is often ignored by adolescents and their parents, in our context. The aim of the study is to present the indications and results of laparoscopic treatment in a population of adolescent students. Subjects and Methods: It is a descriptive and analytical prospective study over a period of 9 months (January to September 2013), focussed on cases of varicocele Grade 3 found in adolescents during a screening, and who underwent surgical treatment by laparoscopy. The laparoscopic treatment was done as part of a training mission to paediatrics surgeons, through a European Non-governmental organisation in two university hospitals in Africa. Of 2724 adolescent students examined, 149 (5.47%) had a varicocele. The average age was 16.39 +/- 2.05 years (12 and 19). The side was unilateral (79.19%) with 76.51% left or bilateral (20.81%) (P = 0.00). According to the classification of Dubin and Amelar, there were 58 (38.92%) cases of Grade 1, 66 (44.30%) were Grade 2 and 25 (16.78%) were Grade 3.

Result(s): The laparoscopic treatment was performed in 23 patients with varicocele Grade 3, by modified Palomo's technique, sectioning a segment of vessels between clips (15) between nodes (2) or after coagulation without clips and ligation (6). The hospital stay was 36 h. It has been observed one case of post-operative moderate vaginal hydrocele and 11 cases testicular hypertrophy.

Conclusion(s): The laparoscopic treatment of varicocele in adolescents reduces post-operative morbidity related to conventional open surgery. This technique has been available in two poor African countries through partnership north-south.

PMC Identifier

32952132 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32952132>]

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(Jos) University Hospital of Mother and Child, Canarias Islands, Las Palmas, Spain

Publisher

NLM (Medline)

Year of Publication

2019

373.

Medical outcomes in women who became pregnant after vaccination with a virus-like particle experimental vaccine against influenza A (H1N1) 2009 virus tested during 2009 pandemic outbreak

Cerbulo-Vazquez A. Arriaga-Pizano L. Cruz-Cureno G. Bosco-Garate I. Ferat-Osorio E. Pastelin-Palacios R. Figueroa-Damian R. Castro-Eguiluz D. Mancilla-Ramirez J. Isibasi A. Lopez-Macias C

EBM Reviews - Cochrane Central Register of Controlled Trials

Viruses. Vol.11(9):2019. Switzerland MDPI AG

[Journal article]

AN: CN-02011573

The clinical effects and immunological response to the influenza vaccine in women who later become pregnant remain to be thoroughly studied. Here, we report the medical outcomes of 40 women volunteers who became pregnant after vaccination with an experimental virus-like particle (VLP) vaccine against pandemic influenza A(H1N1)2009 (influenza A(H1N1)pdm09) and their infants. When included in the VLP vaccine trial, none of the women were pregnant and were randomly assigned to one of the following groups: (1) placebo, (2) 15 µg dose of VLP vaccine, or (3) 45 µg dose of VLP vaccine. These 40 women reported becoming pregnant during the follow-up phase after receiving the placebo or VLP vaccine. Women were monitored throughout pregnancy and their infants were monitored until one year after birth. Antibody titers against VLP were measured in the mothers and infants at delivery and at six months and one year after birth. The incidence of preeclampsia, fetal death, preterm delivery, and premature rupture of membranes was similar among groups. All vaccinated women and their infants elicited antibody titers ($\geq 1:40$). Women vaccinated prior to pregnancy had no adverse events that were different from the nonvaccinated population. Even though this study is limited by the sample size, the results suggest that the anti-influenza A(H1N1)pdm09 VLP experimental vaccine applied before pregnancy is safe for both mothers and their infants.

Institution

Unidad de Investigaci3n M3dica en Inmunoqu3mica, Hospital de Especialidades del Centro M3dico Nacional Siglo XXI, Instituto Mexicano del Seguro Social (IMSS), Mexico

Publisher

MDPI AG

Identifier <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6783846>

374.

Comparison of ultrasound-guided transversus abdominis plane block, quadratus lumborum block, and caudal epidural block for perioperative analgesia in pediatric lower abdominal surgery âpek CB. Kara D. Yâlmaz S. Yeâiltiâ S. Esen A. Dooply SSSL. Karaaslan K. Târkâ A

EBM Reviews - Cochrane Central Register of Controlled Trials

Turkish journal of medical sciences. Vol.49(5):1395-1402p,2019. Turkey Turkiye Klinikleri

[Journal article]

AN: CN-02082024

BACKGROUND/AIM: Despite different regional anesthesia techniques used to provide intraoperative and postoperative analgesia in pediatric patients, the analgesic effectiveness of peripheral nerve blockades with minimal side effect profiles have not yet been fully determined. We aimed to compare the efficacy of ultrasound-guided transversus abdominis plane (TAP) block, quadratus lumborum (QL) block, and caudal epidural block on perioperative analgesia in pediatric patients aged between 6 months and 14 years who underwent elective unilateral lower

abdominal wall surgery.,MATERIALS AND METHODS: Ninety-four patients classified under the American Society of Anesthesiologists physical status classification system as ASA I or ASA II were randomly divided into 3 equal groups to perform TAP, QL or Caudal epidural block using 0.25% of bupivacaine solution (0.5 ml kg⁻¹).,RESULTS: Postoperative analgesic consumption was highest in the TAP block group (P < 0.05). In the QL block group, Pediatric Objective Pain Scale (POAS) scores were statistically significantly lower after 2 and 4 h (P < 0.05). The length of hospital stay was significantly longer in the caudal block group than the QL block group (P < 0.05).,CONCLUSION: We suggest that analgesia with ultrasound-guided QL block should be considered as an option for perioperative analgesia in pediatric patients undergoing lower abdominal surgery if the expertise and equipment are available.

Institution

Department of Anesthesiology and Reanimation, Faculty of Medicine, Bezmialem Vakıf University, Turkey

Publisher

Turkiye Klinikleri

Identifier <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7018333>

375.

A Comparison of Midazolam and Dexmedetomidine as Medication to be given in Nose before Anesthesia in Lower Body Surgeries of Children A Comparative Analysis of Intranasal Midazolam and Intranasal Dexmedetomidine as Premedication in Pediatric Infraumbilical Surgeries: a Prospective Randomized Double-blind Study

EBM Reviews - Cochrane Central Register of Controlled Trials

2019. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02065715

INTERVENTION: Intervention1: Dexmedetomidine: Intranasal instillation 30 minutes prior to induction of anesthesia in dose of 0.5 mcg per kg body weight over duration of 30 seconds once only Control Intervention1: Midazolam: Intranasal instillation 30 minutes prior to induction of anesthesia in dose of 0.2 mg per kg body weight over duration of 30 seconds once only,CONDITION: Hydrocele, unspecified,PRIMARY OUTCOME: Preoperative Sedation ScoreTimepoint: Prior to administration of study drugs and thereafter every 10 minutes till patients in shifted into operating room,SECONDARY OUTCOME: Immediate postoperative sedation scoreTimepoint: After completion of surgery and shifting into post anesthesia care unit Mask acceptance score

; Timepoint: At the time of induction of anesthesia Parental separation scoreTimepoint: At the time of shifting into operating room Postoperative emergence (Cravero score)Timepoint: After completion of surgery and shifting into post anesthesia care unit Preoperative and intraoperative vital parameters

; Timepoint: Prior to administration of study drugs and thereafter every 10 minutes until completion of surgery and shifting of patient into post anesthesia care unit,INCLUSION

CRITERIA: 1. Children undergoing infraumbilical surgeries 2. ASA grade I and II

376.

Comparison of the effects of the use of tablet computer and midazolam to reduce surgical stress in pediatric patients by an anesthesiologist Should We Use a Tablet Computer or Midazolam for Premedication in Pediatric Patients?

EBM Reviews - Cochrane Central Register of Controlled Trials

2019. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-02065030

INTERVENTION: In this study, we aimed to compare the effects of oral midazolam and tablet computer for premedication in patients with anxiety and non-anxiety in children planned for operations under general anesthesia with the diagnosis of circumcision desire, inguinal hernia, hydrocele and undescended testes. All these interventions are managed by anesthesiologists. 1- Lego Juniors, Talking Tom Cat, Racing Penguin games were added for ages 4-6 and Subway surfers, Air hockey, Cut the rope games were installed on tablet computer for ages 7-10. 2- Participants are given a tablet computer 30 minutes before the operation. When the operation ends and the room is taken back to the tablet computer. Approximately 30 minutes after the administration of the tablet computer, the pediatric patient is evaluated in his / her room. The pediatric patient is evaluated when leaving the family to go to the operating room. When inhalation induction is performed, its response to the anesthesia mask is evaluated. 3- Participants are given a tablet computer 30 minutes before the operation. When the operation ends and the room is taken back to the tablet computer. 4- The status of the children in the waiting room, their status when leaving the family, and the response to the anesthesia mask during induction were evaluated observationally. CONDITION: Alternative and Complementary Medicine - Other alternative and complementary medicine Anaesthesiology - Anaesthetics anxiety;premedication;circumcision prompt;inguinal hernia;hydrocele;undescended testis;hypospadias;none; ; anxiety ; premedication ; circumcision prompt ; inguinal hernia ; hydrocele ; undescended testis ; hypospadias ; none Mental Health - Anxiety, PRIMARY OUTCOME: Acceptance of anesthesia mask was evaluated by anesthesiologists. The acceptance of anesthesia mask are scored.; Point 1- Children who easily accept the anesthesia mask; Point 2- Children with mild; Point 3- resistance to anesthesia mask; Point 4- Resistant crying children who do not accept the anesthesia mask [The patient's response to the anesthesia mask is evaluated when inhalation anesthesia is applied with the anesthesia mask.] Anxiety levels in the waiting room were evaluated 30 minutes after taking oral midazolam or tablet computer.; The patients were evaluated by the anesthesiologist and scored according to their condition.; Point 1- Sleeping during the exam; Point 2- Those awake and calm during the examination; Point 3- Children who are nervous during the examination but can communicate; Point 4- Children who are crying, stressed or have no dialogue during the examination; [Patients are evaluated by the anesthesiologist 30 minutes after oral midazolam or tablet computer administration.]; SECONDARY OUTCOME: (These results given below are actually primary outcome. Since there is no section where I can add these primary outcomes above section (maximum 3), So, I added them to the secondary results section.);,; [The time from entering the recovery unit until the time when the patient was fully awake was recorded as recovery time.], INCLUSION CRITERIA: Age 4-10 years, American Society of Anesthesiologists score 1 or 2, children were anesthetized for the first time for surgical procedures due to one of the following conditions: circumcision, inguinal hernia, hydrocele, undescended testis, hypospadias.; When we come in contact with the families of the patients 1 week after the operation, we did study specific questionnaire. In this questionnaire, we questioned the patients whether there are negative behavioral changes such as nightmares, separation anxiety, eating problems, fear of physician after surgery. [one week after patients' discharge] After the operation, the anesthesiologist decided for the transfer of the patient from the operating room to the recovery unit once the patient could open their eyes, stick their tongue out, swallow, and lift their heads for 5 seconds with verbal stimuli. The patient was transferred from the recovery unit to their private rooms after complete emergence from general anesthesia as determined by the ability to move all four limbs, take a deep breath, and cough, having a blood pressure differing from preoperative blood pressure by 20 mmHg and a pulse changing by 20%, having gained conscience, having an

oxygen saturation above 92% in the room air. The anesthesiologist assessed how long it took for the patients to emerge from anesthesia completely after moving to the recovery unit.

377.

Comparison of video laryngoscope with conventional laryngoscope for tracheal intubation in pediatric patients Comparison of Patwashah-i video laryngoscope with Macintosh laryngoscope for tracheal intubation in pediatric patients-a prospective randomized controlled clinical study
EBM Reviews - Cochrane Central Register of Controlled Trials

2019. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-01974486

INTERVENTION: Intervention1: video laryngoscope: Patwashah-i video laryngoscope with a non-channeled pediatric blade with a 7" inch screen monitor. Control Intervention1: Macintosh conventional laryngoscope: Macintosh conventional laryngoscope with pediatric blades of size No. 2,3,CONDITION: Hydrocele, unspecified,PRIMARY OUTCOME: Glottic exposure timeTimepoint: at the time of intubation,SECONDARY OUTCOME: complications-oropharyngeal traumaTimepoint: none,trace,heavy cormack and lehane gradingTimepoint: at the time of intubation

; grade I,II,III,IV Intubation timeTimepoint: at the time of intubation number of attemptsTimepoint: at the time of intubation optimization maneuversTimepoint: BURP(backward,upward,rightward pressure) vital parameters(pulse,mean map,spo2,etco2)Timepoint: baseline,before induction of anaesthesia,1 min after induction,before video laryngoscopy,1 min after video laryngoscopy,5 mins after video laryngoscopy,10 mins after video laryngoscopy,15 mins after video laryngoscopy,INCLUSION CRITERIA: -Patients posted for elective surgery under general anesthesia -age:2-12 years -either sex -ASA I&II -mouth opening >20mm

378.

An improvement of ultrasound-guided ilioinguinal/iliohypogastric nerve block: a randomized controlled trial An improvement of ultrasound-guided ilioinguinal/iliohypogastric nerve block in paediatric inguinal surgery: a randomized controlled trial

EBM Reviews - Cochrane Central Register of Controlled Trials

2019. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-01974083

INTERVENTION: Improved group:Ultrasound-guided ilioinguinal/iliohypogastric nerve block in children along the direction of ilium.;Traditional group:Ultrasound-guided ilioinguinal/iliohypogastric nerve block in children along the connection from the anterior superior iliac spine to navel.;,CONDITION: Inguinal Hernia and Hydrocele,PRIMARY OUTCOME: The time and frequency of adding propofol during the perioperative period;Postoperative pain;Postoperative complications;,,SECONDARY OUTCOME: Vital signs;,,INCLUSION CRITERIA: Surgery for unilateral inguinal diseases (inguinal hernia, hydrocele), ASA I-II, aged 1-7 years, without systemic diseases, normal coagulation function, normal liver and renal function.

379.

Effect of Multimedia teaching tool on Parental anxiety and comprehension of Informed consent in Pediatric surgical day care procedures "Study of effect of Multimedia Teaching Tool on Parental anxiety and comprehension of Informed consent in Pediatric surgical day care procedures"
EBM Reviews - Cochrane Central Register of Controlled Trials
2019. [No additional source data available.]
[Trial registry record Clinical trial protocol
]

AN: CN-01975228

INTERVENTION: Intervention1: MULTIMEDIA TOOLS: MULTIMEDIA TOOLS LIKE POWERPOINT PRESENTATION, EDUCATIONAL VIDEOS, ANIMATIONS Control
Intervention1: INFORMED CONSENT WITHOUT MULTIMEDIA TOOLS: INFORMED CONSENT OBTAINED WITHOUT THE USE OF MULTIMEDIA TOOLS, OBTAINED USING THE CONVENTIONAL ORAL METHODS OF CONSENT TAKING,CONDITION: Unilateral inguinal hernia, without obstruction or gangrene,PRIMARY OUTCOME: Comparison of Parental anxiety and Comprehension of Informed consent taken byTraditional method against the Informed consent taken with the aid of Multimedia tools.Timepoint: 2 y,SECONDARY OUTCOME: 1. Assessment of Parental anxiety before and after the use of MMI tool using the State-Trait Anxiety Inventory(STAI) tool for Adults.
; 2. Assessment of Parental knowledge and Comprehension of the procedure before and after the use of MMI tool by a knowledge test.
; Assessment of role of parental educational status on comprehension of informed consentTimepoint: 2 y,INCLUSION CRITERIA: All the patients less than 18 years admitted in Pediatric Surgery department of AIIMS Jodhpur for undergoing daycare surgeries-Inguinal hernia, Hydrocele, Hypospadias, Undescended Testis

Database: EBM Reviews - Cochrane Central Register of Controlled Trials <February 2023>, Embase <1974 to 2023 March 07>, OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Search Strategy:

-
- 1 ((abdominal or abdomino or abdomen) and (scrotal or Scrotum) and (hydrocele* or hydrocoele*)).af. (664)
 - 2 Abdominoscrotal hydrocele*.af. (263)
 - 3 or/1-2 (763)
 - 4 exp Child/ or exp Infant/ or exp Minors/ or exp Adolescent/ or exp adolescence/ or exp Pediatrics/ or exp newborn/ or exp Puberty/ or exp Schools/ or high school/ or kindergarten/ or middle school/ or nursery school/ or primary school/ or school/ (8497997)
 - 5 exp "Child Behavior"/ or exp "Parent Child Relations"/ or exp "Child Welfare"/ or "Child Development"/ or exp "Child Health Services"/ or exp "Child Care"/ or "Child Psychiatry"/ or "Psychology, Child"/ or "Hospitals, Pediatric"/ (613411)
 - 6 (baby or babies or child or children or neonatal or pediatric* or paediatric* or peadiatric* or infan* or infancy or neonat* or newborn* or new born* or kid or kids or adolescen* or preschool or pre-school or toddler*).tw,kw. (5843184)
 - 7 (postmatur* or prematur* or preterm* or perinat* or boy* or girl* or teen* or minors or prepubescen* or prepuberty* or pubescen* or puber*).tw,kw. (1564655)
 - 8 (elementary school* or high school* or highschool* or kindergar* or nursery school* or primary school* or secondary school* or youth* or young or student* or juvenil* or underage* or (under* adj age*) or under 16 or under 18).tw. (2615773)
 - 9 or/4-8 (11917653)
 - 10 3 and 9 (455)
 - 11 limit 10 to yr="2000 -Current" (331)
 - 12 remove duplicates from 11 (240)

1.

Scrotal pyocele secondary to gastrointestinal perforation in infants: a case series.

Kim SH, Cho YH, Kim HY, Lee N, Han YM, Byun SY

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Yeungnam Medical Science. 40(1):86-90, 2023 Jan.

[Case Reports]

UI: 34905812

Pyocele in infants is rarely described in the literature, but it is an emergent condition that requires rapid recognition and treatment to prevent testicular loss. If peritonitis due to gastrointestinal perforation occurs, abdominal contamination may spread through a patent processus vaginalis in an infant, which may lead to pyocele. We report the cases of three infants with scrotal pyocele due to the spread of infection or inflammatory material from the intraperitoneal cavity through a patent processus vaginalis. Two infants were surgically treated, while the other was treated with percutaneous aspiration and intravenous antibiotic administration. Although rare, pyocele should be considered in the differential diagnosis of acute scrotum in infants, especially in infants who previously had peritonitis due to gastrointestinal perforation.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

Kim, Soo-Hong, Cho, Yong-Hoon, Kim, Hae-Young, Lee, Narae, Han, Young Mi, Byun, Shin Yun
Institution

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9946907>

Year of Publication

2023

2.

Updated classification system for primary hydrocele.

Hoang VT, Van HAT, Hoang TH

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Abdominal Radiology. 48(1):387-389, 2023 01.

[Letter]

UI: 36201056

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1

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MEDLINE

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Year of Publication

2023

3.

Hydrocele.

Huzaifa M, Moreno MA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

StatPearls Publishing. 2022 01.

[Study Guide]

UI: 32644551

A hydrocele is an abnormal collection of serous fluid between the two layers of tunica vaginalis of testis. It can either be congenital or acquired. Congenital hydrocele results from failure of processus vaginalis to obliterate. During development, the testes are formed retroperitoneally in the abdomen and proceed to descend into the scrotum via the inguinal canal in the third gestational week. This descent of the testes into the scrotum is accompanied by a fold of peritoneum of the processus vaginalis. Normally, the proximal portion of processus vaginalis gets obliterated while the distal portion persists as the tunica vaginalis covering the anterior, lateral, and medial aspects of the testes. The tunica vaginalis is a potential space for fluid to accumulate, provided the proximal portion of processus vaginalis remains patent and results in free communication with the peritoneal cavity, leading to congenital hydrocele. Hydroceles are divided into two types: primary and secondary. Primary Hydrocele: The processus vaginalis of the spermatic cord fuses at term or within 1-2 years of birth, thus obliterating the communication between the abdomen and scrotum. The distal portion, however, remains patent as the tunica vaginalis covers the testis, creating a potential space where fluid accumulation within it can lead to hydrocele formation. Depending upon the site of the obliteration of processus vaginalis, there are four types of primary hydrocele. 1. Congenital Hydrocele: This occurs when processus vaginalis is patent and communicates with the peritoneal cavity. This communication allows the movement of peritoneal fluid but is too small to allow the intra-abdominal contents to herniate through. 2. Infantile Hydrocele: In this case, processus vaginalis gets obliterated at the level of the deep inguinal ring. However, the portion distal to it remains patent and allows fluid accumulation. 3. Encysted Hydrocele of the Cord: Both the proximal and distal portions of processus vaginalis get obliterated while the central portion remains patent and fluid accumulates within it. 4. Vaginal Hydrocele: Processus vaginalis remains patent only around the testes, and, as fluid accumulates, it renders the testes impalpable. Secondary Hydrocele: This usually occurs as a result of an underlying condition, such as infection (filariasis, tuberculosis of the epididymis, syphilis), injury (trauma, post-herniorrhaphy hydrocele), or malignancy. This type of hydrocele tends to be small, with the exception of secondary hydrocele due to filariasis, which can be very large.

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Book Title

StatPearls

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Huzaifa, Muhammad. King Edward Medical University, Lahore Moreno, Moises A.. Kendall

Regional Medical Center

Publisher

StatPearls Publishing

Year of Publication

2022

4.

Neonatal adrenal hemorrhage presenting as an acute scrotum: A case report on the rare presentation of right adrenal hemorrhage and contralateral left scrotal hematoma.

Okamoto T, Kajiwara S, Sekito S, Shibahara T, Onishi T

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

IJU Case Reports. 5(6):427-430, 2022 Nov.

[Case Reports]

UI: 36341198

Introduction: Acute swelling and discoloration of the scrotum in a newborn is a rare condition and can have several causes such as testicular torsion, trauma, inguinal hernia, hydrocele, or adrenal hemorrhage.

Case presentation: We report a neonate of adrenal hemorrhage presenting clinically as the acute scrotum. Definitive diagnosis was defined by ultrasonography and computed tomography scan, and the conservative management was successfully performed.

Conclusion: Adrenal hemorrhage should be considered as one of the causes of acute scrotum in newborns. The abdominal ultrasonography, as well as the scrotal ultrasonography, should be performed routinely to achieve a definitive diagnosis to avoid unnecessary invasive procedures.

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Version ID

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Place Holder 11

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9626347>

Year of Publication

2022

5.

A Rare Case of Bilateral Abdominoscrotal Hydrocoele in a 10-Month-Old Infant Managed Laparoscopically.

Shkoukani ZW, Aldhefeeri SN, Al-Taher R

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Cureus. 14(5):e24875, 2022 May.

[Case Reports]

UI: 35702458

Abdominoscrotal hydrocoeles (ASH) are an increasingly rare form of hydrocoeles. They can present in any age group; however, they are more commonly reported in the paediatric population. Although not yet confirmed, the aetiology of ASH has been under scrutiny for the past two centuries, and scarcity of reported cases hinders this process. Clinical examination is oftentimes sufficient to make the diagnosis; however, confirmatory ultrasonography is recommended. Although old reports favoured a more conservative approach with watchful waiting, the risk of serious secondary complications is high, and surgical intervention is hence considered standard of care. Different approaches have been described, each with their own benefits, with minimally invasive surgery becoming more prevalent as of late. A case of a 10-month-old boy with bilateral ASH treated with a laparoscopic technique is presented.

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Version ID

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9179213>

Year of Publication

2022

6.

Clinical Analysis of Pyocele of Tunica Vaginalis in 56 Newborns.

He T.-Q., Zhu L.-H., Li C.-Y., Peng Q.-L., Zu J.-C., Liu Y., Zhao Y.-W.

Embase

Urologia Internationalis. 106(7) (pp 700-705), 2022. Date of Publication: 01 Jul 2022.

[Article]

AN: 2015200438

Objective: This study aimed to explore the clinical characteristics, treatment methods, and prognosis of neonatal pyocele of tunica vaginalis and to provide a reference for the clinical treatment.

Method(s): A total of 56 newborns with pyocele of tunica vaginalis were admitted to our hospital due to the scrotal emergency from January 2015 to January 2020. Our study retrospectively analyzed these 56 cases. Of the 56 cases, including 32 full-term infants and 24 premature infants, age ranged from 1 to 27 days. Initially, conservative treatment (intravenous antibiotic treatment) was applied to 42 cases, and surgery to 14 cases. Then, 7 underwent surgical exploration during the conservative treatment, and 2 cases with initial surgical treatment experienced orchiectomy because of complete necrosis. For 56 cases, the average follow-up time was 18 months.

Result(s): The clinical recovery time of cases with conservative treatment ranged from 8 to 17 days, with an average of 11.02 +/- 2.31 days. The clinical recovery time of cases with surgery ranged from 6 to 15 days, with an average of 9.28 +/- 2.78 days. During the follow-up, for 56 cases, except for the 2 cases with orchiectomy, the testicular position and Doppler flow both went back to normal, of the 42 cases with initial conservative treatment, 1 case experienced testicular retardation, of the 14 cases with initial surgical treatment, 2 cases experienced testicular retardation, and hydrocele of 42 cases were self-healed.

Conclusion(s): Neonatal pyocele of tunica vaginalis is mostly secondary to intra-abdominal infection. Color Doppler ultrasound is helpful for the diagnosis. The percutaneous aspiration is a way of collecting pathogenic bacteria during the conservative treatment. If the color Doppler suggests testicular involvement, surgical exploration should be performed.

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PMC Identifier

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Place Holder 11

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Publisher

S. Karger AG

Year of Publication

2022

7.

Clinicopathological Profile And Management Of Scrotal Swellings In Adults In A TertiaryCareHospital.

Mehdi S., Ahmed M.N., Farhat D., Mohsin M.

Embase

JK Practitioner. 27(1-2) (pp 16-20), 2022. Date of Publication: January 2022.

[Article]

AN: 2021293606

Background: Scrotal swellings represent a common condition in surgical practice although there is limited literature available that encompasses the multitude of scrotal pathologies in adults. Aims and Objectives: The study aimed to analyze the etiology, modes of presentation, management and complications of different types of scrotal swellings in adults.

Material(s) and Method(s): Over a period of two years 400 male patients with scrotal swellings of age 14 years and above were studied. All the patients were evaluated according to a preformed proforma including an elaborate history, a detailed clinical examination, routine investigations and specific investigations if any like scrotal ultrasonography, ultrasonography of abdomen, contrast enhanced computed tomography of abdomen and serum tumor markers. The post-operative course including all complications were documented.

Result(s): Mean age was 40.47 +/- 10.67 years. Epididymo-orchitis was the most common cause. UTI was the commonest predisposing factor (n= 152) and E.coli was the most common organism isolated. Out of eight cases of testicular tumors encountered in our study seven were malignant tumors amongst which one had a lymphoma testis. Two hundred and sixteen patients were operated. Jaboulay's procedure was the most common surgery done. Orchiectomy was done for all 12 cases of torsion testis, as all of them had gangrene of testis. All complications were recognised in the hospital and managed with good results except two patients who had recurrence of varicocele and had to be reoperated.

Conclusion(s): A careful history taking and examination are usually enough to arrive at diagnosis in scrotal swellings, but ancillary investigations like grey scale ultrasound and colour doppler ultrasound are also needed to differentiate certain conditions.

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Publisher

JK Practitioner

Year of Publication

2022

8.

Torsion of Spermatic Cord Cyst; a Case Report.

Rad H.M., Mohseni A.R.

Embase

Nephro-Urology Monthly. 14(4) (no pagination), 2022. Article Number: e120682. Date of Publication: November 2022.

[Article]

AN: 2018356091

Introduction: In general surgery, the acute scrotum is equivalent to the acute abdomen, and any delay in treatment may be risky for testis functions, especially in children. Among acute scrotal etiologies, spermatic cord cyst or hydrocele could be misleading. Spermatic cord cysts can evoke long-term scrotal pain with acute exacerbation. Case Presentation: Here we report a boy aged 14 years old referring to the emergency clinic with the complaint of high riding testis, acute scrotal pain, and decreased testicular perfusion in Doppler ultrasound, which all warranted immediate scrotal exploration. According to exploration, a cyst was found twisting around the testis, lacking any sign of ischemia. The cyst was marsupialized, and the contained serum liquid was drained.

Conclusion(s): Management of torsion of the spermatic cord cyst can be conservative if it is confirmed with absolute certainty. Hence, spermatic cord cyst torsion possibly is a source of confusion requiring further research to improve the precision of diagnoses. A spermatic cord cyst or hydrocele torsion is a rare cause of acute scrotum with a good prognosis. However, every suspicion must be confirmed by scrotal exploration.

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Publisher

Brieflands

Year of Publication

2022

9.

Bilateral Abdomino-Scrotal Hydrocele.

Almehmi S.E., Moawad S., Almehmi A.

Embase

Applied Radiology. 51(5) (pp 34-35), 2022. Date of Publication: September-October 2022.

[Article]

AN: 2017900899

An infant presented with scrotal swelling that was present since birth. According to the mother, the scrotal bulging was stable throughout the day. Physical examination revealed an uncircumcised penis with a large left inguinal inguino-scrotal hydrocele and a small right scrotal hydrocele. While the right testis was palpated easily, the left one could not be palpated, owing to the swelling. The remainder of the examination was unremarkable.

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Place Holder 11

Embase

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Publisher

Anderson Publishing Ltd

Year of Publication

2022

10.

Amyand's hernia with perforated appendix and scrotal abscess in a premature newborn.

Lee S.Y., Mor S., Hassan A.-E.S., Paxton Z., Kohler J., Wieck M., Saadai P.

Embase

Journal of Pediatric Surgery Case Reports. 84 (no pagination), 2022. Article Number: 102389.

Date of Publication: September 2022.

[Article]

AN: 2019273956

An Amyand's hernia is an unusual diagnosis in children and even rarer in neonates. Perforation of the appendix inside the hernia sac is also extremely unusual. The diagnosis of an Amyand's hernia is difficult as presenting symptoms can also be attributed to an isolated inguinal hernia, noncommunicating hydrocele, or testicular torsion. We present a case of an Amyand's hernia with perforated appendix and scrotal abscess in a premature newborn.

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United States
Publisher
Elsevier Inc.
Year of Publication
2022

11.

Case Report: Congenital Perineal Lipoma Associated With Additional External Genitalia Anomalies.

Tocchioni F., Caporalini C., Buccoliero A., Facchini F., Ghionzoli M., Morini F.

Embase

Frontiers in Pediatrics. 10 (no pagination), 2022. Article Number: 923801. Date of Publication: 30 Jun 2022.

[Article]

AN: 2018268289

Perineal lipoma is an uncommon congenital benign tumor sometimes associated with genitourinary or anorectal malformations. Accessory scrotum and accessory labioscrotal fold are infrequent features, often concurrent with perineal tumors. We describe a single institution experience with three consecutive cases of perineal lipoma associated with external genital anomalies, and a literature review.

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Publisher

Frontiers Media S.A.

Year of Publication

2022

12.

Atypical locations for cystic lymphangiomas.

Gkalonaki I., Anastasakis M., Patoulis I.

Embase

Journal of Pediatric Surgery Case Reports. 83 (no pagination), 2022. Article Number: 102323.

Date of Publication: August 2022.

[Article]

AN: 2018414322

The aim of the present study is to highlight 7 cases with rare localized cystic lymphangiomas (CLs) and to present the concerns regarding their management. During the period 2015-2021, 7 children between 4 months and 11 years old with CL, with a diameter of 2.5-7 cm, were managed in our clinic. The rare locations involve the chest wall, the abdominal wall (2/7), the femoral region, the epididymis, the forearm and the great omentum. In one case a progressively

increasing lesion observed by the parents resulted in the surgical evaluation. In 3 cases there was a sudden increase in size, in 2 the diagnosis was accidental, while one had a prenatal finding. We performed an elective surgery, under general anesthesia and the cystic lesion was removed clearly defined. The diagnosis was established histologically. The patients had an uneventful postoperative course and were discharged home on postoperative day 1. In a follow-up period of 18 months no recurrence occurred. CLs with atypical locations usually escape attention prenatally, and are diagnosed at an older age, after an injury or inflammation. Surgical excision is considered the treatment of choice. Sclerotherapy shall be used in the recurrence of a resected and histologically documented CL.

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Publisher

Elsevier Inc.

Year of Publication

2022

13.

Amyand Hernia: As Seen on Point-of-Care Emergency Ultrasound.

Chiang E., Belfer J., Baker M.A., Ng L., Fenster D., Deanehan J.K.

Embase

Pediatric Emergency Care. 38(3) (pp E1087-E1089), 2022. Date of Publication: 01 Mar 2022.

[Review]

AN: 2017097804

Amyand hernia is a rare type of inguinal hernia defined by the presence of the appendix in the inguinal hernia sac. Clinical diagnosis of Amyand hernia can be challenging because this diagnosis is typically made intraoperatively, often as an incidental finding. Preoperative diagnosis by computed tomography and radiology ultrasound has previously been reported; however, there exists no reports of the diagnosis being made by point-of-care ultrasound. We present a case of Amyand hernia visible on point-of-care ultrasound performed by a pediatric emergency medicine physician.

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PMC Identifier

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Publisher

Lippincott Williams and Wilkins

Year of Publication

2022

14.

De novo mutation of CYBB gene in a boy presenting as intra-abdominal infection of Burkholderia contaminans: a case report.

Zhao Q., Yin J., Ma J., Liu X., Wu J., Li C.

Embase

Italian Journal of Pediatrics. 48(1) (no pagination), 2022. Article Number: 55. Date of Publication: December 2022.

[Article]

AN: 2015458045

Background: Chronic granulomatous disease (CGD) is an inborn error of immunity. It is characterized by recurrent bacterial or fungal infections, including infections by Burkholderia species. This is due to respiratory burst dysfunction of phagocytes. Currently, there is no report on Burkholderia contaminans (B. Contaminans) infection in children with CGD. Case presentation: We present a previously healthy, 17-month-old Chinese boy infected with B. Contaminans in the intra-abdominal regions. Immunological screening, including assessment of cellular immunity and humoral immunity did not yield conclusive results. The level of nicotinamide adenine dinucleotide phosphatase (NADPH) activity was decreased and whole-exome sequencing identified a de novo mutation in the CYBB gene.

Conclusion(s): For specific pathogens such as B. Contaminans, immune assessment should be carried out even if there is no positive medical history or specificity in basic immunity screening.

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PMC Identifier

35365205 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=35365205>]

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Publisher

BioMed Central Ltd

Year of Publication

2022

15.

Laparoscopic treatment of an abdominoscrotal hydrocele: A case report.

Hosoda T., Ishioka S., Hijikata K.

Embase

International Journal of Surgery Case Reports. 90 (no pagination), 2022. Article Number: 106668. Date of Publication: January 2022.

[Article]

AN: 2015982112

Introduction: Abdominoscrotal hydrocele (ASH), a composite of scrotal and abdominal hydroceles connected through the inguinal canal, is rare and no consensus regarding its mechanisms and surgical treatments has been reached to date. Presentation of the case: We report a case of an 11-month-old boy with a large ASH. Ultrasonography and magnetic resonance imaging (MRI)

revealed a huge hydrocele (maximum length: 8 cm). The patient underwent laparoscopic percutaneous extraperitoneal closure (LPEC) and the orifice of the processus vaginalis (PV) was completely closed. The postoperative course was uneventful. Follow-up ultrasonography and MRI in the first postoperative year showed no recurrence of ASH.

Discussion(s): An ASH with a length >8 cm is considered rare in pediatric patients. There is no consensus regarding its etiology and surgical intervention is selected according to the patient's condition and the characteristics of ASH. We opted to perform early surgical intervention considering the ASH size and the adverse effects on testicular development. LPEC helped identify the condition and location of the ASH and allowed safe and reliable operation of the large intrapelvic hydrocele. In patients with no PV patency, a change in approach from LPEC to an open anterior approach should be considered even if LPEC is feasible.

Conclusion(s): This case provides valuable insight into successful LPEC of a large ASH without any complications, highlighting the importance of elucidating the morphological mechanisms and making an accurate diagnosis and the challenges associated with these processes.

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Publisher

Elsevier Ltd

Year of Publication

2022

16.

eP073: Interstitial deletion of 3q21 in a child with multiple congenital anomalies; Expanding the phenotype.

Almoosawy N., AlBalool H., Fathy H., Ayed M., Zakaria W., Albaghli F., AlSharhan H.

Embase

Genetics in Medicine. Conference: 2022 ACMG Annual Clinical Genetics Meeting. Nashville United States. 24(3 Supplement) (pp S48), 2022. Date of Publication: March 2022.

[Conference Abstract]

AN: 2017288826

Background: Interstitial deletions in the long arm of chromosome 3 although relatively rare, have been reported to be associated with several congenital anomalies and developmental delays.

Around eleven individuals with interstitial deletion spanning the region 3q21 have been reported with overlapping phenotype, including craniofacial dysmorphism, global developmental delay, skeletal manifestations, hypotonia, ophthalmological abnormalities, brain anomalies (mainly agenesis of corpus callosum), genitourinary tract anomalies, failure to thrive and microcephaly.

Case presentation: We present here a male individual from Kuwait with a 5.438Mb interstitial deletion of the long arm of chromosome 3 (3q21.1q21.3) detected on chromosomal microarray with previously unreported features including feeding difficulties, gastroesophageal reflux, hypospadias, abdomino-scrotal hydrocele, congenital anomalies of the kidney and urinary tract, kidney disease, transaminitis, hypercalcemia, hypoglycemia, recurrent infections, inguinal hernia and cutis marmorata.

Conclusion(s): Our report expands the phenotype associated with 3q21.1q21.3 while summarizing the cytogenetics and clinical data of the previously reported individuals with interstitial deletions involving 3q21, providing a comprehensive phenotypic summary. It also emphasizes the importance of chromosomal microarray analysis as a first tier testing in evaluating dysmorphic child with developmental delay and multiple congenital anomalies.

Reaching a molecular diagnosis in such case has facilitated the understanding of the disease mechanism and helped in providing an adequate management plan.

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Publisher

Elsevier B.V.

Year of Publication

2022

17.

Abdominoscrotal Hydrocele With Intra-abdominal Undescended Testis in an Elderly: A Case Report.

Hajji F, Azami MA, Benazzouz A, Hammoune N, Ghoundale O

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 13(11):e19520, 2021 Nov.

[Case Reports]

UI: 34804745

Abdominoscrotal hydrocele (ASH) is an uncommon congenital anomaly in which a scrotal hydrocele extends to the abdomen through the inguinal canal in an hourglass fashion. Coexisting undescended testes (UDT) have mainly been reported in pediatric populations and are mostly located along the inguinal canal. We present a 66-year-old male with a history of neglected left cryptorchidism, who presented with a progressive ipsilateral inguino-scrotal swelling suggesting indirect inguinal hernia. On physical examination, inguino-scrotal hydrocele was suspected.

Abdomen and pelvis computed tomography scan and magnetic resonance imaging revealed an abdominoscrotal cyst with a pathognomonic dumbbell appearance of an ASH, as well as an intra-abdominal testicle that proved to be intracystic, atrophic, and hypovascular. The patient underwent successful radical en-bloc excision of the ASH and testis via an extended inguinal approach. To our knowledge, this is the first case with this constellation of urogenital abnormalities to be reported in an aged man. What makes this case further unique and interesting is the unusual ASH's relationship with the patient's cryptorchid testicle and peritoneal sac.

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Version ID

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PMC Identifier
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8592306>
Year of Publication
2021

18.

Acute Hydrocephalus Following a Spontaneous Ventriculoperitoneal Shunt Catheter Fracture With Scrotal Migration.

Perret C, Bertani R, Pilon B, Koester SW, Schiavini HC

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Cureus. 13(4):e14554, 2021 Apr 19.

[Case Reports]

UI: 34026372

Genitalia-related complications of ventriculoperitoneal shunts, such as scrotal migrations, are rare and most frequently presenting during the first year of the system placement, usually in the pediatric population, due to several factors, including vaginal process patency and increased abdominal pressure. Despite being typically benign, hernias, hydroceles, perforations, and catheter migration to the scrotum can lead to permanent disabilities and lethal complications, such as ventriculoperitoneal shunt dysfunction. We report a case of a late-onset, atraumatic, ventriculoperitoneal shunt fracture and catheter migration to the scrotum in a 22-year-old male, six years after its implantation, presenting in the emergency department due to acute hydrocephalus symptoms.

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Version ID

1

Place Holder 11

PubMed-not-MEDLINE

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8133507>

Year of Publication

2021

19.

Surgical treatment for inguinoscrotal hernia with loss of dominion with preoperative progressive pneumoperitoneum and botulinum toxin: Case report and systematic review of the literature.

Cubero J.A.O., Soto-Bigot M., Chaves-Sandi M., Mendez-Villalobos A., Martinez-Hoed J.
Embase

International Journal of Abdominal Wall and Hernia Surgery. 4(4) (pp 156-165), 2021. Date of Publication: October-December 2021.

[Review]

AN: 636899881

PURPOSE: The aim of this article is to establish which is the best peri- and intraoperative approach for patients with giant inguinoscrotal hernia.

METHOD(S): A systematic review of the literature was carried out according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria through a search in PubMed, Scielo, and other resources, from January 2011 to April 2020. Prospective, retrospective, case reports, and clinical series were included. Patients who underwent emergency procedures and studies involving children or pregnant women were excluded.

RESULT(S): A total of 24 publications related to giant inguinal hernia were identified, which together group a total of 81 patients. The average age of the patients was 62 years. Of the 81 patients, in 10 cases (12%), loss of domain was objectively established. In patients with loss of domain, preoperative pneumoperitoneum (PPP) + botulinum toxin type A (TBA) was used in 80% of the cases. In 10% only NPP was used and in the remaining 10% only TBA was used.

Regarding the repair technique, 70% used the anterior route. The most frequent surgery was Lichtenstein's procedure (38%), followed by Stoppa's procedure (9%) and transabdominal preperitoneal procedure (9%). The most frequent complication was the development of seromas. The median postoperative follow-up was 15 months.

CONCLUSION(S): Inguinoscrotal hernias with loss of domain are rare, and therefore their management is far from being clearly defined. In those cases, where the loss of domain is confirmed, both botulinum toxin and preoperative pneumoperitoneum have been used, without documenting major complications. To repair the defect, the most widely used technique is Lichtenstein's procedure; however, the possibility of long-term recurrence should be assessed. The retrorectal repair could reduce the risk of recurrence as it is associated with greater mesh overlap.

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Rafael Angel Calderon Guardia, San Jose, Costa Rica

Publisher

Wolters Kluwer Medknow Publications

Year of Publication

2021

20.

Safety and Efficacy of Laparoscopic Management of Intracanalicular Testes in Pediatrics.

Daboos M.A., Mahmoud M.A., Gouda S., Salama A., Akl M., Mahfouz M., Mohammed Y.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 31(11) (pp 1351-1355), 2021.

Date of Publication: November 2021.

[Article]

AN: 636535076

Introduction: Undescended testis is a relatively common congenital anomaly in male children with a prevalence of 1%-2% in live births. Upon discovering an empty scrotum, it is important to determine whether the testis is palpable, ectopic, retractile, or nonpalpable. A canalicular or "emergent" testis is a peeping one that freely slides to and fro between the abdominal cavity and inguinal canal. It may be impalpable initially, but at a time, it emerges from the internal ring to be palpable when it is "milked" down (where it was concealed from detection). It is reported that 15%-40% of cryptorchidism are viable peeping/canalicular testis. The laparoscopic approach for treating intracanalicular undescended testes offers many advantages over open inguinal orchiopexy. It maintains the integrity of the inguinal canal and eliminates the need to divide the epigastric vessels during dissection. The ability to dissect the testicular vessels at a higher level would increase the vessel length available to bring the testis down to the scrotum without strain. The aim of this study is to present our experience and evaluate laparoscopic approach for management of intracanalicular testes regarding operative safety, efficacy, and postoperative outcomes.

Patients and Methods: This is a prospective study conducted at Department of Pediatric Surgery, MCH Hospital, Bisha, Saudi Arabia and Pediatric Surgery Department, Al-Azhar University Hospitals, Cairo, Egypt, in the period from October 2018 to August 2020 to evaluate the safety and efficacy of laparoscopic orchiopexy for intracanalicular testis. Patients with retractile testes, ectopic testes, testes located distal to the external inguinal ring, and nonpalpable testes were excluded from the study.

Result(s): The study was conducted on 62 male children with 70 intracanalicular (peeping) testes, with age range from 8 months to 48 months (mean age: 24 months). Among them, 26 cases (~42%) were left-sided, 28 (~45%) were right-sided, and 8 (~13%) cases were affected bilaterally. Postoperatively, all testes maintained good size without postoperative hydrocele or inguinal hernia. One case (1.4%) required open redo-orchiopexy because of testicular re-ascent to the level of scrotal neck. Moreover, there was no evidence of testicular atrophy confirmed by postoperative ultrasonography. All patients had good satisfied cosmetic results obtained by parent's questionnaire at postoperative follow-up visits.

Conclusion(s): Laparoscopic orchiopexy for management of (intracanalicular) undescended testes is safe, effective, less invasive, without disturbance of inguinal canal anatomy, and with better cosmetic results.

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PMC Identifier

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Publisher

Mary Ann Liebert Inc.

Year of Publication

2021

21.

Nuck cyst: A rare cause of inguinal swelling in infancy.

Papparella A., Vaccaro S., Accardo M., de Rosa L., Ronchi A., Noviello C.

Embase

Minerva Pediatrics. 73(2) (pp 180-183), 2021. Date of Publication: April 2021.

[Article]

AN: 2011990021

BackGrOUnd: inguinal and/or inguino-scrotal swellings, such as hernia and hydrocele, are among the commonest anomalies in childhood. Hydrocele of the canal of nuck is an uncommon diagnosis and a rare cause of swelling in women that occurs due to a patent vaginal process. MethODs: From January 2001 to January 2016, 353 female patients 1-14 years of age were admitted to our university hospital division for inguinal swelling. We have performed 403 inguinal approaches, and of these, 399 (99%) had inguinal hernias, 3 (0.74%) had a cyst of the canal of nuck, and 1 (0.24%) had a lipoma. all of the patients with nuck cysts underwent surgical exploration of the swelling through a right inguinal skin crease incision. resULTs: the patients were between the ages of 1 and 8 years. the cyst sizes varied between 25 and 40 mm. all the patients exhibited right, tender, painless, non-reducible masses. In all patients, ultrasound confirmed the suspected diagnosis. The histological findings revealed fibrous-walled cystic formations with mild chronic inflammatory infiltrate that were covered by mesothelial epithelium. the patients' postoperative follow-ups at 1, 6 and 12 months revealed normally healed incisions with no recurrences.

CONCLUSION(S): The surgical findings and the histological demonstrations of serous epithelium seemed to validate the hypothesis that the patency of the inguinal canal combined with fluid secretion of the peritoneal serosa participated in the formation of the cysts. surgery with high ligation of the vaginal process is considered the therapy of choice for this pathology.

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Edizioni Minerva Medica

Year of Publication

2021

22.

Sterile cerebrospinal fluid ascites, hydrothorax and hydrocele as a complication of ventriculoperitoneal shunting in an elderly patient.

Wu X., Sandhu M., Dhand R., Alkukhun L., Lamichhane J.

Embase

BMJ Case Reports. 14(7) (no pagination), 2021. Article Number: e242593. Date of Publication: 26 Jul 2021.

[Article]

AN: 635568188

An 89-year-old man with a history of multiple abdominal surgeries and ventriculoperitoneal (VP) shunt placement for normal pressure hydrocephalus presented for intractable abdominal bloating and scrotal swelling, for which imaging revealed massive ascites, bilateral hydrocele and small bilateral pleural effusions. Cardiac, hepatic and renal workup were insignificant. Culture and cytology of ascitic fluid were negative for infection or malignancy. Aetiology of the ascites as secondary to Cerebrospinal fluid (CSF) from the VP shunt was confirmed via ligation of the shunt. Sterile CSF ascites, hydrothorax and hydrocele are rare complications of VP shunt for hydrocephalus and are mostly presented in paediatric patients. We report the first known case of concurrent CSF ascites, hydrothorax and hydrocele in an elderly patient. We examine the difficulty of shunt replacement as a diagnostic and treatment modality in this age group and propose the use of reversible shunt ligation as a diagnostic modality.

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Publisher

BMJ Publishing Group

Year of Publication

2021

23.

Simultaneous indirect inguinal hernia finding in an infant with abdominoscrotal hydrocele: A case report.

Sinsophonphap A., Chuntanaparb N., Chamnarnprai S., Sookpotarom P., Boonyapalanant C.

Embase

International Journal of Surgery Case Reports. 89 (no pagination), 2021. Article Number: 106595.

Date of Publication: December 2021.

[Article]

AN: 2015708205

Introduction: Abdominoscrotal hydrocele is a rare condition of vaginal hydrocele. Ipsilateral cryptorchidism is frequently reported as an associated congenital anomaly, however, ipsilateral indirect inguinal hernia has never been reported as an accompanying anomaly. Case presentation: We reported a case of 6-month-old boy with a huge cystic mass at left scrotum extending upward to lower abdomen passing through inguinal canal. There was an unusual presentation in that this bulging mass could be entirely reduced into abdomen, mimicking patients who presented with reducible inguinal hernia. Intraoperatively, the patient was found that not only abdominoscrotal hydrocele and undescended testes were presented, but also hernia sac was simultaneously encountered. He was successfully treated and recovered uneventfully.

Discussion(s): According to the natural history of abdominoscrotal hydrocele resembling that of non-communicating hydrocele, it could be treated conservatively without surgery. However, several conditions caused by pressure effect will not be relieved and testicular dysmorphism will

also not be corrected. In addition, as presented in this report, should there also be an inguinal hernia, the hernia sac should be left in place without any surgical correction. As a result, we recommend that all patients with abdominoscrotal hydrocele should be surgically treated if there is no contraindication.

Conclusion(s): The presence of hernia sac might produce a unique presentation. Since we do not know whether the patients who have abdominoscrotal hydrocele will be accompanied by indirect inguinal hernia, the patients should be treated with surgery unless they were in condition in which surgery cannot be performed.

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Publisher

Elsevier Ltd

Year of Publication

2021

24.

Bilateral congenital inguinal hernia with right-sided Amyand's hernia in a premature twin: Case report and a summary of clinical presentations, management and outcomes in neonates and infants with Amyand's hernia.

Hernandez-Lopez U.D.J., Vargas-Buelvas A., Munoz-Murillo W.J., Munoz-Murillo K.L., Nunez-Rojas G., Rahman S.

Embase

International Journal of Surgery Case Reports. 88 (no pagination), 2021. Article Number: 106505.

Date of Publication: November 2021.

[Article]

AN: 2015094447

Introduction and importance: Congenital hernias occur 70% on the right side, 25% on the left side, and approximately 5% bilaterally. The finding of a congenital Amyand's hernia is of interest, especially in patients who do not present risk factors associated with connective tissue disorders, ascitic conditions, fetal developmental disorders or any condition that increases abdominal pressure. Case presentation: Male patient, 6 months old, was brought to the pediatric surgery department due to a visible mass in the bilateral inguinal region, which protruded with crying. The parents report that he was a 36-week preterm, low birth weight, monochorionic monoamniotic twin with bilateral congenital inguinal hernia. An open herniorrhaphy was performed, showing a left communicating hydrocele with an indirect left inguinal hernia and right communicating hydrocele with indirect inguinal hernia containing cecal appendix with no signs of inflammation. Clinical discussion: The most common clinical presentation is the presence of a reducible or irreducible mass, erythema and/or inguino-scrotal edema, irritability manifested by crying and recurrent pain in older infants. This condition may be associated with cryptorchidism, intrauterine structural developmental disorder, and the presence of fistulas. Appendectomy and traditional hernia reduction are the most common surgical approach. The evolution of this condition is favorable with extremely low complication rates.

Conclusion(s): Amyand's hernia in the neonate is a rare presenting condition, which frequently involves nearby structures with risk of inflammation, incarceration and perforation, so repair should be performed early.

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Publisher

Elsevier Ltd

Year of Publication

2021

25.

A term infant with fetal giant meconium hydrocele caused by meconium peritonitis.

Shitara Y., Watanabe E., Takahashi N.

Embase

Pediatrics and Neonatology. 62(4) (pp 445-446), 2021. Date of Publication: July 2021.

[Article]

AN: 2011871907

PMC Identifier

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Publisher

Elsevier (Singapore) Pte Ltd

Year of Publication

2021

26.

Treatment Options for Scrotal Migration of Ventriculoperitoneal Shunts: Case Illustration and Systematic Review of 48 Cases.

Hauser T., Auer C., Ludwiczek J., Senker W., Rauch P.-R., Kargl S., Gruber A.

Embase

Operative Neurosurgery. 21(3) (pp 87-93), 2021. Date of Publication: 01 Sep 2021.

[Review]

AN: 2014394527

BACKGROUND: Scrotal migration of intact or disconnected tubing is a rare complication of ventriculoperitoneal shunts. While some illustrative case reports can be found in the literature, a systematic review on treatment options is lacking.

OBJECTIVE(S): To propose the first literature-based treatment algorithm on scrotal shunt migration.

METHOD(S): We conducted a literature search using the keywords:

"VP,""ventriculoperitoneal,""shunt,"and "scrotum."We identified 36 publications with 48 cases reported including our index case.

RESULT(S): Median age at presentation was 13.5 mo (3 d to 65 yr) which was 4 mo (3 d to 72 mo) after last shunt-related surgery. All patients had scrotal swelling, 39 (81%) patients presented without other symptoms, 4 (8%) had additionally local pain, and 4 (8%) patients presented with symptoms of shunt dysfunction. Treatment was surgically in all but one case where spontaneous resolution without repeat migration occurred. In 3 of 4 patients who had either subcutaneous shortening or abdominal repositioning of the shunt without hernia repair, scrotal shunt migration recurred within the following month. Whereas the surgical treatment with reposition of the migrated catheter back into the peritoneal cavity via a groin incision plus hernia repair yielded a definite treatment in all 26 performed cases, the revision rate was significantly higher in the shunt revision without hernia repair cohort (P = .0009).

CONCLUSION(S): Scrotal shunt migration is a rare shunt complication with good recovery when treated surgically. We recommend hernia repair in addition to either manual or surgical repositioning of migrated tubing.

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PMC Identifier

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Publisher

Oxford University Press

Year of Publication

2021

27.

Laparoscopic treatment of an abdominoscrotal hydrocele requiring concomitant laparoscopic ipsilateral inguinal hernia repair: Surgical Management of an Abdominoscrotal Hydrocele.

Mast G., Mullens C.L., Parrish D.W.

Embase

Journal of Pediatric Surgery Case Reports. 72 (no pagination), 2021. Article Number: 101980.

Date of Publication: September 2021.

[Article]

AN: 2013651693

Failure of the processus vaginalis to obliterate during development leads to a gradient of pathologies including indirect inguinal hernia, communicating hydrocele, hydrocele of the cord, and noncommunicating hydrocele including Abdominoscrotal Hydrocele (ASH) and scrotal hydrocele. Relative to other pathologies related to the failure of processus vaginalis obliteration, few cases of ASH have been documented in the literature, resulting in discrepancy regarding the

best management practices for this condition. In this paper we review the current literature and a case of ASH complicated by the development of an ipsilateral inguinal hernia in order to provide a concise review of how to diagnose, manage, and detect the potential complications of treating ASH surgically and display the utility of laparoscopy in managing this condition.

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Publisher

Elsevier Inc.

Year of Publication

2021

28.

Identifying the deceiver: the non-neoplastic mimickers of genital system neoplasms.

Onder O., Karaosmanoglu A.D., Kraeft J., Uysal A., Karcaaltincaba M., Akata D., Ozmen M.N., Hahn P.F.

Embase

Insights into Imaging. 12(1) (no pagination), 2021. Article Number: 95. Date of Publication: December 2021.

[Review]

AN: 2013092253

Tumors of the genital system are common and imaging is of crucial importance for their detection and diagnosis. Several non-neoplastic diseases may mimic these tumors and differential diagnosis may be difficult in certain cases. Misdiagnosing non-neoplastic diseases as tumor may prompt unnecessary medical treatment or surgical interventions. In this article, we aimed to present the imaging characteristics of non-neoplastic diseases of the male and female genital systems that may mimic neoplastic processes. Increasing awareness of the imaging specialists to these entities may have a severe positive impact on the management of these patients.

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Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2021

29.

Incidental findings in and around the prostate on prostate MRI: a pictorial review.

Trivedi J., Sutherland T., Page M.

Embase

Insights into Imaging. 12(1) (no pagination), 2021. Article Number: 37. Date of Publication: December 2021.

[Review]

AN: 2010843591

Prostate MRI has seen rapid growth in use in recent years as an advanced diagnostic modality to detect focal areas of clinically significant prostate cancer, to identify an area for targeted biopsy and to guide management and surveillance. The increase in use has also led to increased diagnosis of incidental lesions arising from structures around the prostate. These incidental findings may be related to the genitourinary system or non- genitourinary system and may have a benign aetiology which needs no additional follow-up, or it may require surveillance and management. The field of view in a multiparametric prostate MRI includes other pelvic organs, neurovascular bundles, bowel, lymph nodes and bones. Being familiar with standard MRI characteristics and a sound knowledge of anatomy of the prostate and surrounding structures can help in distinguishing normal anatomy from pathology. Given that patients undertaking a prostate MRI are usually a cohort with increased anxiety from their known or suspicion of prostate cancer, it is important that radiologists are familiar with these common incidental findings to minimise anxiety to the patient, have a well-informed discussion with the referring clinician and reduce costs associated with unnecessary further testing and follow-up of benign incidental findings. Additionally, being able to diagnose more serious incidental pathologies early can be life-saving and potentially significantly alter patient management.

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Publisher

Springer Science and Business Media Deutschland GmbH

Year of Publication

2021

30.

Retroperitoneal lymphatic malformation causing scrotal swelling- a useful diagnostic work-up with two-phase MRI to differentiate from scrotal lymphatic malformation or abdomino-scrotal hydrocele.

Ichijo C., Takami S., Suzuki K., Fujishiro J., Watanabe M.

Embase

Journal of Pediatric Surgery Case Reports. 64 (no pagination), 2021. Article Number: 101701.

Date of Publication: January 2021.

[Article]

AN: 2008561472

Background: Lymphatic malformation (LM) is an abnormal collection of lymphatic fluid within cysts or channels. LM can occur in any part of the body, but LM leading to scrotal swelling is very rare, and this unusual location often leads to diagnostic errors because the most common cause of a scrotal cystic lesion is a hydrocele. In the case presented here, a previously healthy 3-year-old boy recently developed a left scrotal swelling clinically mimicking a communicating hydrocele. However, a diagnostic laparoscopy showed a cystic lesion at the left internal inguinal ring with a closed internal inguinal ring, which is not an expected finding of communicating hydrocele. Differential diagnoses at surgery were scrotal LM, retroperitoneal LM, or abdomino-scrotal hydrocele (ASH). Two phase MRI performed both at the time of scrotal swelling and scrotal non-swelling showed a retroperitoneal LM bulging into the scrotum via the inguinal canal. Therefore, the retroperitoneal LM was completely resected using the inguinal approach.

Conclusion(s): LM causing scrotal cystic lesion is rare, and it requires a high index of suspicion to make the correct diagnosis. Laparoscopy was needed to rule out the communicating hydrocele, and two-phase MRI was very useful to differentiate retroperitoneal LM causing scrotal swelling from scrotal LM or ASH. Both examinations helped with diagnosis and treatment planning.

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Publisher

Elsevier Inc.

Year of Publication

2021

31.

Imaging inguino-scrotal anomalies in neonates (and infants) in the light of the embryological development.

Avni F., Cassart M.

Embase

Pediatric Radiology. Conference: 8th International Pediatric Radiology, IPR 2021. Rome Italy. 51(SUPPL 1) (pp S103), 2021. Date of Publication: October 2021.

[Conference Abstract]

AN: 636153076

The testis develops within the genital crests under appropriate hormonal stimulating effects around the 6th week of the embryological development. The various male genital structures (deferent ducts, seminal vesicles, rete testis and their inter-connections) will develop around the second month. The testicular migration towards the scrotum occurs in three phases. First, the testes migrate within the abdominal wall-posterior wall first, anterior thereafter-behind the peritoneum. This phase takes place between the 10th and the 14th week. The second phase, during the fetal period, brings the testes at the inguinal canal opening. During the third phase, the testes migrate down to the scrotum, their final location. In this position, the testes remain in connection with the retro-peritoneum. The third phase can be followed thanks to obstetrical US. The testes can be demonstrated within the scrotum as early as the 24th weeks. Around 30 weeks gestation, in over 90% of fetuses, the testes can be demonstrated within the scrotum. Requests for imaging the scrotum (mainly using US) is very common. The range of anomalies is quite wide but fortunately with a low rate of serious conditions. The purpose of the educational exhibit is to illustrate various classical and less classical conditions in the neonates and infants. The aim

being to focus on anomalies related to abnormal migration as well as on the <<consequences>> of the retroperitoneal location of the testes. The approach will be based upon the clinical conditions leading to the requests of imaging and its input in establishing the diagnosis or differential diagnosis. In neonates (or infants), there are mainly two clinical conditions necessitating imaging: empty scrotum or on the contrary swollen scrotum (unior bilateral).-The differential diagnosis of empty scotum includes &Cryptorchidism and ectopic testis &Testicular regression syndrome &Anomalies of gender differentiation-The differential of swollen scrotum includes &Extratesticular origin anomalies-Hydrocele-Hernia-Hematoma-Infectious collections-Meconium periorchitis-Tumors &Testicular origin anomalies-Orchi-epidymitis-Testicular torsion-Tumors The sonographic features leading to a proper diagnosis will be highlighted The importance of the evaluation of the entire abdomen will be underlined and illustrated. The potential role of MRI will be discussed and illustrated as well.

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CONFERENCE ABSTRACT

Institution

(Avni) Delta Hospital, CHIREC, Brussels, Belgium (Cassart) Iris-Sud Hospitals, Brussels, Belgium

Publisher

Springer Verlag

Year of Publication

2021

32.

Pictorial review of the inguino-scrotal region in children: Normal anatomy and pathology.

Teo H.

Embase

Pediatric Radiology. Conference: 8th International Pediatric Radiology, IPR 2021. Rome Italy. 51(SUPPL 1) (pp S93), 2021. Date of Publication: October 2021.

[Conference Abstract]

AN: 636152639

Learning Objectives To review the embryology and anatomy of the inguinal canal. To familiarize the reader with the imaging findings of a wide spectrum of pathologies that may be encountered in the inguino-scrotal region in children. Background The inguinal canal is a passage that extends inferiorly and medially through the inferior part of the abdominal wall. The spermatic cord in males and the round ligament in females pass through the canal. The patent processus vaginalis (PV) is an embryonic developmental outpouching of the peritoneum that passes through the inguinal canal and usually closes by 2 months of age. Failure of closure results in an abnormal communication between the peritoneal cavity and the scrotum in males, and the labia majora in females. This may result in a number of conditions whose imaging findings will be shown in this poster. A patent processus vaginalis in females is known as the Canal of Nuck. Imaging Findings This poster will illustrate the anatomy of the inguinal canal. The imaging findings, with an emphasis on ultrasound, of a wide range of pathologies such as inguinal hernias containing incarcerated bowel, omentum, ovaries, uterus, the appendix and Meckel's diverticulum as well as pathologies such as testicular torsion, cryptorchidism and hydrocoelescommunicating and non-communicating will be shown. Conclusion After reviewing this poster the reader will be familiar with the anatomy and embryology of the inguinal canal and as well as the imaging findings of pathologies that occur in this region in children.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Teo) KK Hospital, Singapore, Singapore

Publisher
Springer Verlag
Year of Publication
2021

33.

Hydrocele in a young patient with an unexpected histopathological diagnosis: Epithelioid mesothelioma of the tunica vaginalis testis.

Ilyes A., Iurcsuk O., Dee E., Kalman E.T., Nagy B., Straub K.D., Gabos S., Burszan Barabas A., Hollo G., Albert C.

Embase

Virchows Archiv. Conference: 33rd European Congress of Pathology, ECP 2021. Virtual. 479(SUPPL 1) (pp S315), 2021. Date of Publication: August 2021.

[Conference Abstract]

AN: 636000078

Background & objectives: Malignant mesothelioma of the tunica vaginalis testis is an extremely rare tumour of the paratesticular region, representing <5% of all mesotheliomas.

Method(s): We present a case of a 34 years old male, who was admitted to the Urologic Department with painless tumefaction of the left scrotum, without any history of scrotal trauma or asbestos exposure. The clinical signs were suggestive for hydrocele and a hydrocelectomy was performed. The intraoperative findings revealed a diffuse thickening of the tunica vaginalis which was surgically removed.

Result(s): The tunica vaginalis was infiltrated by an epithelial neoplasm with tubular and papillary architecture, lined by unistratified cuboidal cells with eosinophilic cytoplasm, slightly pleomorphic nuclei and rare mitotic figures. The peritumoral stroma was desmoplastic. The tumour cells expressed Calretinin, WT-1 and EMA, the Ki-67 proliferative index was <2%. The diagnosis of malignant epithelioid mesothelioma was made. The patient underwent to a CT-scan and a diffuse thickening of the left paratesticular region was described, without any evidence for abdominal or thoracic spread of the disease. An inghinal left orchiectomy was performed and the tumour has infiltrated the tunica vaginalis and albugineea, without invasion of the testicular parenchyma, epididimis or spermatic cord.

Conclusion(s): The clinical diagnosis of mesothelioma can be very challenging due to its rarity. Majority of the cases are diagnosed incidentally. Testicular mesotheliomas tends to appear in older patients, with a mean age of 60 years. Hydrocele is the most common clinical sign that can be associated with painful scrotal masses. The aetiology remains still unclear: Asbestos exposure, scrotal trauma and long lasting hydrocele has been reported as possible risk factors.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Ilyes) Emergency County Hospital M-Ciuc, Pathology Department, Romania

Publisher

Springer

Year of Publication

2021

34.

Presence of VGKC complex: CASPR2/LGI1 antibodies in hydrocele fluid in Morvan's syndrome.
Sharma S., Sharma P., Sahu C.S.

Embase

Neurology. Conference: 73rd Annual Meeting of the American Academy of Neurology, AAN 2021.
Virtual. 96(15 SUPPL 1) (no pagination), 2021. Date of Publication: May 2021.

[Conference Abstract]

AN: 635946155

Objective: A 50-year-old gentleman underwent a scrotal tap with the chemicals instillation into the scrotal sac for treatment of hydrocele. Two months later, he developed low backache and twitching of thigh and calf muscles. On examination, he was profusely sweating on face and hands. He was febrile, with an elevated blood pressure of 150/90mmHg, deep tender reflexes were depressed. Slight tremors of outstretched hands and anterior abdominal wall noted with intermittent twitching observed over the calf and thigh muscles. Blood investigation revealed a high sugar level of 249mg/dl and the presence of the CASPR-2 antibody. The EMG study showed spontaneous grouped discharges in the form of doublets and triplets. A scrotal ultrasound revealed epididymitis, orchitis with an interstitial fluid collection. A 10ml yellowish fluid aspirated from the contralateral scrotum and sent to VGKC detection. A test conducted on the hydrocele fluid with screening in 1:10 titer turned out to be positive for both CASPR2 (end titer 1:160) and LGI1 (end titer 1:80) antibodies VGKC complex.

Discussion(s): An unusual association of Morvan's syndrome (MoS) after scrotal tap and injection of sclerosing agent for hydrocele treatment seen in the Indian subcontinent. These young individuals developed clinical features suggestive of MOS, six weeks to 3 months after the procedure. Symptoms spontaneously resolved within six months of onset. The present case may suggest VGKC complex antibody production in scrotal sac fluid in response to a robust antigenic challenge in an otherwise immune privilege organ system.

Background(s): NA Design/Methods: NA Results: NA

Conclusion(s): NA.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Sharma, Sharma, Sahu) Ramkrishna Care Medical Sciences Pvt. Ltd.

Publisher

Lippincott Williams and Wilkins

Year of Publication

2021

35.

Laparoscopic orchiopexy of palpable undescended testes_ experience of a single tertiary institution with over 773 cases.

You J, Li G, Chen H, Wang J, Li S

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BMC Pediatrics. 20(1):124, 2020 03 16.

[Journal Article]

UI: 32178653

BACKGROUND: Discuss the superiority of laparoscopic orchiopexy in the treatment of inguinal palpable undescended testes.

METHODS: Inclusion criteria: Preoperative examination and color Doppler ultrasound examination confirmed that the testes were located in the inguinal canal and could not be pulled into the scrotum, except for retractile and ectopic testes. The surgical steps were depicted as follow. The retroperitoneal wall was carved by ultrasonic scalpels, separates the spermatic

vessels closed to the inferior pole of the kidney if necessary, dissects the peritoneum of vas deferens, cuts the testicular gubernaculum, and pulls back the testicle into the abdominal cavity. Besides, protect the vas deferens, and descend the testes to the scrotum and fix them without tension.

RESULTS: There were 773 patients with 869 inguinal undescended palpable testes, 218 cases on the left side, 459 cases on the right side and 96 cases with bilateral undescended testes, whose age ranged from 6 months to 8 years, with an average of 20 months. All testes were successfully operated, no converted to open surgery. The average operation time was (34.8 +/- 5.4) min. There were 692 testes have an ipsilateral patent processus vaginalis (89.5%); In 677 cases of unilateral cryptorchidism, 233 cases (34.4%) have a contralateral patent processus vaginalis, and laparoscopic percutaneous extraperitoneal closure the hernia sac carry out during the surgery. There was no subcutaneous emphysema during the operation, no vomiting, no abdominal distension, no wound bleeding and obvious pain after surgery, especially wound infection is rarely. Doppler ultrasound was evaluated regularly after surgery. The patients were followed up for 6 to 18 months. All the testes were located in the scrotum without testicular retraction and atrophy. No inguinal hernia or hydrocele was found in follow-up examination.

CONCLUSION: Laparoscopic orchiopexy manage inguinal palpable cryptorchidism is safe and effective, and there are obvious minimally invasive advantages. Furthermore, It could discover a contralateral patent processus vaginalis, and treat at the same time, which avoid the occurrence of metachronous inguinal hernia.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

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Institution

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Chen, Haitao. Department of Pediatric Urology Surgery, Wuhan Children's Hospital (Wuhan Maternal and Child Healthcare Hospital), Tongji Medical College, Huazhong University of Science and Technology, No.100, Hong Kong Road, Jiang'an District, Wuhan, 430016, China.

Wang, Jun. Department of Pediatric Urology Surgery, Wuhan Children's Hospital (Wuhan Maternal and Child Healthcare Hospital), Tongji Medical College, Huazhong University of Science and Technology, No.100, Hong Kong Road, Jiang'an District, Wuhan, 430016, China.

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1648623225@qq.com.

PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7075009>

Year of Publication

2020

36.

Comparison of diagnostic and treatment guidelines for undescended testis.

Shin J., Jeon G.W.

Embase

Clinical and Experimental Pediatrics. 63(11) (pp 415-421), 2020. Date of Publication: November 2020.

[Article]

AN: 2005372017

Cryptorchidism or undescended testis is the single most common genitourinary disease in male neonates. In most cases, the testes will descend spontaneously by 3 months of age. If the testes do not descend by 6 months of age, the probability of spontaneous descent thereafter is low. About 1%-2% of boys older than 6 months have undescended testes after their early postnatal descent. In some cases, a testis vanishes in the abdomen or reascends after birth which was present in the scrotum at birth. An inguinal undescended testis is sometimes mistaken for an inguinal hernia. A surgical specialist referral is recommended if descent does not occur by 6 months, undescended testis is newly diagnosed after 6 months of age, or testicular torsion is suspected. International guidelines do not recommend ultrasonography or other diagnostic imaging because they cannot add diagnostic accuracy or change treatment. Routine hormonal therapy is not recommended for undescended testis due to a lack of evidence. Orchiopexy is recommended between 6 and 18 months at the latest to protect the fertility potential and decrease the risk of malignant changes. Patients with unilateral undescended testis have an infertility rate of up to 10%. This rate is even higher in patients with bilateral undescended testes, with intra-abdominal undescended testis, or who underwent delayed orchiopexy. Patients with undescended testis have a threefold increased risk of testicular cancer later in life compared to the general population. Self-examination after puberty is recommended to facilitate early cancer detection. A timely referral to a surgical specialist and timely surgical correction are the most important factors for decreasing infertility and testicular cancer rates.

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Place Holder 11

Embase

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Jeon, Ga Won; ORCID: <https://orcid.org/0000-0002-8206-9727>

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Year of Publication

2020

37.

Laparoscopic Abdominoscrotal Hydrocele: A Case Series.

Funatsu Y., Shono K., Hashimoto Y., Shirai T., Shono T.

Embase

Urology. 145 (pp 236-242), 2020. Date of Publication: November 2020.

[Article]

AN: 2007560620

Objective: To evaluate the effect of laparoscopic percutaneous extraperitoneal closure (LPEC) of the internal inguinal ring for the treatment in pediatric abdominoscrotal hydrocele (ASH) and to assess the feasibility and safety of the procedures.

Patients and Methods: Data were collected from the charts of patients with ASH who underwent surgery in Kokura Medical Center from April 2014 to December 2019. The patients' characteristics, preoperative diagnosis, forms of abdominal components, presence of patent processus vaginalis (PPV), associated pathologies, and postoperative results were evaluated.

Result(s): The study population included 10 patients (4.3% of all 230 hydroceles). The mean age of 10 patients was 3.5 years (range, 7 months to 7 years). A preoperative diagnosis of ASH was made in 3 patients. In the other 7 patients, ASH was detected during laparoscopic repair of the scrotal hydrocele. The abdominal forms of hydrocele were monolocular cysts (n = 6) and multilocular cysts (n = 4). PPV was detected by laparoscopy in all cases. Six patients had contralateral pathologies, including PPV (n = 4), inguinal hernia (n = 1), and scrotal hydrocele (n = 1). One patient had ipsilateral undescended testis. Preoperative ultrasonography showed some degree of testicular dysmorphism on the affected side in 4 cases. In all cases, treatment was accomplished by closing the PPV at the internal inguinal ring by LPEC procedures. No patients had postoperative complications, including recurrent ASH or hydrocele after ASH repair (mean follow-up, 2.6 years).

Conclusion(s): LPEC may be an adequate and minimally invasive method for the treatment of the pediatric ASH.

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PMC Identifier

32739309 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32739309>]

Place Holder 11

Embase

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(Funatsu, Shono, Hashimoto, Shirai, Shono) Department of Pediatric Surgery and Pediatric Urology, National Hospital Organization, Kokura Medical Center, Kitakyushu, Japan

Publisher

Elsevier Inc.

Year of Publication

2020

38.

Abdominoscrotal Lymphangioma Masquerading as a Communicating Hydrocele: A Case Report. AlRashed A., Gazali Z., Malladi V.K., Singal A.K.

Embase

The Gulf journal of oncology. 1(32) (pp 63-65), 2020. Date of Publication: 01 Jan 2020.

[Article]

AN: 631655213

A 5-year old boy presented with a picture of communicating hydrocele and was discovered to have an abdominoscrotal lymphangioma after undergoing hydrocele surgery. Upon initial presentation the lymphangioma was missed and the child underwent inguinal approach surgery for hydrocele. The lymphangioma was then noticed as an abdominal lump due to a rapid increase in size within 1 week following the hydrocele surgery. The sudden enlargement of the lymphangioma was due to intra-cystic hemorrhage post-operatively. The lymphangioma was then completely excised with no recurrence noted after 1 year of follow up. This is a rare case of a retroperitoneal, abdominoscrotal lymphangioma masquerading as a communicating hydrocele.

Keywords: Communicating Hydrocele, Abdominoscrotal lymphangioma, Scrotal Swelling.

PMC Identifier

32342921 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32342921>]

Institution

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Singal) Department of Pediatric Urology, MITR Hospital, Kharghar, India

(Malladi) Department of General Surgery, MITR hospital, Kharghar, India

(Singal) Department of Pediatric Urology, MGM Hospital, Navi Mumbai, India

Publisher

NLM (Medline)

Year of Publication
2020

39.

Newborn With Supraumbilical and Scrotal Bruising.
Garofalo S., Guana R., Scottoni F., Cortese M.G., Pane A., Cerrina A., Gennari F.
Embase
Annals of Emergency Medicine. 76(6) (pp e127-e128), 2020. Date of Publication: December 2020.
[Short Survey]
AN: 2010046782
PMC Identifier
33222797 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=33222797>]
Place Holder 11
Embase
Institution
(Garofalo, Guana, Scottoni, Cortese, Pane, Cerrina, Gennari) Department of Pediatric General Surgery, Regina Margherita Children's Hospital, Azienda Ospedaliero Universitaria Citta della Salute e della Scienza, Turin, Italy
Publisher
Mosby Inc.
Year of Publication
2020

40.

Abnormal sex determinism: True hermaphrodite (TH).
Mohammad Hossein R.S., Reza A.H.
Embase
Journal of Clinical and Translational Endocrinology: Case Reports. 18 (no pagination), 2020.
Article Number: 100070. Date of Publication: December 2020.
[Article]
AN: 2007901839
Background: A True Hermaphrodite is defined as an individual with testicular and ovarian tissue either combined in a single gonad or found separately in two gonads. The birth of a child with ambiguous genitalia is an embarrassing and frightening experience for the families bearing social stigmata. This paper reports the psychologic, endocrinologic, cytogenetic and semen analysis data on a true hermaphrodite case. Case presentation: An 18 years old patient phenotypically appeared to be male with well-developed secondary characteristics, had two testicles in scrotum, a prostate like structure in proper ecoptern and two anatomical ovary-like masses in both sides of pelvis came to the Noor Clinic-Qom-IRAN in 2017. His karyotype was normal male (46,XY) and his levels of FSH, LH, Prolactin and Estradiol were within normal range of a male but hydroxy testosterone, DHEA and hydroxyl progesterone level were elevated. Semen analysis revealed he had low semen volume, 45% non-motile and 97% abnormal morphology sperms. Psychologically he assessed as an obsessive depressed person with a mild intellectual disability and female mannerisms with a strong desire toward gender reassignment to a female.
Conclusion(s): Finally, hysterectomy and ovary resection performed.

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Place Holder 11

Embase

Institution

(Mohammad Hossein) Department of Microbiology, Faculty of Sciences, Qom Branch, Islamic Azad University, Qom, Iran, Islamic Republic of (Reza) Department of Medicine, Qom Branch, Islamic Azad University, Qom, Iran, Islamic Republic of

Publisher

Elsevier Inc.

Year of Publication

2020

41.

Neonatal Adrenal Hemorrhage: A Case Series.

Tognato E., Ceratto S., Enrico G., Fiorica L., Spola R., Loperfido B., Cimminelli L., Militello M.A., Eshraghy M.R., Savino F., Giuliani F., Perona A., Manzoni P.

Embase

American Journal of Perinatology. 37(17) (pp S57-S60), 2020. Date of Publication: 01 Sep 2020.

[Article]

AN: 632775929

Neonatal adrenal hemorrhage (NAH) in newborn infants is a rare event that is associated with specific anatomical and vascular characteristics. It is more common in term infants and occurs more often in neonates who feature perinatal asphyxia. Symptoms that more frequently prompt to diagnosis are prolonged jaundice, detection of an abdominal mass, anemia, scrotal discoloration and/or swelling, hypotonia, lethargy, and hypertension. However, NAH may also occur without symptoms with its detection being occasional. Imaging through ultrasound scans is the cornerstone of diagnosis and follow-up monitoring over time. Here we report on a small NAH case series comprising three full-term, macrosomic infants who were born by vaginal delivery. The first and second ones showed clear signs of birth asphyxia, whereas the third was completely asymptomatic. In all three patients, only the right adrenal gland was involved, in line with what happens in 70% of cases. NAH is usually self-limiting and prone to a progressive resolution in a time ranging between 3 weeks and 6 months and so did in our three patients. Key Points NAH is caused by perinatal asphyxia. It is diagnosed with addominal ultrasound. It is usually self-limiting. Copyright © 2020 BioMed Central Ltd.. All rights reserved.

PMC Identifier

32898884 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32898884>]

Place Holder 11

Embase

Institution

(Tognato, Ceratto, Enrico, Fiorica, Spola, Loperfido, Cimminelli, Militello, Eshraghy, Perona, Manzoni) Division of Pediatrics and Neonatology, Department of Maternal Medicine, Nuovo Ospedale Degli Infermi, ASL Biella, Via dei Ponderanesi, 2, Ponderano (Biella) 13058, Italy (Ceratto, Enrico) Postgraduate School of Pediatrics, University of Turin, Piazza, Polonia, Torino, Italy

(Savino, Giuliani) Dipartimento Patologia e Cura Del Bambino, S.S.D, Subintensiva Allargata della Prima Infanzia, Ospedale Infantile Regina Margherita, A.U.O. Citta della Salute e della Scienza, Torino, Italy

Publisher

Thieme Medical Publishers, Inc. (Rudigerstrasse 14, Stuttgart D-70469, Germany. E-mail:

custserv@thieme.com)

Year of Publication

2020

42.

Abdominoscrotal hydrocele: excision of sac may not be necessary.
Xu W., Ko J., Fernandez N., Koyle M., Canning D.A., Kurzrock E.A.

Embase

Journal of Pediatric Urology. 16(4) (pp 494.e1-494.e5), 2020. Date of Publication: August 2020.

[Article]

AN: 2007103977

Introduction: Abdominoscrotal hydroceles (ASH) are uncommon occurrences in boys and usually treated similarly to a hernia with the assumption that there is an associated patent processus vaginalis. Treatment in this manner may be challenging due to sac size, extension and adherence to the spermatic cord. Due to the rarity of ASH, the literature is mostly limited to small, single-institution case studies.

Objective(s): Our goal was to evaluate two techniques in large number. We hypothesized a simplified scrotal technique with eversion, Jaboulay procedure, would demonstrate less complications and equivalent efficacy to standard excision.

Method(s): We retrospectively reviewed medical records at three tertiary children's hospitals to identify boys who underwent surgical repair of ASH between 1998 and 2018. Group 1 had excision and/or ligation of the hydrocele sac. Group 2 had a scrotal incision with limited excision and then eversion of the hydrocele sac (Jaboulay procedure). Variables that were analyzed included preoperative imaging, surgical technique, surgical findings, length of follow up, complications and recurrence of swelling.

Result(s): We identified 61 boys, who had 77 abdominoscrotal hydroceles. Group 1 included 38 patients with 48 hydroceles. Group 2 included 23 patients with 29 hydroceles. Complications were more common in Group 1 patients (18% vs 0%) but complication rate and operative time were not statistically associated with surgery type or age. No patient in either group had recurrence of hydrocele.

Discussion(s): Although this is a large study for this rare condition, the analysis is limited by number and its retrospective nature.

Conclusion(s): For the rare and difficult to treat abdominoscrotal hydrocele, we were unable to prove with statistical significance that a simplified technique of eversion via the scrotum is safer. However, this large series did demonstrate that the simplified procedure provides equal efficacy as excision. [Table presented]

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PMC Identifier

32694088 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32694088>]

Place Holder 11

Embase

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(Fernandez, Koyle) The Hospital for Sick Children, Toronto, ON, Canada

Publisher

Elsevier Ltd

Year of Publication

2020

43.

Chylovenous bypass for mesenteric lymphangiomas: A case report.

Chen C., Cheng M.-H.

Embase

Journal of Surgical Oncology. 122(5) (pp 1004-1005), 2020. Date of Publication: 01 Oct 2020.

[Letter]

AN: 2005572443

PMC Identifier

32668017 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32668017>]

Place Holder 11

Embase

Author NameID

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(Cheng) Center for Tissue Engineering, Chang Gung Memorial Hospital, Taoyuan, Taiwan (Republic of China)

Publisher

John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Year of Publication

2020

44.

An extremely rare case of indirect hernia type co-existing with testicular ectopia.

Plataras C., Alexandrou I., Bourikis G., Bourikas D., Christianakis E.

Embase

Pan African Medical Journal. 35 (pp 1-5), 2020. Article Number: 119. Date of Publication: 2020.

[Article]

AN: 2004598183

We present an extremely rare case of inguinal hernia coexisting with testicular ectopia in a child. Male infant 9.5 month old presented with an empty scrotum and the ipsilateral intravaginal testis lying in a high iliac crest position. When crying a moving right inguinal bulge appeared on clinical examination. This grew bigger in moments of increased abdominal pressure and seemed to move upwards towards the right iliac crest. No abdominal wall defect could be palpated. At operation a large hernia sac fixed in the area of the right iliac crest was identified. Adjacent was the fixation point of the gubernaculum and the testis was found in an ectopic location. We removed the large sac after separating the vas and vessels and the testis and we strengthened the dorsal inguinal wall and fixed the testis in a subdartos scrotal pouch. No postoperative complications happened. An undescended testis may present as an iliac crest ectopy, coexisting with moving inguinal hernia. In our case we propose that the higher position of the aponeurosis of the external oblique in combination with ectopia of gubernacular fixation in the ipsilateral scrotum may have caused the ectopic fixation of the sac in the ipsilateral inguinal crest.

Copyright © Christos Plataras et al.

PMC Identifier

32637017 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32637017>]

Place Holder 11

Embase

Institution

(Plataras, Alexandrou, Bourikas, Christianakis) Pediatric Surgery Clinic, Penteli's Children Hospital, Attiki, Greece (Bourikis) General Surgery Department, Tzanio Hospital, Piraeus, Greece

Publisher

African Field Epidemiology Network (E-mail: sec@afenet.net)

Year of Publication

2020

45.

Abdominoscrotal hydrocele: A case report.

Khalili M., Gholamzadeh Baeis M., Rouzrokh M.

Embase

Urology Case Reports. 32 (no pagination), 2020. Article Number: 101254. Date of Publication: September 2020.

[Article]

AN: 2006016158

Abdomino scrotal hydrocele (ASH) is a very rare condition in which the hydrocele sac extends beyond the scrotum to the abdomen via the inguinal canal. Although various ideas have been proposed regarding this disease, there is still controversy over its etiology. We report a case of abdominoscrotal hydrocele in a one year old boy (Mofid Children's hospital, Tehran, Iran) with history of right sided herniorrhaphy one month ago in other center. Slow growing mass in lower abdomen was noted by parents. For better diagnose, ultrasound and CT scan was performed. In operation missed large abdominoscrotal hydrocele was confirmed.

Copyright © 2020 The Authors

Place Holder 11

Embase

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Rouzrokh, Mohsen; ORCID: <https://orcid.org/0000-0002-1696-6307>

Institution

(Khalili) Department of Radiology, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Gholamzadeh Baeis) Department of Radiology, Imam Hossein Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of (Rouzrokh) Pediatric Surgery Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of

Publisher

Elsevier Inc

Year of Publication

2020

46.

Amyand's hernia with perforated appendicitis complicated by post-operative bowel Necrosis in an extremely preterm infant.

Patel S., McKee J., Maxwell J.

Embase

Journal of Pediatric Surgery Case Reports. 59 (no pagination), 2020. Article Number: 101486.
Date of Publication: August 2020.

[Article]

AN: 2006163518

Amyand's hernia is an exceedingly rare condition in which the appendix is found in an inguinal hernia. The appendix can be normal, inflamed, infected, or perforated. Here, we present a case of perforated appendicitis in an Amyand's hernia in an extremely preterm infant with subsequent post-operative complications including necrotic bowel and venous thrombosis of the mesentery. This article stresses the importance of complications that can arise in Amyand's hernia, especially in an extremely preterm infant.

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Place Holder 11

Embase

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<https://orcid.org/0000-0001-8990-7239>

Institution

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Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2020

47.

Laparoscopic orchiopexy of palpable undescended testes_experience of a single tertiary institution with over 773 cases.

You J., Li G., Chen H., Wang J., Li S.

Embase

BMC Pediatrics. 20(1) (no pagination), 2020. Article Number: 124. Date of Publication: 16 Mar 2020.

[Article]

AN: 631232651

Background: Discuss the superiority of laparoscopic orchiopexy in the treatment of inguinal palpable undescended testes.

Method(s): Inclusion criteria: Preoperative examination and color Doppler ultrasound examination confirmed that the testes were located in the inguinal canal and could not be pulled into the scrotum, except for retractive and ectopic testes. The surgical steps were depicted as follow. The retroperitoneal wall was carved by ultrasonic scalpels, separates the spermatic vessels closed to the inferior pole of the kidney if necessary, dissects the peritoneum of vas deferens, cuts the testicular gubernaculum, and pulls back the testicle into the abdominal cavity. Besides, protect the vas deferens, and descend the testes to the scrotum and fix them without tension.

Result(s): There were 773 patients with 869 inguinal undescended palpable testes, 218 cases on the left side, 459 cases on the right side and 96 cases with bilateral undescended testes, whose age ranged from 6 months to 8 years, with an average of 20 months. All testes were successfully operated, no converted to open surgery. The average operation time was (34.8 +/- 5.4) min.

There were 692 testes have an ipsilateral patent processus vaginalis (89.5%); In 677 cases of unilateral cryptorchidism, 233 cases (34.4%) have a contralateral patent processus vaginalis, and laparoscopic percutaneous extraperitoneal closure the hernia sac carry out during the surgery.

There was no subcutaneous emphysema during the operation, no vomiting, no abdominal distension, no wound bleeding and obvious pain after surgery, especially wound infection is rarely. Doppler ultrasound was evaluated regularly after surgery. The patients were followed up for 6 to 18 months. All the testes were located in the scrotum without testicular retraction and atrophy. No inguinal hernia or hydrocele was found in follow-up examination.

Conclusion(s): Laparoscopic orchiopexy manage inguinal palpable cryptorchidism is safe and effective, and there are obvious minimally invasive advantages. Furthermore, It could discover a contralateral patent processus vaginalis, and treat at the same time, which avoid the occurrence of metachronous inguinal hernia.

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PMC Identifier

32178653 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32178653>]

Place Holder 11

Embase

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Publisher

BioMed Central Ltd. (E-mail: info@biomedcentral.com)

Year of Publication

2020

48.

Postoperative free air is not always normal - Necrotizing enterocolitis leading to concurrent colonic and gastric perforation.

Almoallem B.A., Zaidan H., Ahmed H., Corbally M.T.

Embase

Bahrain Medical Bulletin. 42(1) (pp 55-57), 2020. Date of Publication: March 2020.

[Article]

AN: 2003818492

We present a case of concurrent gastric and bowel perforation in a preterm neonate associated with necrotizing enterocolitis (NEC). Gastrointestinal perforation of any cause is a surgical emergency with high morbidity and mortality. The most common cause of perforation in neonates is NEC followed by spontaneous ileal perforation. Early suspicion of gastric perforation in preterm neonates with abdominal distention, and aggressive management with early resuscitation, stabilization and surgical exploration is recommended for better outcome.

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Place Holder 11

Embase

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Publisher

Bahrain Medical Bulletin

Year of Publication

2020

49.

Epididymo-orchitis: How a common pediatric condition presents in adults.

Kassapidis V., Rhee D.

Embase

Journal of General Internal Medicine. Conference: Annual Meeting of the Society of General Internal Medicine, SGIM 2020. Birmingham, AL United States. 35(SUPPL 1) (pp S458-S459), 2020. Date of Publication: July 2020.

[Conference Abstract]

AN: 633957445

LEARNING OBJECTIVE #1: Recognize the presentation of epididymo-orchitis in adults
LEARNING OBJECTIVE #2: Assess a patient's risk factors when they present with unilateral testicular swelling
CASE: A 65-year-old man with a history of multiple systems atrophy, BPH, type 2 diabetes, and asthma presented with several days of lethargy. He had subjective fevers, decreased urine output, and worsening cough. A review of systems revealed a one-week history of unilateral testicular swelling and pain in the setting of a chronic Foley. In the ED, the patient was febrile to 102.6F, tachycardic to 133bpm, tachypneic to 20 respirations/minute, hypertensive to 162/68, and saturating 96% on room air. He was toxic-appearing, diaphoretic, with increased work of breathing and waxing and waning mental status. Further examination revealed mild diffuse expiratory wheezing and an enlarged tender scrotum with left sided swelling. His cremasteric reflex was intact bilaterally. Laboratory studies revealed a leukocytosis 44K, Cr 1.35, and lactate 3.64. UA revealed large amounts of leukocyte esterase and 67 WBCs with negative bacteria/nitrites. Scrotal ultrasound demonstrated increased left testicular vascularity consistent with left-sided orchitis. CT abdomen pelvis revealed bilateral hydroceles with increased vascularity of the left testicle supporting ultrasound imaging. The patient decompensated, becoming hypotensive to 90/60s and requiring hemodynamic support in the MICU. He slowly began to improve with broad antibiotic coverage. His blood, urine, and sputum cultures grew no organisms after several days. His presentation was most consistent with septic epididymo-orchitis secondary to infect enteric gram-negative organism and he was discharged home on PO Levaquin. IMPACT/DISCUSSION: Epididymo-orchitis is infrequently encountered. Male patients will typically endorse unilateral testicular pain/swelling and may complain of hematuria, dysuria, and increased urinary frequency. Orchitis in men >35 years old is most commonly due to urinary tract pathogen with STIs more commonly in men <35 years old. The diagnosis of epididymo-orchitis is made clinically. Physical exam reveals tender, swollen, or indurated epididymis, erythematous scrotum or edematous testicle, with an intact cremasteric reflex. Diagnostic workup depends on the suspected cause. Testicular ultrasound is important to rule out testicular torsion. In the case of epididymitis, ultrasound reveals increased blood flow to the affected testis. In rare cases, epididymo-orchitis can present with sepsis. The condition has been more prominently documented in the pediatric population with few cases in older adults.

CONCLUSION(S): Patients presenting with sepsis should be carefully evaluated. While exceptionally rare, sepsis can result from untreated epididymo-orchitis. Risk factors for epididymo-orchitis include a history of recurrent UTIs, prolonged sitting, and BPH. Treatment should be guided based on the suspected organism after obtaining a detailed sexual history.

Place Holder 11

CONFERENCE ABSTRACT

Institution

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Publisher

Springer New York LLC

Year of Publication

2020

50.

Laparoscopic orchiopexy for inguinal palpable cryptorchidism.
You J., Li G., Li S., Chen H.-T., Wang J., Cheng Y.-T., Xu H.-L.

Embase

Zhonghua nan ke xue = National journal of andrology. 25(12) (pp 1093-1096), 2019. Date of Publication: 01 Dec 2019.

[Article]

AN: 631456717

Objective: To investigate the feasibility and advantages of laparoscopic orchiopexy in the treatment of inguinal palpable cryptorchidism.

METHOD(S): This study included 773 cases of inguinal palpable cryptorchidism with 869 undescended testes, 218 on the left, 459 on the right and 96 bilaterally. The patients were aged 6 months to 8 years, averaging 20 months. The surgical procedures involved cutting open the posterior peritoneal wall with the ultrasonic scalpel, dissecting the spermatic cord close to the inferior pole of the kidney, separating the posterior peritoneum from the vas deferens, severing the testicular gubernaculum, pulling the testis back into the abdominal cavity and, with the vas deferens protected, bringing the testis down into the scrotum and getting it fixed.

RESULT(S): All the operations were successfully performed, with an average operation time of 34.8 +/- 5.4 minutes and no conversion to open surgery. Ipsilateral patent processus vaginalis was found in 692 (89.5%) of the 773 cases, and contralateral concealed hernia in 233 (34.4%) of the 677 cases of unilateral cryptorchidism, which were all treated by high ligation of the hernial sac. There was no subcutaneous emphysema intraoperatively or vomiting, abdominal distension, wound bleeding and obvious pain postoperatively. The patients were followed up for 6 to 18 months, during which, regular Doppler ultrasonography revealed that the testes were located in the scrotum with no testicular retraction and atrophy, inguinal hernia or hydrocele.

CONCLUSION(S): Laparoscopic orchiopexy is safe and effective for the treatment of inguinal palpable cryptorchidism, and meanwhile can be used for the detection and management of contralateral concealed hernia and the prevention of metachronous inguinal hernia.

PMC Identifier

32251560 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=32251560>]

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Publisher

NLM (Medline)

Year of Publication

2019

51.

A rare case of large abdominoscrotal hydrocele in a 7-month old infant: Surgical treatment and review of the literature.

Locatelli A., Bernardi M., Carzaniga P.

Embase

Chirurgia (Turin). 32(6) (pp 356-360), 2019. Date of Publication: 2019.

[Article]

AN: 2004932390

We describe the surgical treatment of a large left abdominoscrotal hydrocele (aSh) in a 7-month and 25 days old patient, come to our attention for congenital bilateral hydrocele. ASH is an unusual congenital inguinal abnormality characterized by fluid-filled mass with inguinoscrotal and abdominal components and comprising up to 3.1% of all pediatric hydroceles. Early surgical intervention is recommended because spontaneous resolution is rare and the large size can result in testicular dysmorphism, hydronephrosis, testicular torsion and paratesticular malignant mesothelioma. This paper focuses on the pathogenesis, clinical presentation, diagnostic imaging and surgical details of this rare condition, comparing our experience with the most updated reviewed literature.

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Embase

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Publisher

Edizioni Minerva Medica (E-mail: subscriptions.dept@minervamedica.it)

Year of Publication

2019

52.

Amyand hernia: Scrotal pyocele, associated with perforated vermiform appendix and complicated by testicular ischemia in neonate.

Omran A., Gawrieh B.S., Abdo A., Deeb M.A., Khalil M.A., Shater W.

Embase

Journal of Surgical Case Reports. 2019(9) (no pagination), 2019. Article Number: rjz265. Date of Publication: 01 Sep 2019.

[Article]

AN: 629897521

The presence of vermiform appendix in an inguinal hernia sac is known as Amyand's hernia. This research paper examines the case of a 28-day-old Syrian male presented with a history of an infected right-sided hydrocele from the age of 14 days. Upon admission, ultrasonography was reported as a right testicular torsion. Accordingly, emergency surgical exploration was performed, and by exposing the spermatic cord fascia, 7 mL of pus was drained, revealing the cecum and perforated appendix lying beside the right testis, which showed evidence of ischemia and bluish discoloration.

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Place Holder 11

Embase

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Publisher

Oxford University Press

Year of Publication

2019

53.

Filariasis an Unusual Cause of Retroperitoneal Fibrosis, Hydronephrosis, and Infertility in a Young Adult Male.

Connor M.J., Habib A., Wen D., Kubba F., Raza A.

Embase

Journal of Endourology Case Reports. 5(3) (pp 113-116), 2019. Date of Publication: September 2019.

[Article]

AN: 629316458

Background: Filariasis is a tropical disease caused by infection with nematode parasites of the Filarioidea family. Filariasis is an endemic disease in parts of India, Sub-Saharan Africa, and Southeast Asia. Filariasis is a progressive disease predominantly affecting the lymphoreticular system, which can result in genitourinary complications (hydrocele, scrotal pain, and infertility), lymphedema, and elephantitis. Retroperitoneal fibrosis has a broad etiology, including secondary to chronic infection. Currently an estimated 25 million men are suffering from lymphatic filariasis with urogenital involvement worldwide. Case Presentation: We present a rare case of a 40-year-old man presenting with fever, groin lymphadenopathy, and a history of infertility. Imaging confirmed significant hydronephrosis and retroperitoneal fibrosis. Filariasis serology was positive. Prior bilateral testicular biopsy demonstrated chronic inflammation and atrophy. Disease course was not improved by empirical eradication and supportive retrograde ureteral stenting. The patient developed elephantitis and progressive retroperitoneal fibrosis leading to a solitary functioning right kidney with nephrostomy.

Conclusion(s): Urologists should be aware of index presentations of filariasis and its associated urological complications, particularly in the travelling adult population in whom the etiology of renal impairment and infertility remains unclear.

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2019

54.

Laparoscopic Percutaneous Extraperitoneal Internal Ring Closure for Pediatric Inguinal Hernia: 1,142 Cases.

Wang Y.-J., Zhang Q.-L., Chen L., Lin Y., Zhang J.-Q., Wu D.-M., Huang W.-H., Zhou C.-M.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 29(6) (pp 845-851), 2019. Date of Publication: 01 Jun 2019.

[Article]

AN: 628040482

Purpose: The purpose of this study was to summarize the clinical experience of the laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for the treatment of inguinal hernias.

Method(s): There were 1,142 children with an isolated inguinal hernia who participated in this study from January 2013 to May 2018. An epidural needle was used to treat the indirect inguinal hernia with laparoscopic assistance. Symptoms and signs were followed up at 1 week, 3 months, and every 1-2 years after the operation.

Result(s): All 1,142 children underwent laparoscopic surgery successfully. All patients were discharged 1-2 days after the operation. During the hospitalization and follow-up, there were 21 patients with complications, including 6 cases of hernia recurrence, 7 cases of poor healing of the umbilical incision, 5 cases of suture granuloma and 3 cases of groin traction pain discomfort.

None of the following complications occurred: abdominal wall vascular injury, deferent duct injury, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, hydrocele, or scrotal oedema.

Conclusion(s): Laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle is a safe and feasible method for the treatment of inguinal hernias in children.

This method has the advantages of less trauma, no scarring and a good cosmetic effect.

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PMC Identifier

31009311 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31009311>]

Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2019

55.

Single-Site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with Inguinal Hernia.

Zhang J.-Q., Zhang Q.-L., Chen L., Lin Y., Wang Y.-J., Wu D.-M., Zhou C.-M.

Embase

Medical Science Monitor. 25 (pp 4469-4473), 2019. Date of Publication: 2019.

[Article]

AN: 2002292974

Background: This study evaluated the safety and effectiveness of single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with inguinal hernia. Material/Methods: We retrospectively analyzed clinical data of 542 children with inguinal hernia who underwent single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle at our hospital from June 2014 to June 2017.

Result(s): All patients successfully underwent surgery and none were converted to conventional surgery. Abdominal vascular injury, vasectomy injury, testicular vascular injury, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, hydrocele, hernia recurrence, and scrotal edema were not reported during the perioperative period. A follow-up of these patients was performed for

1224 months. During the follow-up period, umbilical hernia, iatrogenic cryptorchidism, testicular atrophy, and hydrocele were not noted, but 3 cases of hernia recurrence were found.

Conclusion(s): The single-site laparoscopic percutaneous extraperitoneal closure of the internal ring using an epidural needle for children with inguinal hernia is safe and effective, and this procedure has the advantages of minimal trauma, no scarring, and good cosmetic effect.

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PMC Identifier

31203307 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=31203307>]

Place Holder 11

Embase

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Publisher

International Scientific Information, Inc. (E-mail: iza.pranga@isl-science.com)

Year of Publication

2019

56.

Bilateral inguinal lipoblastomas presenting as inguinal hernias.

Shields L.B.E., FitzGibbon T.M., Peppas D.S., Rosenberg E.

Embase

Urology Case Reports. 26 (no pagination), 2019. Article Number: 100961. Date of Publication: September 2019.

[Article]

AN: 2002304139

Lipoblastomas are rare, encapsulated tumors arising from embryonic white fat. They primarily occur in infancy and early childhood and have a male predominance. Lipoblastomas are usually located on the trunk and extremities although may develop on the head and neck, mediastinum, abdomen, and retroperitoneum. They are seldom encountered in the inguinal region. A complete resection of the tumor followed by diligent postoperative imaging are essential to detect recurrent disease in its earliest stage. Herein, we report the first case in the literature of a 1-year-old boy with bilateral inguinal lipoblastomas which presented as inguinal hernias.

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Place Holder 11

Embase

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(Peppas, Rosenberg) Norton Children's Urology, Norton Healthcare, Louisville, KY 40207, United States

Publisher

Elsevier Inc

Year of Publication

2019

57.

Ultrasound of the inguinal canal in children: A pictorial essay.

Teo E.L.H.

Embase

Ultrasound. Conference: 50th Annual Scientific Meeting of the British Medical Ultrasound Society. Manchester United Kingdom. 27(2) (pp NP44), 2019. Date of Publication: 2019.

[Conference Abstract]

AN: 633779577

The objectives of this essay are to illustrate the anatomy of the inguinal canal on ultrasound and to familiarize the reader with pathologies that may be encountered in the paediatric inguinal canal. The inguinal canal is a passage that extends inferiorly and medially through the inferior part of the abdominal wall. The spermatic cord in males and the round ligament in females pass through the canal. The patent processus vaginalis (PV) is an embryonic developmental outpouching of the peritoneum that passes through the inguinal canal and usually closes by two months of age. Failure of closure results in an abnormal communication between the peritoneal cavity and the scrotum in males, and the labia majora in females. This may result in a number of conditions whose imaging findings will be shown in this poster. A patent processus vaginalis in females is known as the Canal of Nuck. This poster illustrates the anatomy of the inguinal canal. The ultrasound findings of a wide range of pathologies such as inguinal hernias containing incarcerated bowel, omentum, ovaries, uterus, the appendix and Meckel's diverticulum, as well as pathologies such as testicular torsion, cryptorchidism and hydrocoeles- communicating and non-communicating .are be shown. After reviewing this poster the reader will be familiar with the ultrasound anatomy of the inguinal canal and as well as the imaging findings of pathologies that may occur within it.

Place Holder 11

CONFERENCE ABSTRACT

Institution

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Publisher

SAGE Publications Ltd

Year of Publication

2019

58.

Single port needlescopic lymphatic sparing varicocele ligation in children using mediflex instrument: A new technique.

Ismail Lotfallah M.A., Fawzy A.H., Maged M., Shams A.

Embase

Surgical Endoscopy. Conference: 27th International Congress of the European Association for Endoscopic Surgery, EAES27th International Congress of the European Association for Endoscopic Surgery, EAES. Seville Spain. 33(2 Supplement) (pp S523), 2019. Date of Publication: 2019.

[Conference Abstract]

AN: 632125521

Background: varicocele is one of the most common causes of infertility. Many surgical interventions are used for varicocele ligation including open and conventional laparoscopic multiport or single incision techniques. The aim of the study is to present a new Needlescopic lymphatic sparing varicocele ligation using Mediflex facial closure needle and 14 gauge vascular access cannula.

Material(s) and Method(s): twenty-two male children with bilateral varicocele of grade II-III. All children were counseled by Clinical examination, Doppler ultrasonography, abdominal ultrasonography, and routine laboratory investigations. Testicular lymphatics were delineated by subcutaneous injection of 1/2 cm³ methylene blue in anterior wall of the scrotum 20 min prior to surgery. The testicular vessels (both vein and artery) were ligated one cm above the deep inguinal ring using two Mediflex needles with preservation of lymphatics. The main outcome measurements included; operative time, hospitalization, testicular atrophy, hydrocele formation, recurrence of varicocele and intra or postoperative complication.

Result(s): a total of twenty-two male children with grade II-III varicocele subjected to needlescopic lymphatic sparing technique. Twenty one were bilateral. 15 cases were grade III and 7 cases were grade II. Patient's age ranged between 8 and 16 years (mean 11.86 years +/- 2.96). The mean operative time was 32.59 +/- 9.42 min. The mean hospital stay period was 1.77 +/- 0.75 days. No single case of conversion to either open or multiport laparoscopic technique. No intra-operative complications. One case complicated by hydrocele which resolved by expectant treatment. Excellent cosmetic results were gained with good family satisfaction. Testicular volume measurements proved absence of testicular atrophy. Recurrence was detected in only one case, treated by selective embolization of abnormal communicating vein to the cremasteric veins.

Conclusion(s): This study proved that needlescopic varicocele ligation technique is safe, effective, reproducible, less time consuming with fantastic minimally invasive cosmetic results.

Place Holder 11

CONFERENCE ABSTRACT

Institution

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Pediatric Surgery, Beni Suef University, BENI SUEF, Egypt

Publisher

Springer

Year of Publication

2019

59.

Scrotal gallstones: A not-so-silent gallbladder perforation with streptococcus sanguinis peritonitis. Shenoy A., Stratton L., Buerlein R.C., Henry Z.

Embase

American Journal of Gastroenterology. Conference: 2019 Annual Scientific Meeting and Postgraduate Course of the American College of Gastroenterology, ACG 2019. San Antonio, TX United States. 114(Supplement) (pp S1367), 2019. Date of Publication: October 2019.

[Conference Abstract]

AN: 630840096

INTRODUCTION: Gallbladder perforation (GBP) is rare and potentially life-threatening. Diagnosis is difficult, and high index of suspicion should be maintained for a patient presenting with cholecystitis. Prompt operative consideration for GBP is recommended. Gallstone disease is more common in patients with cirrhosis, though risk of morbidity and mortality with surgery is often high. We present a case of GBP complicated by peritonitis to illustrate the complexity of managing this condition in a patient with comorbid cirrhosis. CASE DESCRIPTION/METHODS: A 58 year-old man with alcohol-related cirrhosis (Child Pugh C) presented with fatigue, abdominal pain 2 weeks after a large volume paracentesis (LVP), LLQ approach with US. He was afebrile with a distended abdomen, jaundice, and lower quadrant tenderness. Ascitic fluid analysis showed 27 k/mL WBC with 90% neutrophils, initially concerning for peritonitis secondary to bowel perforation from the recent LVP. CT imaging was consistent with gallstones in the pelvic ascites fluid, and a large left hydrocele with stones in the scrotal sac (Figures 1-3). Diagnosis was presumed peritonitis secondary to GBP, though ultrasound and HIDA scan were negative for a

gallbladder wall defect or active bile leak. Peritoneal fluid cultures grew *Streptococcus sanguinis*, and the patient improved with IV antibiotics. Repeat LVP and fluid analysis showed reduced WBC count. Cholecystectomy and peritoneal washout were deferred due to surgical risks in the setting of decompensated cirrhosis. Unfortunately, he developed mixed septic/hemorrhagic shock from a duodenal ulcer bleed and expired shortly thereafter. **DISCUSSION:** This case exemplifies the complexity in diagnosing and managing GBP in a patient with decompensated cirrhosis. Were it not for his high peritoneal fluid WBC and recent LVP prior to admission, it would be reasonable to suspect spontaneous bacterial peritonitis, CT imaging would be deferred and his GBP unrecognized. Therefore, maintaining high suspicion for GBP in a cirrhotic patient with severe peritonitis or concern for cholecystitis is recommended to avoid complications of GBP. This case also highlights the difficulty in treating GBP, or any symptomatic gallstone disease, in a decompensated cirrhotic where surgery is high risk. This patient's initial stability and decompensated cirrhosis led to deferral of operative consideration, leaving his peritoneal stones as a nidus for infection. His GI bleed was felt to be unrelated, but his septic shock expedited his decompensation. (Figure Presented).

Place Holder 11

CONFERENCE ABSTRACT

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(Buerlein, Henry) University of Virginia Digestive Health Center, Charlottesville, VA, United States

Publisher

Wolters Kluwer Health

Year of Publication

2019

60.

Varicocele.

Citone M.

Embase

CardioVascular and Interventional Radiology. Conference: Cardiovascular and Interventional Radiological Society of Europe (CIRSE) 2019. Barcelona Spain. 42(3 Supplement) (pp S114-S115), 2019. Date of Publication: August 2019.

[Conference Abstract]

AN: 629258919

Learning Objectives 1. To understand the pathophysiology behind the disease 2. To get to know the technique step-by-step 3. To learn about the success rate and alternative treatments

Varicocele is defined as a dilation of veins within the pampiniform plexus and represent one amongst the more common conditions among male population being reported in up to 20% of general male population and in up to 40% of infertile population. (1) The etiology of primary varicocele is still unclear but believed to be multifactorial. Various theories have been proposed, including anatomical variations, congenital valvular absence or valvular incompetence, and venous obstruction. These anatomical variations result in longer blood column and greater hydrostatic pressure in the spermatic veins. Congenital valvular absence / incompetence is also believed to facilitate venous reflux in the pampiniform plexus. Secondary varicocele can result from compression or obstruction of the venous drainage by pelvic, abdominal, or renal tumors. Due to anatomic causes left sided varicocele is 10 times more common than right sided, being bilateral condition reported in 10% cases and isolated right sided varicocele in 1%. (2,3) Indications for the treatment of varicoceles include infertility, orchalgia and testicular atrophy in the pediatric/adolescent population. Additional indications include young men with a palpable varicocele, regardless of semen parameters, and adult men with varicoceles and altered semen parameters, regardless of whether they are currently attempting to conceive. Literature data show

evidence indicating that varicocele is associated with abnormal semen parameters, testicular atrophy, and Leydig cell dysfunction. Leading theories for the development of these symptoms include elevated scrotal temperature, hypoxia secondary to venous stasis, and reflux of renal and adrenal metabolites.(4,5) Diagnosis of varicocele is grounded on physical examination and confirmed by ultrasound examination with Eco-Color-Doppler (ECD) analysis usually demonstrating dilated peritesticular veins coupled with reflux into the pampiniform plexus during the Valsalva manoeuvre. (6) Several different surgical procedure have been described for the treatment of varicocele. Open surgical varicocelectomy can be performed according to Palomo technique (high retroperitoneal ligation of spermatic vessels), or with inguinal or subinguinal incision. More recently also laparoscopic approach has been reported. Those techniques require general anaesthesia. Common complications are hydrocele, inadvertent arterial ligation, testicular atrophy, vas deference occlusion, and epidymitis. The recurrence rate of traditional surgical procedures ranges between 0 and 37% (7) Initial report of percutaneous treatment of varicocele date back in 1978. Since then, many works have published reporting favourable results with endovascular approach. Usually retrograde varicocele embolisation is performed on outpatient basis with local anaesthesia /mild sedation. Most commonly employed access are the right common femoral or brachial vein. The latter being increasingly used, especially in right sided varicocele. Before retrograde sclerotherapy, diagnostic phlebography study of the spermatic vein is performed. Advantages of percutaneous varicocele embolization include precise anatomic delineation of the complex venous collaterals. Subsequently a catheterisation of the more distal part of the SV is performed with gentle advancement of hydrophilic wire or with micro-catheter for extremely tortuous vessel. Than in order to achieve venous occlusion a variety of embolic agents could be employed. Amongst most frequently used there are mechanical agents, mostly coils, sclerosant agents (polidocanol) or glue (n-butyl cyanoacrylate). It is also described the use of combination of coils with sclerosant agent as well as some variation in the technique of injection of sclerosant agent through an inflated ballon occlusion catheter. (8,9) Overall reported technical success in achieving spermatic vein occlusion is more than 90% regardless of the embolic employed. Technical procedural failure is mainly due to inability to perform spermatic vein catheterisation and is more frequently reported for right sided varicocele. Overall embolization-related complications were reported in less than 2% and mainly concern coil migration, venous dissection/perforation, liquid embolic agent migration in the pulmonary circulation or phlebitis of the peritesticular plexus and pain. Recurrence rate is reported to be lower than in the surgical series and has been found to range from 3% to 11% in the published literature. Recurrent and persistent varicocele may occur after surgical and radiological treatment. Percutaneous embolization has proven to be successful in the management of recurrent varicocele and it is considered the treatment of choice after surgical recurrence/ failure. (10,11,12, 13) Outcomes of varicocele treatment in terms of fertility rate remain debate matter. Although some authors report unclear correlation between treatment of varicocele and improved fertility, recent literature data have demonstrated clear association between varicocele treatment, including embolization, and significant improvement in semen parameters as well as increased spontaneous pregnancy rates compared with non-intervention. Spontaneous pregnancy rate are reported in up to 33% of the treated patients and semen parameters resulted in a 15% improvement in sperm count and in sperm motility after embolisation. (14, 15) In conclusion percutaneous embolization represents a valuable option in the management of varicocele. Regardless of the employed embolic agent the technical success is high and the complication rate is low. Controversy still exist on the correlation between treatment of varicocele and improved fertility although recent data seem to support an increased pregnancy rate after varicocele treatment.

Place Holder 11

CONFERENCE ABSTRACT

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Publisher

Springer New York LLC

Year of Publication

2019

61.

Giant abdomino scrotal hydrocele: a case report with literature review. [Review]

Latabi A, Lakmichi MA, Dahami Z, Moudouni MS, Sarf I

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

The Pan African medical journal. 31:213, 2018.

[Case Reports. Journal Article. Review]

UI: 31447972

Abdomino scrotal hydrocele (ASH) is a condition in which the hydrocele sac is extended beyond the scrotum to the abdomen via the inguinal canal. The treatment is ordinarily surgical. Different approaches have been described like paramedian laparotomy, an inguinal or inguino scrotal approach. We report a case of giant unilateral hydrocele in an 18 year old male, occupying a large part of the abdomen with urinary symptoms. Ultrasonography and CT showed typical cystic mass in hourglass shape that we have approached surgically by scrotal incision and we removed all the cyst. Pathological examination found a hydrocele with no signs of malignancy. Urinary symptoms disappeared postoperatively. This is a rare entity that evolves often painless and little reported in the literature. The etiology and pathogenesis of this disease is discussed.

Version ID

1

Place Holder 11

MEDLINE

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6691311>

Year of Publication

2018

62.

Does the laparoscopic treatment of paediatric hydroceles represent a better alternative to the traditional open repair technique? A retrospective study of 1332 surgeries performed at two centres in China.

Zhang Y, Chao M, Zhang X, Wang Z, Fan D, Zhang K, Cai Y, Liang C

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Hernia. 22(4):661-669, 2018 08.

[Comparative Study. Journal Article. Multicenter Study]

UI: 29243214

PURPOSE: To evaluate the safety, efficacy and merits of laparoscopic repair in children with hydroceles by comparing the outcomes of laparoscopic repair and the traditional open repair (OR) procedure. The outcomes of the following three laparoscopic percutaneous extra-peritoneal closure (LPEC) approaches were also compared: conventional two-port surgery, transumbilical single-site two-port surgery and single-port surgery.

METHODS: We retrospectively compared the demographic, perioperative and follow-up data from the consecutive records obtained for 382 boys who underwent OR and 950 boys who underwent LPEC at two children's medical centres in China. In the LPEC group, regardless of the hydrocele form, one of the three approaches with percutaneous aspiration was performed: conventional two-port surgery was performed in 387 cases, single-site two-port surgery was performed in 468 cases and single-port surgery was performed in 95 cases. The clinical data and complications were statistically analysed.

RESULTS: Postoperative follow-up data were obtained for all the patients. The mean follow-up time was 36 months (24-48 months) in the OR group and 32.5 months (20-44 months) in the LPEC group. Significant differences in recurrence were not observed between the groups (five in the OR and 10 in the LPEC; $P = 0.69$). However, the operation time, postoperative hospital stay, incidence of scrotal oedema, incision infection and contralateral metachronous hernia or hydrocele were significantly higher in the OR group than those in the LPEC group ($P < 0.01$).

Eighteen children (4.71%) had a negative exploration of the patent processus vaginalis (PPV) in the OR group. Fourteen children (1.47%) in the LPEC group had a closed internal ring and were converted to a scrotal procedure. Significant differences in the clinical data or complications were not observed between the two centres for the laparoscopic procedure ($P > 0.05$). Contralateral PPV (cPPV) was found in 18 patients in the single-port group (18.9%). Of the patients affected with cPPV, significant differences were observed between the single-port group and the two-port LPEC group (122 patients, 31.5%, $P = 0.016$) and the single-site two-port group (the 148 patients, 31.6%, $P = 0.013$). A contralateral metachronous hernia or hydrocele was found in zero, zero and two cases in these groups, respectively, and significant differences were observed ($P < 0.01$) between the single-site surgery and the other two laparoscopic approaches.

CONCLUSIONS: LPEC is safe, feasible and effective for treating hydroceles in children and has the same recurrence rate as OR. However, LPEC is superior in operation time, hospital stay, occurrence of scrotal oedema, incision infection and occurrence of metachronous hernia or hydrocele. The transumbilical single-site two-port procedure has the same cosmetic effect as the single-port LPEC. According to our experience, the two-port LPEC approach is better for diagnosing cPPV and reducing metachronous hernia or hydrocele than the single-port LPEC procedure.

Version ID

1

Place Holder 11

MEDLINE

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Liang, C. Department of Urology, The First Affiliated Hospital of Anhui Medical University, Hefei, 230022, Anhui, China.
PMC Identifier
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6061066>
Year of Publication
2018

63.

A challenging abdomino-scrotal hydrocele-successful resolution with the help of interventional radiology guided sclerosis.

Rassam J, Healey AE, Wood SJ, Corbett HJ

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Journal of Surgical Case Reports. 2018(9):rjy232, 2018 Sep.

[Case Reports]

UI: 30214710

Abdomino-scrotal hydrocele is a rare condition that presents in male infants. There is no consensus in the literature over treatment. We present the case of a 4-year-old boy with what was thought to be a straight forward congenital hydrocele that persisted despite ligation of a patent processus vaginalis and a Jaboulay procedure. A subsequent Magnetic Resonance Imaging scan identified a large intra-abdominal component connecting to the scrotum. Laparoscopic excision of the intra-abdominal component was performed successfully, but the hydrocele persisted. The hydrocele resolved without complication following two episodes of image intensifier guided sclerotherapy carried out by the interventional radiology team.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131970>

Year of Publication

2018

64.

Effectiveness of Laparoscopy in the Treatment of Pediatric Hydrocele: A Systematic Review.

Jin Z., Wang F.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 28(12) (pp 1531-1539), 2018.

Date of Publication: December 2018.

[Article]

AN: 625489711

Objective: To conduct a systematic review of the published studies concerning laparoscopic pediatric hydrocele (PH) repair and summarize the surgical details and operative outcomes of this procedure.

Material(s) and Method(s): A PubMed search was performed for all studies concerning laparoscopic repair of hydrocele in children. The search strategy was as follows: (laparoscop* OR coelioscop* OR peritoneoscop* OR laparoendoscop* OR minilaparoscop*) AND hydrocele* AND (child* OR pediatric*). Inclusion criteria included (1) children with hydrocele as the study participant; (2) laparoscopic PH repair as the main surgical procedure; and (3) operation time and complications as the outcomes of interest. Reviews, studies with insufficient information or reporting the outcomes of abdominoscrotal hydrocele, and duplicate patient series were excluded.

Result(s): Overall, 20 studies fulfilled the inclusion criteria of this review and 15 studies were included in the final analysis. These studies comprised at least 2920 patients undergoing laparoscopic repair for various PH subtypes, of which most were conducted in Asia. Most authors repaired PH laparoscopically through an extraperitoneal approach, while only a few studies applied a laparoscopic intraperitoneal method. The majority of the studies used nonabsorbable sutures to ligate hydrocele sac, while very few studies used absorbable materials. Hydrocele sac was resected or transected in only five studies, but left alone in the majority. Mean operation time was between 15.6 and 43.2 minutes for unilateral laparoscopic PH repair and between 16.9 and 53.2 minutes for bilateral surgery. Operative complications were not very common, with a highest recurrence/persistence incidence of 1.4%. Subgroup analysis showed that hydrocele subtype, surgical approach, suture material, and management of hydrocele sac did not significantly influence the operative complications.

Conclusion(s): laparoscopic PH repair seems to be a safe and effective procedure. Given the limitations of this review, our conclusion needs to be confirmed by more well-designed studies.

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PMC Identifier

30063415 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30063415>]

Place Holder 11

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Publisher

Mary Ann Liebert Inc. (E-mail: info@liebertpub.com)

Year of Publication

2018

65.

Choroid plexus hyperplasia with intractable ascites and a resulting communicating hydrocele following shunt operation for hydrocephalus.

Hori Y.S., Nagakita K., Ebisudani Y., Aoi M., Shinno Y., Fukuhara T.

Embase

Pediatric Neurosurgery. 53(6) (pp 407-412), 2018. Date of Publication: 01 Dec 2018.

[Article]

AN: 623842479

Choroid plexus hyperplasia/papilloma and resulting hyperproduction of cerebrospinal fluid is a rare cause of hydrocephalus. In these patients, intractable ascites can occur after a ventriculo-peritoneal (VP) shunting operation. However, shunt-related hydrocele is a rare complication of VP shunting. Previous reports have indicated catheter-tip migration to the scrotum as a cause of hydrocele. Here, we present the first documented case of choroid plexus hyperplasia that led to intractable ascites after shunting and a resulting hydrocele without catheter-tip migration into the scrotum.

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PMC Identifier

30157489 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30157489>]

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Publisher

S. Karger AG

Year of Publication

2018

66.

Prepubertal testicular tumors in China: a 10-year experience with 67 cases.

Wu D., Shen N., Lin X., Chen X.

Embase

Pediatric Surgery International. 34(12) (pp 1339-1343), 2018. Date of Publication: 01 Dec 2018.

[Article]

AN: 624802673

Aim: Prepubertal testicular tumors are rare in children. We aim to present clinical and histological features of prepubertal testicular tumors through the analysis of the long-term experiences of a single medical center of China.

Material(s) and Method(s): A total of 67 children (<= 14 years) treated for testicular tumor at our institution from 2005 to 2015 were retrospectively reviewed. Data relating the clinical characteristics, histopathology findings, serum tumor markers, treatment method, and outcome were collected.

Result(s): The patients' median age at diagnosis was 18 months (range 3-168 months), and 49 cases (73.1%) were diagnosed at age younger than 3 years. The most common clinical presentation was a painless scrotal mass or swelling. Regarding histology, 32 (47.8%) were teratomas and only one of these tumors presents immature teratomas, 20 (29.9%) were yolk sac tumors, 9 (13.4%) were epidermoid cyst, 1 (1.5%) was a Leydig cell tumor, 1 (1.5%) was a mixed malignant germ cell tumor, and 4 (8.3%) were paratesticular tumors. For germ cell tumors, the mean preoperative serum alpha-fetoprotein (AFP) level was significantly higher in patients with yolk sac tumor than in those with teratomas (2,078 ng/mL vs 5.7 ng/mL). Of all these patients, 37 (55.2%) were treated with radical inguinal orchiectomy and testis-sparing surgery was planned and achieved in 30 (44.8%). Surveillance was performed in 60 patients. None of the patients developed recurrence or testicular atrophy after appropriate treatment.

Conclusion(s): The majority of our cases were benign, with the most common histopathological subtype being teratoma. A testis-sparing procedure should be performed in children with a

palpable testicular mass and negative tumor markers. This study shows a better outlook for prepuberty patient with testicular tumors than their adult counterparts.

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PMC Identifier

30324570 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30324570>]

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Embase

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Publisher

Springer Verlag (E-mail: service@springer.de)

Year of Publication

2018

67.

Perforated necrotising enterocolitis presenting as a rapidly expanding abdominal mass in a preterm neonate.

Charlesworth C.L., Paize F., Kewley K.A.

Embase

Archives of Disease in Childhood: Fetal and Neonatal Edition. 103(6) (pp F529), 2018. Date of Publication: 01 Nov 2018.

[Note]

AN: 623740372

PMC Identifier

30097522 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30097522>]

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Publisher

BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)

Year of Publication

2018

68.

Cerebrospinal fluid hydrocele caused by scrotal migration of a ventriculoperitoneal shunt.

Nawaz A., Chaudhry M.B.H., Mirza W.A.

Embase

BMJ Case Reports. 2018 (no pagination), 2018. Article Number: 224698. Date of Publication: 2018.

[Article]

AN: 624327411

A 6-month-old boy presented with painless right hemiscrotal swelling. The scrotal ultrasound revealed a cerebrospinal fluid hydrocele caused by the migration of a ventriculoperitoneal shunt (VPS) catheter tip into the right hemiscrotum and associated undescended left testis. Earlier, he underwent a VPS placement for hydrocephalus secondary to neonatal bacterial meningitis and ventriculitis. The patient was treated with bilateral herniotomy, left-sided orchidopexy and repositioning of VPS into the peritoneal cavity.

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PMC Identifier

30317190 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=30317190>]

Place Holder 11

Embase

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Publisher

BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)

Year of Publication

2018

69.

Abdominal Complications of Ventriculoperitoneal Shunt in Pediatric Patients: Experiences of a Pediatric Surgery Clinic.

Burhan B., Serdar K.B., Abdurrahman A., Edip A.M., Ebuzer D.

Embase

World Neurosurgery. 118 (pp e129-e136), 2018. Date of Publication: October 2018.

[Article]

AN: 2000961062

Objective: To relate the experiences of a pediatric surgery clinic in diagnosis and treatment of abdominal complications related to ventriculoperitoneal shunts (VPSs) in pediatric patients who had VPSs implanted to treat hydrocephalus.

Method(s): Patients admitted to the Pediatric Surgery Department of Van Yuzunciyil University Faculty of Medicine between April 2013 and December 2017 who had VPSs implanted and subsequently developed abdominal complications were reviewed retrospectively. Demographic information, surgery dates, time intervals between surgery and development of abdominal complication, complication types and applied treatments, and follow-up durations were recorded.

Result(s): There were 16 patients (6 girls, 10 boys) with a mean age of 3 years (range, 1 month to 8 years) reviewed. Complications following VPS implantation included abdominal pseudocyst, anal protrusion, volvulus, peritonitis, abdominal distention, and herniation. Complications were treated successfully with contemporary surgical methods. No issues during long-term postoperative follow-up were identified.

Conclusion(s): VPS implantation can result in abdominal complications with a wide range of clinical presentations. Predicting which abdominal complications might occur in children with VPSs can be lifesaving with early diagnosis and treatment.

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PMC Identifier

29959071 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=29959071>]

Place Holder 11

Embase

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(Serdar) Pediatrics Department, Van Lokman Hekim Hospital, Van, Turkey
Publisher
Elsevier Inc. (E-mail: usjcs@elsevier.com)
Year of Publication
2018

70.

Infant with recurrent ventriculoperitoneal shunt migration to right scrotum.

Paterson A., Ferch R.

Embase

Journal of Clinical Neuroscience. 51 (pp 65-66), 2018. Date of Publication: May 2018.

[Article]

AN: 2000462649

Migration of the distal catheter of a ventriculoperitoneal shunt to the scrotum is a documented but rare event. We present a case in which a 13 month old infant with hydrocephalus had recurrent migration of the peritoneal catheter to the right scrotum associated with a developing hydrocele. The patient underwent two revision operations and the distal catheter was ultimately shortened. He later underwent bilateral inguinal hernia repairs.

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PMC Identifier

29483007 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=29483007>]

Place Holder 11

Embase

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(Paterson, Ferch) Department of Neurosurgery, John Hunter Hospital, Newcastle, Australia

Publisher

Churchill Livingstone

Year of Publication

2018

71.

An unusual case of abdominoscrotal swelling in a young patient-hydrocele en bissac.

Samad S.A., Phatak S.V.

Embase

Journal of Clinical and Diagnostic Research. 12(11) (no pagination), 2018. Date of Publication: November 2018.

[Article]

AN: 624873194

An abdominoscrotal hydrocele is a rare clinical entity in which there is a large hydrocele that extends from the scrotum into the abdominal cavity through the inguinal canal in an hourglass fashion. It is a condition usually affecting children and is infrequently seen in adults. Unilateral involvement is more common than bilateral. Authors hereby report an unusual presentation of

abdominoscrotal hydrocele at an age of 27 years, presented with gradually progressing abdominal mass and bilateral scrotal swelling.

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Publisher

Journal of Clinical and Diagnostic Research (No 3, 1/9 Roop Nagar,GT Karnal Road, Delhi 110007, India)

Year of Publication

2018

72.

Daikenchuto prevention of postoperative ileus after retroperitoneal lymph node dissection in advanced childhood testicular yolk sac tumor.

Johnin K., Takahashi K., Kawauchi A.

Embase

Traditional and Kampo Medicine. 5(2) (pp 113-115), 2018. Date of Publication: October 2018.

[Article]

AN: 620929437

Case: A 2-year-old boy with advanced testicular yolk sac tumor needed adjuvant chemotherapy immediately after retroperitoneal lymph node dissection. From postoperative day 1, daikenchuto (DKT) was given transrectally and orally.

Outcome(s): On postoperative day 7, the patient underwent adjuvant chemotherapy without having postoperative ileus. He has been free from disease recurrence for 8 years after completion of the final chemotherapy without developmental or gait disturbance.

Conclusion(s): To prevent postoperative ileus, it is feasible for DKT to be given transrectally and orally even in small children.

Copyright © 2018 Japan Society for Oriental Medicine and Medical and Pharmaceutical Society for WAKAN-YAKU

Place Holder 11

Embase

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Publisher

Wiley-Blackwell Publishing Ltd (E-mail: info@royensoc.co.uk)

Year of Publication

2018

73.

Acute appendicitis complicated by necrotizing fasciitis in a teenager.

Kauffman J.D., O'Brien M., Snyder C.W., Rottgers S.A., Rideout D.A., Chandler N.M.

Embase

Journal of Pediatric Surgery Case Reports. 37 (pp 77-82), 2018. Date of Publication: October 2018.

[Article]

AN: 2001039259

Necrotizing fasciitis is a rare complication of appendicitis in children and is associated with significant morbidity and mortality. We present the case of a 16-year-old male who presented with perforated appendicitis and subsequently developed necrotizing fasciitis of the abdominal wall and perineum. His seven-week hospital course was notable for 16 trips to the operating room, which culminated in staged, complex abdominal wall repair. Ultimately he was discharged home in good condition. The case is remarkable for the extent of soft tissue damage and complexity of repair precipitated by an uncommon complication of a common pediatric disease.

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Embase

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Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2018

74.

Abdominoscrotal hydrocele: A systematic review and proposed clinical grading.

Gadelkareem R.A.

Embase

African Journal of Urology. 24(2) (pp 83-92), 2018. Date of Publication: June 2018.

[Review]

AN: 2000827318

Introduction: Abdominoscrotal hydrocele is a rare hydrocele variant in pediatrics and adults. Besides the historical concerns, controversies in etiology and management of abdominoscrotal hydrocele warrant studying. Subjects and methods: A systematic review was conducted based on a multilingual search of the world literature of abdominoscrotal hydrocele through electronic engines (Google Scholar and MEDLINE/PubMed). The demographic and clinical characteristics are critically addressed and a clinical grading system is proposed.

Result(s): From the 487 delivered articles, 320 articles were eligible to this review including only 21 case series. They delivered 579 abdominoscrotal hydrocele cases. Abdominoscrotal hydrocele affects pediatrics more than adults with significantly increased rate of reporting in the last decades. Full or incomplete case descriptions were found in 558 cases versus 21 cases with deficient description. Abdominoscrotal hydrocele has been reported from 45 countries and India has the highest rate. Eight proposed hypotheses were differentiated for etiology and grouped according to the direction of fluid formation and hydrocele growth. Associated congenital anomalies include contralateral hydroceles and cryptorchidism. Complications result from compression, hemorrhage, infection, torsion, and coincident malignancy. A clinical grading system considering the increased anatomical, pathological or clinical complexities has been

proposed and provided two categories; simple and complex abdominoscrotal hydroceles with further sub-classes.

Conclusion(s): Abdominoscrotal hydrocele is rare, but the number of the reported cases is far larger than the previously reported numbers. Etiology follows multiple hypotheses and management is speculative. Proposed clinical grading may support differentiation of severity of the associated cumulative risks.

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Embase

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Publisher

Pan African Urological Surgeons Association(PAUSA) (E-mail: sunnydoodu@yahoo.com)

Year of Publication

2018

75.

Abdominoscrotal hydrocele: A rare cause of a cystic abdominal mass in children.

Singh G., Pandey A., Verma A., Gupta A.

Embase

Formosan Journal of Surgery. 51(2) (pp 88-90), 2018. Date of Publication: March-April 2018.

[Article]

AN: 621908529

Abdominoscrotal hydrocele (ASH) is a rare cause of cystic abdominal and scrotal mass in children. A timely diagnosis is important because appropriate surgical treatment is important. We encountered a patient who presented with scrotal swelling and later turned out to be a patient of ASH. The case is being presented with review of relevant literature.

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Place Holder 11

Embase

Institution

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Publisher

Medknow Publications (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

2018

76.

Serum anti-mullerian hormone (AMH) concentrations and reduced appendix testis estrogen receptor expression in cryptorchidism.

Panagidis A., Kourea H., Sinopidis X., Kostopoulou E., Rojas-Gil A.P., Skiadopoulos S., Georgiou G., Spiliotis B.E.

Embase

Hormone Research in Paediatrics. Conference: 57th Annual Meeting of the European Society for Paediatric Endocrinology, ESPE 2018. Athens Greece. 90(Supplement 1) (pp 553-554), 2018.

Date of Publication: September 2018.

[Conference Abstract]

AN: 630606022

Objective: AMH causes fetal paramesonephric duct regression and is involved in testicular development and function. Sertoli cell AMH remains high during childhood until puberty. The appendix testis (AT), a remnant of the paramesonephric duct, contains both androgen and estrogen receptors. AT androgen receptors have been reported to play a role in embryonic testicular descent. The AT is commonly resected during orchiopexy and abdominal surgery as possible torsion in the future may cause an acute scrotum. Our study aimed to assess AMH concentrations together with the expression of AT androgen and estrogen receptors in cryptorchidism.

Method(s): The study included 52 boys, 31 patients with cryptorchidism (PC) and 21 healthy control boys with orthotopic testes who underwent surgery for hydrocele. Plasma AMH was measured using a chemiluminescent enzyme immunoassay. The appendix testis was surgically resected from all the boys studied. AT androgen and estrogen receptor expression was assessed with immunohistochemistry using the monoclonal antibody R441 for the androgen receptors and monoclonal antibody MAB463 for the estrogen receptors. For the estimation of the receptors' expression the Allred Score method was used. Statistical analysis was performed with Mann-Whitney kappaalphi Spearman's rs tests.

Result(s): AMH concentrations showed statistically significant differences between patients with high (HC) and those with low cryptorchidism (LC) ($p=0.019$){median=4.7ng/ml, interquartile range (IR) =14.0 ng/ml for HC and median=19.8 ng/ml, IR=19.4 ng/ml for LC}. Estrogen receptor expression was lower in cryptorchid patients' AT compared to controls ($p=0.036$). The expression of the AT androgen receptors, though lower in PC, did not present statistically significant differences compared to the controls ($p=0.248$). In the PC there was a highly positive correlation ($r_s=0.80$) between the expression of the estrogen and androgen receptors ($p<0.0001$).

Conclusion(s): Our study suggests that there is an inverse correlation between plasma AMH concentrations and cryptorchidism severity. It is also of interest that the expression of the androgen receptors of the appendix testis was not significantly different between the patients with cryptorchidism and controls, while the expression of the estrogen receptors in the children with cryptorchidism was significantly lower. Our results suggest that the expression of the AT estrogen receptors, and not only the AT androgen receptors as previously reported, may possibly play an important role in the descent of the testes to the scrotum.

Place Holder 11

CONFERENCE ABSTRACT

Institution

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Publisher

S. Karger AG

Year of Publication

2018

77.

Understanding and classifying cryptorchidism, hydrocele and hernia: The challenging sonographic inguinal evaluation in neonates and children.

Sameshima Y.T.

Embase

Pediatric Radiology. Conference: 54th Annual Meeting of the European Society of Paediatric Radiology, ESPR 2018. Berlin Germany. 48(Supplement 2) (pp S492-S493), 2018. Date of Publication: June 2018.

[Conference Abstract]

AN: 622580267

Sonographic evaluation of the neonatal and pediatric inguinal canal has always been a challenging task for the radiologists. The difficulty stems from the low age group of patients and/or the lack of proper knowledge of anatomical landmarks (Fig. 1) and specific disorders of inguinal region. [Figure 1] Fig.1 Sonographic images with relevant anatomical landmarks of inguinal region. (a) The superficial inguinal rings (arrows) mark the end of the inguinal canals, located just superior and lateral to the pubic tubercle (P), and have a triangular opening formed by the evagination of the external oblique muscle aponeuroses (*). (b) The inguinal canal (IC) extends from the deep inguinal ring (DIR) to the superficial inguinal ring (SIR). Bw bowel, T testis For adequate sonographic inguinal evaluation in neonates and young children, it is of great importance to have a clear knowledge of anatomy, embryology and pathophysiology of the inguinal region correlated with the common local disorders related to the persistence of processus vaginalis that may result in hydroceles, cysts, indirect hernias, and, in males, cryptorchidism, or their combinations. The awareness of male hydroceles classification into six types, not always known in the radiological field (see Fig. 2), is the key to the adequate surgical management. For the same reason, one has to correctly classify cryptorchidism. Fig.2 These diagrams depict the six types of hydrocele in males that are categorized by the extent of obliteration and patency of processus vaginalis (in blue): (a) communicating hydrocele; (b) non-communicating or scrotal hydrocele; (c) funicular hydrocele; (d) encysted hydrocele or spermatic cord cyst; (e) inguinoscrotal hydrocele; and (f) abdominoscrotal hydrocele. DIR deep inguinal ring, E epididymis, IAC intra-abdominal component, PC peritoneal cavity, SIR superficial inguinal ring, T testis. The anomalies of canal of Nuck in female, caused by the persistence of processus vaginalis, are also classified into three types, a concept not so widespread among radiologists (Fig. 3). Fig.3 Three types of canal of Nuck hydroceles. (a) Type 1, the most prevalent, in which the cyst (Cy) is in the canal of Nuck that does not communicate with the peritoneal cavity (PC) through the deep inguinal ring (DIR), is analogous to the spermatic cord cyst in boys. (b) Type 2, where the patent canal of Nuck (CN) holds fluid collection inside and communicates with PC through DIR, is equivalent to the male communicating hydrocele. (c) Type 3, the most uncommon type, presents a bilocular appearance of two cystic volumes (Cy) separated by DIR, also known as the hourglass-type abnormality, in which the most superficial cyst is within the inguinal canal and the deepest one protrudes retroperitoneally into the abdominal cavity, communicating with PC through a small opening (not accessible by ultrasound). B urinary bladder, Bw bowel This lecture intends to review all these important points and present some interesting and rare cases collected in our institution. (Figure presented) .

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Sameshima) Hospital Israelita Albert Einstein, Diagnostic Imaging, Sao Paulo, Brazil

Publisher

Springer Verlag

Year of Publication

2018

78.

Laparoscopic management of hydrocele-en-bissac-a rare case report and review of literature. Sankpal J.T., Kasabe P.S., Deodurg P.M., Tayade M.B., Kadakia K.N., Agarwal S.S., Sankpal S., Saha P., Parikh A.K., Waghmare R.

Embase

Surgical Endoscopy and Other Interventional Techniques. Conference: 16th World Congress of Endoscopic Surgery. Seattle, WA United States. 32(1 Supplement 1) (pp S331), 2018. Date of Publication: 2018.

[Conference Abstract]

AN: 622361264

Introduction: Hydrocele-en-bissac, also called abdomino-scrotal hydrocele, is an extremely rare clinical entity. Until now only 94 cases in adults and fewer than 20 cases in children have been reported in world literature, with surgical management being the only option. An innovative, minimally invasive laparoscopic excision of the abdominal sac was performed and the scrotal component was managed by Jaboulay's Procedure. This is probably the first case report in world literature describing laparoscopic management of hydrocele-en-bissac. Case Report: A 50 year old male presented with complaints of bilateral hydrocele and swelling in right lower abdomen since one year. Computed tomography of the abdomen revealed an encysted hypodense lesion with enhancing walls along the right side of pelvis, anterior to the psoas muscle and extending through the internal ring into the right inguinal region upto the scrotal sac; measuring 14.1 cm x 9.6 cm suggestive of an encysted hydrocele of cord associated with hydrocele of both scrotal sacs. On diagnostic laparoscopy, an intra-abdominal cystic swelling separate from the bowel was found in relation to the cord extending into the right inguinal canal suggestive of hydrocele-en-bissac. Peritoneal sac was dissected and distal end of the abdominal sac was ligated with polyglactin suture. The sac was then excised and delivered out through one of the ports. Jaboulay's procedure of eversion of sac was done for the scrotal component of the hydrocele-en-bissac on the right and hydrocele on the left side. Histopathology report was consistent with encysted hydrocele of cord.

Discussion(s): Hydrocele-en-bissac was first described by Dupuytren in 1834. Jacobson classified it as an infantile hydrocele with intra-abdominal extension. Some theories postulate that hydrocele-en-bissac occurs as a result of increased intraluminal pressure confined to a proximally closed pro-cessus vaginalis; this increased pressure allows extension into the retroperitoneal space through the internal ring causing both abdominal and scrotal swellings.

Conclusion(s): In the era of minimally invasive surgery, the benefit of laparoscopy was offered to the patient for excision of the abdominal component of hydrocele-en-bissac with better cosmetic outcome. Laparoscopic approach offers a safe and effective treatment modality with early recovery to this rare clinical entity.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Sankpal, Tayade, Kadakia, Agarwal, Saha, Parikh, Waghmare) Grant Government Medical College, Sir JJ Group of Hospitals, India (Kasabe) Dr Vaishampayan Memorial Government Medical College, Solapur, Maharashtra, India

(Deodurg) Gulbarga Institute of Medical College, Kalaburagi, India

(Sankpal) Rajiv Gandhi Medical College, Thane, Maharashtra, India

Publisher

Springer New York LLC

Year of Publication

2018

79.

Radiology of unusual pediatric scrotal anatomy and pathology.

Alves T., Gebarski K.

Embase

Pediatric Radiology. Conference: 61st Meeting of the Society for Pediatric Radiology, SPR 2018. Nashville, TN United States. 48(1 Supplement 1) (pp S216), 2018. Date of Publication: May 2018.

[Conference Abstract]

AN: 622250739

Purpose or Case Report: While hydroceles, patent processus vaginalis, inguinal hernias, varicoceles, epididymitis, orchitis, torsion of testes and appendages are common in pediatric radiological practice, other pathology and anatomical variants are unusual and may not be included in every day practice. We composed a pictorial guide of a wide variety of variants and diseases for education and reference. Methods & Materials: Illustrative cases of ectasia of rete testes, testicular adrenal rests, tunica albuginea cyst, scrotal calcinosis, abdominoscrotal hydrocele, hematocele, meconium periorchitis, testicular epidermoid cyst, calcifying Sertoli cell tumor, lymphoma and paratesticular rhabdomyosarcoma were chosen from over ten years of imaging at our institution.

Result(s): Reviewing these cases provides an experience of a wide variety of unusual scrotal anatomy and pathology and improves the accuracy of interpretation.

Conclusion(s): A pictorial review of a wide variety of unusual scrotal anatomy and pathology improves the accuracy of interpretation.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Alves, Gebarski) Radiology, University of Michigan, Ann Arbor, MI, United States

Publisher

Springer Verlag

Year of Publication

2018

80.

Hydrocelectomy via scrotal incision is a valuable alternative to the traditional inguinal approach for hydrocele treatment in boys

Oh JH. Chung HS. Yu HS. Kang TW. Kwon D. Kim SO

EBM Reviews - Cochrane Central Register of Controlled Trials

Investigative and clinical urology. Vol.59(6):416-421p,2018. South Korea Korean Urological Association (E-mail: uro-edit@urology.or.kr)

[Journal article]

AN: CN-01667905

Purpose: Few studies have explored the treatment of isolated communicating hydroceles via scrotal incision. We prospectively evaluated the surgical outcomes of such treatment in boys with hydroceles compared with that using traditional, inguinal incision hydrocelectomy. Materials and Methods: Of 347 boys aged 0-12 years who were diagnosed as hydrocele on ultrasonography, 173 boys were assigned to the scrotal incision hydrocelectomy group (group I, n=173) and 172 boys were assigned to the traditional inguinal incision hydrocelectomy group (group II, n=172), and finally 156 boys in group I and 156 boys in group II were included in this study. Surgical outcomes, including postoperative complications and hydrocele relapse rates, were compared

between groups. Results: The overall success rates were similar in both groups (group I, 96.8%; group II, 89.1%; $p=0.740$). The operation time and hospital stay were significantly shorter in group I (30.94 ± 3.95 minutes and 3.94 ± 0.30 days) than in group II (38.02 ± 7.12 minutes and 4.24 ± 0.99 days; $p<0.001$ and $p=0.009$, respectively). The postoperative complication rate was lower in group I than in group II (3.2% vs. 10.9%, $p=0.740$). Conclusions: Scrotal incision hydrocelectomy in boys was associated with shorter operative time and hospital stay, and a lower postoperative complication rate, than was the inguinal incision approach. The scrotal incision technique might be an easy and effective alternative treatment when used to treat hydroceles in boys as well as inguinal incision approach.

Institution

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Publisher

Korean Urological Association (E-mail: uro-edit@urology.or.kr)

Identifier <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6215779>

81.

Relationship between Undescended Testis Position and Prevalence of Testicular Appendices, Epididymal Anomalies, and Patency of Processus Vaginalis.

Favorito LA, Riberio Julio-Junior H, Sampaio FJ

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

BioMed Research International. 2017:5926370, 2017.

[Journal Article]

UI: 29445742

OBJECTIVES: To assess the incidence of testicular appendices (Tas), epididymal anomalies (EAs), and processus vaginalis (PV) patency in patients with undescended testis (UT) according to testicular position and to compare them with human fetuses.

METHODS: We studied 85 patients (108 testes) with cryptorchidism and compared the features with those of 15 fetuses (30 testes) with scrotal testes. We analyzed the relationships among the testis and epididymis, patency of PV, and the presence of TAs. We used the Chi-square test for statistical analysis ($p < 0.05$).

RESULTS: In 108 UT, 72 (66.66%) had PV patent, 67 (62.03%) had TAs, and 39 (36.12%) had EAs. Of the 108 UT, 14 were abdominal (12.96%; 14 had PV patency, 9 TAs, and 7 EAs); 81 were inguinal (75%; 52 had PV patency, 45 TAs, and 31 EAs), and 13 were suprascrotal (12.03%; 6 had PV patency, 13 TAs, and 1 EAs). The patency of PV was more frequently associated with EAs ($p = 0.00364$). The EAs had a higher prevalence in UT compared with fetuses ($p = 0.0005$).

CONCLUSIONS: Undescended testis has a higher risk of anatomical anomalies and the testes situated in abdomen and inguinal canal have a higher risk of presenting patency of PV and EAs.

Version ID

1

Place Holder 11

MEDLINE

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Comments

Comment in (CIN)

PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5763057>

Year of Publication

2017

82.

Use of Diagnostic Laparoscopy for Identification of Bilateral Noncommunicating Hydroceles in an Infant with Right-Sided Abdominoscrotal Mass and Left-Sided Scrotal Mass.

Asanad K, Banapour P, Metzdorf M

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Case Reports Urology. 2017:8602584, 2017.

[Case Reports]

UI: 28831324

Infantile abdominoscrotal hydrocele (ASH) is a rare condition characterized by a dumbbell-shaped cystic mass extending from the scrotum to the abdomen. We present the case of a 4-month-old infant who presented with progressively enlarging bilateral scrotal swelling and a tense, ballotable right-sided abdominal mass with extension into the scrotum. Scrotal ultrasound revealed bilateral hydroceles but exam and ultrasound could not rule out communication. At the time of planned hydrocelectomy, initial diagnostic laparoscopy was used to identify a massive right-sided ASH extending from the internal ring to the umbilicus and a large noncommunicating left-sided hydrocele that was visible with application of pressure to the left side of the scrotum. Following confirmation of anatomy with diagnostic laparoscopy, a scrotal approach to hydrocelectomy was performed as well as bilateral orchidopexy.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

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Institution

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5554997>

Year of Publication

2017

83.

Congenital urogenital abnormalities in children with congenital hypothyroidism.
Yousefi Chaijan P, Dorreh F, Sharafkhah M, Amiri M, Ebrahimimonfared M, Rafeie M, Safi F
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Medical Journal of the Islamic Republic of Iran. 31:7, 2017.
[Journal Article]
UI: 28638814

Background: Congenital hypothyroidism (CH), as one of the most common congenital endocrine disorders, may be significantly associated with congenital malformations. This study investigates urogenital abnormalities in children with primary CH (PCH). Methods: This case-control study was conducted on 200 children aged three months to 1 year, referred to Amir-Kabir Hospital, Arak, Iran. One hundred children with PCH, as the case group, and 100 healthy children, as the control group, were selected using convenient sampling. For all children, demographic data checklists were filled, and physical examination, abdomen and pelvic ultrasound and other diagnostic measures (if necessary) were performed to evaluate the congenital urogenital abnormalities including anomalies of the penis and urethra, and disorders and anomalies of the scrotal contents.

Results: Among 92 (100%) urogenital anomalies diagnosed, highest frequencies with 37 (40.2%), 26(28.2%) and 9 (9.7%) cases including hypospadias, Cryptorchidism, and hydrocele, respectively. The frequency of urogenital abnormalities among 32 children with PCH, with 52 cases (56.5%) was significantly higher than the frequency of abnormalities among the 21 children in the control group, with 40 cases (43.4%). (OR=2.04; 95%CI: 1.1-3.6; p=0.014). Conclusion: Our study demonstrated that PCH is significantly associated with the congenital urogenital abnormalities. However, due to the lack of evidence in this area, further studies are recommended to determine the necessity of conducting screening programs for abnormalities of the urogenital system in children with CH at birth.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473016>

Year of Publication

2017

84.

Neonatal adrenal hemorrhage presenting as "Acute Scrotum"-looking beyond the obvious: a sonographic insight.

Bhatt S., Ahmad M., Batra P., Tandon A., Roy S., Mandal S.

Embase

Journal of Ultrasound. 20(3) (pp 253-259), 2017. Date of Publication: 01 Sep 2017.

[Article]

AN: 618015511

Acute swelling and discoloration of scrotum in new born can have many localized causes like testicular torsion, inguinal hernia, scrotal or testicular edema, hydrocele, or even remote causes like adrenal hemorrhage. We report a neonate of adrenal hemorrhage presenting clinically as acute scrotum misleading the clinician to rule out a local scrotal pathology. As the local clinical examination is not reliable in a newborn, it definitely requires an imaging evaluation to establish the diagnosis. This case report emphasizes being aware of the clinical association of acute adrenal hemorrhage and an acute scrotum and the role of ultrasonography in the evaluation of the various differential diagnoses leading to an acute scrotum. An optimum sonographic examination helps in suspecting an abdominal pathology as a cause of acute scrotum and in establishing the specific diagnosis of adrenal hemorrhage to avoid an unnecessary surgical exploration.

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PMC Identifier

28900528 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=28900528>]

Place Holder 11

Embase

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Publisher

Springer Science+Business Media

Year of Publication

2017

85.

Abdominoscrotal hydrocele in an infant boy.

Costantino E., Ganesan G.S., Plaire J.C.

Embase

BMJ Case Reports. 2017 (no pagination), 2017. Article Number: 108. Date of Publication: 2017.

[Article]

AN: 616441021

Abdominoscrotal hydrocele (ASH) is the rarest type of hydrocele. This condition is characterised by a large abdominal and scrotal component connected by an isthmus within the inguinal canal. The incidence among the paediatric population is reported to be less than 3%, although it might

be underdiagnosed. Several theories have been proposed in the literature but the aetiology of ASH remains unknown. Diagnosis can be made clinically and confirmed by ultrasound. Spontaneous resolution is rare and long-standing ASH may lead to complications, thus early surgical intervention is recommended. Different techniques have been described, but dissection remains challenging due to the tunica vaginalis adherence to the testis and the distal cord. We present a male infant with ASH who underwent inguinal repair. The procedure was facilitated by needle decompression of the mass. Identification and preservation of the vessels and vas deferens was done successfully without compromising the testis.

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PMC Identifier

28551604 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=28551604>]

Place Holder 11

Embase

Institution

(Costantino, Ganesan, Plaire) Children's Urology Assoc., Las Vegas, NV, United States

Publisher

BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)

Year of Publication

2017

86.

Novel Surgical Approach to Giant Abdominoscrotal Hydrocele-Video.

Zu'bi F., Ming J., Farhat W.

Embase

Urology. 101 (pp 123-125), 2017. Date of Publication: 01 Mar 2017.

[Article]

AN: 612775534

Repair of abdominoscrotal hydrocele is surgically demanding and may be associated with complications. Herein we describe a surgical technique with laparoscopic assisted approach. A 6-month boy with right hydrocele and left absent testis was surgically treated with scrotal approach using one laparoscopic port. In the presence of abdominoscrotal hydrocele and contralateral absent testis, we opted to correct the hydrocele while minimally mobilizing the solitary testis cord and blood vessels. The patient had minimal drainage-postoperatively, he developed fever and was treated with antibiotics. Abdominoscrotal hydrocele in infancy may simply and successfully be treated via scrotal approach with the assistance of one-port laparoscopy (Video).

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PMC Identifier

27614118 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=27614118>]

Place Holder 11

Embase

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Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2017

87.

The challenging sonographic inguinal canal evaluation in neonates and children: an update of differential diagnoses.

Sameshima Y.T., Yamanari M.G.I., Silva M.A., Neto M.J.F., Funari M.B.G.

Embase

Pediatric Radiology. 47(4) (pp 461-472), 2017. Date of Publication: 01 Apr 2017.

[Article]

AN: 613215783

Bulging of the inguinal region is a frequent complaint in the pediatric population and sonographic findings can be challenging for radiologists. In this review we update the sonographic findings of the most common disorders that affect the inguinal canal in neonates and children, with a focus on the processus vaginalis abnormalities such as congenital hydroceles, indirect inguinal hernias and cryptorchidism, illustrated with cases collected at a quaternary hospital during a 7-year period. We emphasize the importance of correctly classifying different types of congenital hydrocele and inguinal hernia to allow for early surgical intervention when necessary. We have systematically organized and illustrated all types of congenital hydrocele and inguinal hernias based on embryological, anatomical and pathophysiological findings to assist readers in the diagnosis of even complex cases of inguinal canal ultrasound evaluation in neonates and children. We also present rare diagnoses such as the abdominoscrotal hydrocele and the herniation of uterus and ovaries into the canal of Nuck.

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PMC Identifier

27832304 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=27832304>]

Place Holder 11

Embase

Institution

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Publisher

Springer Verlag (E-mail: service@springer.de)

Year of Publication

2017

88.

Does the internal inguinal ring need closure during laparoscopic orchiopexy with Prentiss manoeuvre?.

Narayanan S.K., Puthenvariath J.N., Somnath P., Mohanan A.

Embase

International Urology and Nephrology. 49(1) (pp 13-15), 2017. Date of Publication: 01 Jan 2017.

[Article]

AN: 612906477

Background: Undescended testis is a common problem, which is prevalent in 3 % of male infants. This study aimed to determine the effect of leaving the deep inguinal ring (DIR) without closure during laparoscopic orchiopexy (LO), with regard to post-operative hernia formation and other outcomes.

Method(s): From 2012 to 2014, 63 testicular units were managed with laparoscopy for non-palpable testis (NPT). Diagnostic laparoscopy was performed for all NPTs, and when they were intra-abdominal (42 testicular units), the DIR was left open after mobilization of the testis into the

scrotum medial to the inferior epigastric vessels (Prentiss manoeuvre). We followed up these cases to check for hernia formation.

Result(s): The ages ranged from 10 months to 11 years with mean age at 3.7 years. Clinically, no cases presented with hernia, hydrocele or any other complications during a mean follow-up period of 34.4 months.

Conclusion(s): Closing the peritoneum over the DIR might be omitted in LO with Prentiss manoeuvre, saving operative time and effort. By doing so, there is no risk of hernia formation.

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PMC Identifier

27770240 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=27770240>]

Place Holder 11

Embase

Institution

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Publisher

Springer Netherlands

Year of Publication

2017

89.

A case report of a term baby with unilateral perinatal testicular torsion.

Spungina A., Sergeantanis M., Raina S.

Embase

Journal of Perinatal Medicine. Conference: 13th World Congress of Perinatal Medicine, WCPM 2017. Belgrade Serbia. 45(Supplement 2) (pp 489), 2017. Date of Publication: October 2017.

[Conference Abstract]

AN: 619371874

Objective: 12 % of all testicular torsions during infancy are perinatal testicular torsions (intrauterine and postnatal in the first month of life). The prenatal diagnosis of testicular torsion is difficult and the diagnosis is often retrospective. There are two types of testicular torsion - extravaginal and intravaginal. Extravaginal torsion occurs in foetuses and neonates, whereby the testis, epididymis, and tunica vaginalis twist on the spermatic cord, leading to infarction of the testis.

Method(s): A term baby was born by uncomplicated normal vaginal delivery at a district general hospital, weighing 4240 grams. At birth, right scrotal swelling was noticed by his mother. The pregnancy was uneventful and antenatal scans were normal.

Result(s): A newborn examination revealed normal male genitalia, with right scrotal swelling, which was erythematous but non-tender and hard, measuring 4 x 3 cm, and did not transilluminate. An urgent ultrasound of abdomen and testes was performed, which showed heterogenous mass in right scrotum resembling testicular tissue measuring 2.6 x 1.4 cm. No vascularity was demonstrated within the mass on the power Doppler. The cord was visualised within the inguinal canal and appeared to rotate around its axis. There were also bilateral hydrocoeles. Left testis was normal. Ultrasound of the abdomen was unremarkable. After 1 month of age the baby had a right-sided orchiectomy and contralateral orchidopexy at a tertiary unit with interim parental surveillance of the scrotum.

Conclusion(s): Reported literature shows prenatal history is very important in perinatal testicular torsion. Pre-eclampsia, gestational diabetes, twin gestation, large size, and prenatal hydronephrosis have all been linked to perinatal testicular torsion. Clinical findings and power Doppler sonography play an important part in deciding on further management of testicular

torsion. In this baby's case a large size was a risk factor and clinical examination and power Doppler identified perinatal testicular torsion.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Spungina, Sergeantanis, Raina) Paediatric Dept., Princess Alexandra Hospital, United Kingdom

Publisher

Walter de Gruyter GmbH

Year of Publication

2017

90.

Fetal inguino-scrotal hernia: A case report.

Krishna M., Salim A., Yani A., Respati G.

Embase

Journal of Perinatal Medicine. Conference: 13th World Congress of Perinatal Medicine, WCPM 2017. Belgrade Serbia. 45(Supplement 2) (pp 527), 2017. Date of Publication: October 2017.

[Conference Abstract]

AN: 619370836

Fetal inguino-scrotal hernia is a rare condition because usually hernia occurs due to higher intraabdominal pressure. In fetus, it is considered that inguino-scrotal hernia occurs when testes are descending to scrotum. Scrotal tumor and hydrocele are the differential diagnosis for bowel herniation because of the similar finding ultrasonographically. An expectation management is preferred when the diagnosis of fetal inguino-scrotal hernia is established. If bowel obstruction develops due to bowel herniation, some consideration still should be assessed before terminating the pregnancy and the presence of neonatal surgeon should also be preferred.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Krishna, Salim, Yani, Respati) Pondok Indah Hospital, Indonesia

Publisher

Walter de Gruyter GmbH

Year of Publication

2017

91.

Scrotal swelling in infant receiving peritoneal dialysis: A diagnostic challenge.

Young-Pearl S., Bitzan M.

Embase

Blood Purification. Conference: 19th International Conference on Dialysis, Advances in Chronic Kidney Disease 2017. Las Vegas, NV United States. 43(1-3) (pp 273), 2017. Date of Publication: March 2017.

[Conference Abstract]

AN: 616279475

Dialysate leakage represents a major noninfectious complication of peritoneal dialysis (PD). It may occur through the exit site (majority of early leaks), the pleura, a patent processus vaginalis,

or associated hernia. Leaks have been reported in up to 15% of children undergoing PD. Late, non-exit site related leaks tend to be insidious and may masquerade as membrane failure. Identification of the leaking site and treatment can be challenging.

Method(s): We describe an eight month old male receiving PD via a right paramedian catheter inserted 6.5 months before the presentation of predominantly right scrotal swelling and reduced ultrafiltration. Prior PD treatment had been complicated by an abdominal leak with bulging right flank, which had resolved with a PD pause, followed by slow increase of the dialysate fill volume to 30 mL/kg using nocturnal cycler-assisted, intermittent PD. The current clinical diagnosis was hydrocele. However, detailed scrotal ultrasonography revealed interstitial fluid accumulation between scrotal wall and tunica vaginalis. PD was held for 2 weeks, but the leak failed to seal. He maintained stable, reduced renal function (CKD 4) with normal electrolytes, and PD was temporarily discontinued.

Result(s): Figure 1.

Conclusion(s): Clinically, it can be difficult to distinguish between hydrocele and scrotal PD leak. We propose an algorithm to differentiate between hernia, hydrocele and leak. While T2-weighted MRI or CT peritoneography with contrast-added dialysate has been recommended sonography may be successfully employed as a first diagnostic approach. (Figure presented).

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Young-Peart, Bitzan) Pediatrics, Montreal Children's Hospital, Montreal, QC, Canada

Publisher

S. Karger AG

Year of Publication

2017

92.

Fournier's gangrene during ACTH therapy.

Numoto S., Kurahashi H., Azuma Y., Numaguchi A., Nakahara K., Tainaka T., Takasu M., Yamakawa K., Nago N., Muto T., Kitagawa Y., Okumura A.

Embase

Brain and Development. 39(5) (pp 435-438), 2017. Date of Publication: 01 May 2017.

[Article]

AN: 614011846

Fournier's gangrene is an infectious necrotizing fasciitis of the perineal, genital, or perianal regions and is uncommon in children. Adrenocorticotrophic hormone (ACTH) is effective for the treatment of infantile spasms; however, suppression of immune function is one of the major adverse effects of this approach. We encountered a 2-month-old boy with infantile spasms that had been treated with ACTH and had developed complicating Fournier's gangrene. Strangulation of a right inguinal hernia was observed after ACTH treatment. Although surgical repair was successful and no intestinal injuries were detected, swelling and discoloration of the right scrotum developed in association with pyrexia and a severe inflammatory response. A scrotal incision revealed pus with a putrid smell. The patient was subsequently diagnosed with Fournier's gangrene complicated by septic shock and disseminated intravascular coagulation. Extensive debridement and intensive care was performed. Enterobacter aerogenes, methicillin-resistant Staphylococcus aureus, and Enterococcus faecalis were isolated from the pus. Meropenem, teicoplanin, and clindamycin were administered to control the bacterial infection. The patient was discharged from the intensive care unit without any obvious neurological sequelae. Suppression of immune function associated with ACTH therapy may have been related to the development of Fournier's gangrene in this case.

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PMC Identifier

28007393 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=28007393>]

Place Holder 11

Embase

Author NameID

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Institution

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(Tainaka) Department of Pediatric Surgery, Nagoya University Graduate School of Medicine, Japan

Publisher

Elsevier B.V.

Year of Publication

2017

93.

Repair of bilateral abdominoscrotal hydrocele with testicular dysmorphism using laparoscopic extracorporeal ligation of the internal inguinal ring and orchiopexy.

Tatekawa Y.

Embase

Journal of Pediatric Surgery Case Reports. 20 (pp 37-39), 2017. Date of Publication: 01 May 2017.

[Article]

AN: 615052102

On abdominoscrotal hydrocele (ASH), there are reports described about the excision of ASH by scrotal/inguinal approach or the laparoscopic-assisted surgery. A case of 8-month-old boy with bilateral ASH and testicular dysmorphism is reported herein. Repair of enlarged internal inguinal ring was done by laparoscopic extracorporeal ligation using an epidural needle and preperitoneal hydrodissection. Marsupialization of the hydrocele testis was done via the scrotal approach, and Nelaton catheters were inserted into the cavity of the hydrocele testis to inflate and deflate the cavity. This allowed clarification of the weak point of the peritoneum in the internal inguinal ring and confirmation of the opening of the process vaginalis. After orchiopexy, the laparoscopic findings showed the ligated peritoneum in the both sides became still more tighter on laparoscopy. It is postulated that simple closure of the internal inguinal ring without excision of the hydrocele might offer a laparoscopic cure for ASH.

Copyright © 2017 The Author

Place Holder 11

Embase

Institution

(Tatekawa) Department of Pediatric Surgery, Saku Central Hospital Advanced Care Center, 3400-28, Nakagomi, Saku-shi, Nagano 385-0051, Japan

Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2017

94.

Chylous ascites in an infant - Treated surgically with fibrin glue after failed medical treatment - A case report.

Kassem R., Rajab A., Faiz A., Kumar S.Y., John S.A., Taher O.

Embase

Journal of Pediatric Surgery Case Reports. 19 (pp 25-27), 2017. Date of Publication: 01 Apr 2017.

[Article]

AN: 614533916

Congenital chylous ascites (CCA) is a rare disease that results from mal development of the intra-abdominal lymphatic system and no gold standard treatment described so far. It is defined as the accumulation of triglyceride-rich milky fluid into peritoneal cavity in infant younger than three months. Medium chain triglyceride (MCT)-based diet or total parental nutrition (TPN) with rest to bowel and abdominal paracentesis is the time honoured conservative management. Due to rare incidence of this disorder, the existing literature includes mainly case reports where TPN was used with or without MCT based formulas along with octreotide. This condition is often refractory to therapy and is responsible for serious malnutrition and immunological deficiency because of loss of proteins and lymphocytes. Its treatment is often frustrating and challenge to physician. We report an infant with chylous ascites which was refractory to medical treatment in the form of prolonged bowel rest with TPN, Octreotide and repeated paracentesis. Surgical treatment with application of fibrin glue in the area of paradudenal retroperitoneal lymphatics sealed the lymphatic leak and cured the patient.

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Place Holder 11

Embase

Institution

(Kassem) Faculty of Medicine, Pediatric Surgery Department, Zagazig University, Egypt (Rajab, Faiz, Kumar, John, Taher) Ibn Sina Hospital, Ministry of Health, Kuwait

Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2017

95.

Abdominoscrotal hydrocele: when one sac becomes bissac.

Virgilio E., Mercantini P., Tallerini A., Caterino S.

Embase

ANZ journal of surgery. 87(12) (pp E329-E330), 2017. Date of Publication: 01 Dec 2017.

[Article]

AN: 623652361

PMC Identifier

25988804 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=25988804>]

Institution

(Virgilio, Mercantini, Tallerini, Caterino) Medical and Surgical Sciences and Translational Medicine, Faculty of Medicine and Psychology 'Sapienza', St. Andrea Hospital, Rome, Italy

Year of Publication

2017

96.

Modified Bianchi orchiopexy for median or low cryptorchidism
Yang ZL. Zhang G. Xu Q. Bai AS. Sun BP. Zhang XZ
EBM Reviews - Cochrane Central Register of Controlled Trials
Zhonghua nan ke xue [National journal of andrology]. Vol.23(1):39-42p,2017.
[Journal article]
AN: CN-01622353

Objective: To investigate the effect of modified Bianchi (single incision in the midline of the scrotum) orchiopexy (MBO) versus that of traditional surgery in the treatment of median or low cryptorchidism.,METHODS: Eighty-two children with median or low cryptorchidism were treated from February 2013 to February 2014, 46 (53 testes) by MBO and the other 36 by the traditional method of inguinal incision (control, 40 testes). Comparisons were made in the operation time and postoperative complications between the two surgical strategies.,RESULTS: The mean operation time was significantly shorter in the MBO group than in the control ([25±6] vs [35±4] min, $P<0.05$). No testicular atrophy, hernias or hydrocele was found in either group during the 1-2 years of follow-up. Testis retraction was observed in 3 cases in the MBO group as compared with 2 in the control ($P>0.05$). The incision scar was obvious in all the controls, with 1 case of postoperative inguinal hematoma, but almost invisible in all the MBO cases.,CONCLUSIONS: Modified Bianchi orchiopexy is superior to traditional surgery in the treatment of median or low cryptorchidism for its advantages of short operation time, few complications, and satisfactory appearance of the healed incision.

97.

Sonographic diagnosis in a rare aetiology of neonatal scrotal swellings: A case report of congenital nephrotic syndrome.
Grover S.B., Kumar N., Grover H., Taneja D.K., Katyan A.
Embase
Polish Journal of Radiology. 81 (pp 465-468), 2016. Date of Publication: 29 Sep 2016.
[Article]
AN: 612948677

Background: Common etiologies of scrotal swelling in neonates include hydrocoele, inguinal hernia and testicular torsion; less common is epididymo-orchitis. Congenital nephrotic syndrome (CNS), a rare entity, is known to present as progressive renal failure and its leading presentation with scrotal involvement has not been reported. Material/Methods: We report a rare case of CNS with primary clinical presentation as scrotal cellulitis and epididymo-orchitis. In this neonate, scrotal and abdominal ultrasound examination was performed and the laboratory data were obtained.

Result(s): Sonography revealed bilaterally enlarged echogenic kidneys, testis and epididymis with echogenic peritoneal fluid tracking into both scrotal sacs. Laboratory data revealed proteinuria and severe depletion of serum IgG. Culture of the peritoneal fluid showed gram-negative organisms. A final diagnosis of CNS, complicated with peritonitis tracking into the scrotal sacs was arrived at.

Conclusion(s): CNS may have a rare presentation with distracting symptoms of scrotal cellulitis and epididymo-orchitis, as seen in our patient. However, diligent use of abdomino-scrotal sonography, supported by relevant laboratory data can clinch the accurate diagnosis.

Copyright © Pol J Radiol, 2016.

Place Holder 11

Embase

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(Grover) Institute of Nuclear Medicine and Allied Sciences, Delhi, India

(Grover) Department of Neuro Radiology, New York Medical University, New York, NY, United States

(Taneja) Department of Pediatric Medicine, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, India

Publisher

Medical Science International

Year of Publication

2016

98.

The treatment of abdominoscrotal hydrocele: Is there a role for nonoperative management?.

Khorasani M., Jamieson D.H., Langer K., Murphy J.J.

Embase

Journal of Pediatric Surgery. 51(5) (pp 815-818), 2016. Date of Publication: 01 May 2016.

[Conference Paper]

AN: 610598213

Background/Purpose Abdominoscrotal hydrocele (ASH) is an uncommon entity. Until now, the recommended treatment has been surgical. There is only one successful case of nonoperative management reported in literature. We report the largest series of children with ASH, and provide evidence in support of an initial nonoperative approach. Methods This study is a retrospective chart review of patients treated from 1994 to 2015 with ASH at a single institution. Results Thirty patients were identified with ASH, with 29 included in the analysis. Nine patients (30%) had operative management with an 80% complication rate. Twenty out of 29 patients (70%) were initially managed expectantly. Sixteen (80%) had resolution of their abdominal component, twelve (60%) of which went on to have full resolution of ASH. Four patients (20%) in this group required operative management of ASH. Conclusions ASH should be included in the differential diagnosis of pediatric scrotal swelling. The "Springing Back Ball Sign" should be used as a screening tool. If it is positive, a dynamic ultrasound should be performed to confirm the diagnosis. We recommend observation as the first step in the management of uncomplicated ASH. It can result in avoidance of operation or at least lower the complication risk significantly if operation is required.

Level of Evidence: 4.

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PMC Identifier

27261560 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=27261560>]

Place Holder 11

Embase

Institution

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Hospital, University of British Columbia, Canada

(Murphy) Division of Pediatric Surgery, British Columbia Children's Hospital, University of British

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(Murphy) British Columbia Children's Hospital, 4500 Oak Street, Vancouver, BC V6H 3N1,
Canada
Publisher
W.B. Saunders
Year of Publication
2016

99.

Migration of ventriculoperitoneal shunt into a hernia sac: An unusual complication of ventriculoperitoneal shunt surgery in children.

Singh S., Pant N., Kumar P., Pandey A., Khan T.R., Gupta A., Rawat J.

Embase

Pediatric Neurosurgery. 51(3) (pp 154-157), 2016. Date of Publication: 01 Apr 2016.

[Article]

AN: 608327535

We report 2 cases of ventriculoperitoneal (VP) shunt migration into an inguinal hernia sac. In both cases hernia manifested itself on the right side in late infancy. We attempted to analyse the anatomical and mechanical factors leading to shunt migration as seen in the X-rays of our cases.

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PMC Identifier

26872356 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=26872356>]

Place Holder 11

Embase

Institution

(Singh, Pant, Kumar, Pandey, Khan, Gupta, Rawat) Department of Pediatric Surgery, King George's Medical University, Lucknow 226003, India

Publisher

S. Karger AG

Year of Publication

2016

100.

Paratesticular Rhabdomyosarcoma Presenting with a Giant Abdominoscrotal Hydrocele in a Toddler.

Matsumoto F., Onitake Y., Shimada K.

Embase

Urology. 87 (pp 200-201), 2016. Date of Publication: 01 Jan 2016.

[Article]

AN: 607305591

Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma in infants and children. Paratesticular RMS accounts for approximately 7% of all RMSs. It commonly presents as a painless scrotal mass, which is usually distinct from the testis. We report an unusual case of paratesticular RMS presenting with a giant abdominoscrotal hydrocele in a toddler. To the best of our knowledge, this is the first case of paratesticular RMS presenting with an abdominoscrotal hydrocele.

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PMC Identifier

26435457 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=26435457>]

Place Holder 11

Embase

Institution

(Matsumoto, Onitake, Shimada) Department of Urology, Osaka Medical Center, Research Institute for Maternal and Child Health, 840 Murodocho, Izumi, Osaka 594-1101, Japan

Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2016

101.

Ambiguous external genitalia: What might be the reason?.

Campos Martinez A., Montoro Sanchez A., Perez Ian ez R., Casas Gomez J., Rodriguez Leal A.

Embase

Journal of Maternal-Fetal and Neonatal Medicine. Conference: 25th European Congress of Perinatal Medicine. Maastricht Netherlands. 29(Supplement 1) (pp 185-186), 2016. Date of Publication: 2016.

[Conference Abstract]

AN: 611869855

Introduction: Presence of ambiguous genitalia involves a birth defect where the external appearance of the external genitalia is not characteristic of the newborn. The are differents causes: decreased production of fetal androgen, decreased or absent androgen in men, primary defect in the development of the external genitalia in males by non-hormonal problems, or partially masculinized genitals due to fetal exposure XX response androgen in utero (congenital adrenal hyperplasia or origin of the mother). Trying to discover the cause we use the clinical history, physical examination and additional tests. Clinical cases and summary results: Our cause is about a newborn who presented bifid scrotum with testes in bags and peneanoescrotal hypospadias with micropenis, the remaining normal scan. Personal Background: Prematurity 35 + 1 weeks dichorionic twin gestation second diamniotic by in vitro fertilization. Cesarean section for breech position. negative serologies. Apgar 9/10. Birth weight: 1610 gr. In abdominal and testicular ultrasound could be seen in bags and normal morphology, thickened scrotal hydrocele covered. karyotype, blood count, blood gas and biochemical hormone was requested. Blood gases and electrolytes were within normal limits, the presence of very high levels of Androstenedione (>10 ng / ml) and Hormone antimulleriana (>150 ng / ml), with other hormones in the normal range (testosterone, dihydrotestosterone, 17O Hprogesterona , LH, FSH, DHEA-S, Estradiol 17B, basal Cortisol (11 deoxycortisol). Karyotype 46 XY. With that hormone levels and presentation he was diagnosed of a probable partial androgen insensitivity syndrome (PAIS).

Pending the genetic results for gene mutation in the AR (androgen receptor), responsible for 20% of these cases. The baby was delivered to sugery unit to monitorised and repair hypospadias and orchidopexy made in the first year of life, after weekly treatment with B-HCG intramuscular.

Conclusion(s): In most cases of ambiguous genitalia, the differential diagnosis is difficult, given the wide variety in both: the symptoms and the underlying causes. PAIS is a disorder of sexual development, with an unknown prevalence characterized by abnormal genital development in a 46XY child with normal development of the testes and partial sensitivity (generally resistance) to the appropriate levels of androgens for age, presenting highly variable needs genital appearance and sometimes corrective surgery.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Campos Martinez, Montoro Sanchez, Perez Ian ez, Casas Gomez, Rodriguez Leal) Paediatric Dept., Motrils Hospital, Motril, Granada, Spain
Publisher
Taylor and Francis Ltd
Year of Publication
2016

102.

Review of nonmalignant inguinal masses in pediatric patients.

Farmakis S., Khanna G.

Embase

Pediatric Radiology. Conference: 7th International Pediatric Radiology Conjoint Meeting and Exhibition. Chicago, IL United States. Conference Publication: (var.pagings). 46(SUPPL. 1) (pp S240-S241), 2016. Date of Publication: May 2016.

[Conference Abstract]

AN: 72287925

Purpose or Case Report: Located at the border between the abdomen and the groin, the inguinal region can be a cause for consternation for the practicing radiologist. The inguinal canal can be a site for pathology secondary to abdominal or scrotal pathology. Though lymphadenitis is the most common cause of an inguinal mass in a child, a variety of conditions can result in an inguinal mass. The purpose of our poster is to review the imaging appearance and differential diagnosis of various potential causes of nonmalignant inguinal masses in children. Methods & Materials: Our cases will be derived from the archives of two tertiary level childrens' hospitals We present a pictorial essay reviewing the embryology, anatomy, and nonmalignant pathologies that can present as an inguinal mass in pediatric patients.

Result(s): Our poster will be organized as follows: 1. Normal anatomy of the inguinal region. 2.

Normal embryology of the inguinal region. 3. Benign pathologies with emphasis on imaging findings and differential diagnosis: a. Inflammatory: Lymphadenitis/abscesses b. Congenital: Hydrocele, funicular cyst, meconium peritonitis. Hernia-including bowel/omentum, ovaries, uterine, bladder c. Gonadal: undescended testicle (including androgen insensitivity), retractile testis, ovotestis d. Vascular: varicocele, pseudoaneurysm, hematomas

Conclusion(s): Non-malignant conditions affecting the inguinal canal can be normal variants, congenital anomalies, vascular abnormalities, and infectious or inflammatory processes. The inguinal region requires careful attention to avoid misdiagnosis.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Farmakis) St. Louis University, School of Medicine, St. Louis, MO, United States

Publisher

Springer Verlag

Year of Publication

2016

103.

Ultrasound screening for neoplasms in children up to 6 years old.

Jedrzejewski G., Wozniak M.M., Pawelec A., Matera A., Kunach M., Madej T., Wieczorek A.P., Nowakowska K.

Embase

Medicine (United States). 95(42) (no pagination), 2016. Article Number: e5124. Date of Publication: 2016.

[Article]

AN: 613278216

The aim of the ultrasound (US) screening program was to detect neoplastic lesions in children, together with other pathologies of the developmental age in the area of the neck, abdomen, female pelvis, and scrotum in boys. US screening scans, including cervical, abdominal, pelvic, and scrotal US, were performed in the population of asymptomatic children aged from 9 months to 6 years. The children were scanned in Mobile Pediatric US Unit, consisting of 2 independent consulting rooms. The scans of 14,324 children were analyzed, 7247 boys and 7077 girls. Totally 42,538 US examinations were performed, including 14,187 cervical scans, 14,259 abdominal scans, 6942 female pelvic scans, and 7150 scrotal scans. Totally 5426 abnormalities were detected, which represent 12.7% of all examinations and 30% of patients. Three tumors were recognized, which are renal malignant tumor diagnosed as Wilms tumor, neurogenic tumor of the rib, and teratoma of the testis. US screening in pediatric population can be used to reveal lesions inaccessible to clinical examination, like tumors or other pathologies of developmental age before the onset of clinical symptoms. Due to the large number of detected abnormalities it should be recommended to the whole population of certain age. Abbreviation: US = ultrasound.

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PMC Identifier

27759641 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=27759641>]

Place Holder 11

Embase

Institution

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Publisher

Lippincott Williams and Wilkins (E-mail: kathiest.clai@apta.org)

Year of Publication

2016

104.

An atypical case of meconium periorchitis as paratesticular mass in a neonate.

Rekhi H.S., Mittal S.K., Mannem S.R., Arora S., Seth K., Pakkiri S., Singh R., Gupta S., Mathur M.

Embase

Clinical Case Reports. 4(9) (pp 866-869), 2016. Date of Publication: 01 Sep 2016.

[Article]

AN: 612079342

A 20-day-old boy was presented with left scrotal swelling, clinically diagnosed as hydrocele. Ultrasonographic findings suggested hydrocele with paratesticular mass. Intraoperatively we found paratesticular mass, separate from left testis. Specimen revealed fibroconnective tissue with mucoid degeneration and focal areas of calcification suggesting meconium periorchitis. It is important to consider meconium periorchitis as one of the etiologies, thereby avoiding unnecessary orchidectomies.

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Place Holder 11

Embase

Institution

(Rekhi, Mittal, Mannem, Arora, Seth, Pakkiri, Singh) General Surgery Department, Government Medical College and Rajindra Hospital, Patiala, Punjab, India (Gupta, Mathur) Radiodiagnosis, Government Medical College and Rajindra Hospital, Patiala, Punjab, India

Publisher

Wiley-Blackwell Publishing Ltd (E-mail: info@royensoc.co.uk)

Year of Publication

2016

105.

Surgical comparison of subinguinal and high inguinal microsurgical varicocelectomy for adolescent varicocele

Shiraishi K. Oka S. Matsuyama H

EBM Reviews - Cochrane Central Register of Controlled Trials

International journal of urology. Vol.23(4):338-342p,2016. Australia Blackwell Publishing

[Journal article]

AN: CN-01154296

Objective: To compare the surgical outcomes of subinguinal and high inguinal approaches for microsurgical varicocelectomy. Methods: A total of 81 patients with left varicocele were randomly assigned to undergo microsurgical left varicocelectomy by the subinguinal (n = 41) or high inguinal (n = 40) approach. These two techniques were compared with regard to the operative parameters, complications and testicular growth. Anatomical parameters, including the numbers and diameters of internal spermatic arteries, veins and lymphatic vessels, were recorded. Results: The microsurgical step was significantly shorter for the high inguinal approach compared with the subinguinal approach (25.5 vs 33.3 min, respectively, $P < 0.01$). The numbers of preserved arteries and ligated veins were significantly greater and the artery size was significantly smaller for the subinguinal (1.6 arteries, 11.5 veins and 1.1 mm, respectively) compared with the high inguinal approach (1.2 arteries, 7.3 veins and 1.3 mm; $P < 0.001$, <0.0001 and <0.01 , respectively). There was one patient with postoperative hydrocele, and three with persistent scrotal pain after treatment with the subinguinal approach. The postoperative catch-up growth rates at 24 months were 70% and 78% for the subinguinal and high inguinal approaches, respectively. Conclusions: The microsurgical subinguinal and high inguinal approaches seem to yield similar success rates in terms of testicular growth. However, the high inguinal approach is easier to carry out, as it requires fewer divisions of veins and is associated with a larger diameter of the spermatic artery.

Institution

Department of Urology, Yamaguchi University School of Medicine, Japan

Publisher

Blackwell Publishing

106.

A Rare Case of Meconium Periorchitis Diagnosed in Utero.

Ochiai D, Omori S, Ikeda T, Yakubo K, Fukuiya T

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Case Reports in Obstetrics and Gynecology. 2015:606134, 2015.

[Journal Article]

UI: 26491584

Meconium periorchitis is a rare disorder caused by fetal meconium peritonitis, with subsequent passage of meconium into the scrotum via a patent processus vaginalis. To date, clinical significance of meconium periorchitis for the prenatal diagnosis of meconium peritonitis and prediction for postnatal surgery remains to be determined. We present a clinical course of a fetus presenting with meconium periorchitis induced by meconium peritonitis. At 28 weeks' gestation, fetal ultrasonography indicated fetal ascites associated with bilateral hydrocele and peritesticular calcification without other signs of meconium peritonitis. The pregnancy was uneventful until delivery and the infant was delivered at 37 weeks' gestation. No abdominal distension was observed at birth, and radiography did not reveal any abdominal calcification except for scrotal calcification. Abdominal distension was observed 3 days after birth and laparotomy was performed. The diagnosis of meconium peritonitis was confirmed at surgery. Our case illustrated that careful examination of the scrotum during fetal life was helpful for prenatal diagnosis of meconium peritonitis as well as postnatal management.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

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PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4600569>

Year of Publication

2015

107.

Differential diagnosis of inguinal hernia in children. Diferencijalna Dijagnostika Preponske Kile U Djece <Diferencijalna Dijagnostika Preponske Kile U Djece.>

Kvesic A., Martinovic V., Ivankovic K., Setka-Culjak V., Rafaeli I.

Embase

Paediatrica Croatica. 59(Supplement 1) (pp 132-134), 2015. Date of Publication: 2015.

[Review]

AN: 610988505

The first record of treatment inguinal hernia was by Egyptians and dates 1552 B.C. In 176 A.D. Galen describes the anatomy of processus vaginalis peritonei like a small off shoot of the great peritoneal sac in the lower abdomen. The modern surgery hernia and accurate understanding of the anatomy of the inguinal canal began in the 19th century. Herniation or hernia is called, the suppress of organs or parts of organs through the physiological or pathological hole in the abdominal wall or some cavities. The most common is inguinal hernia, which occurs mostly in

children by drawing peritoneal shoot (processus vaginalis peritonei) through the inguinal canal to the scrotum in male, and canal of Nuck in female. Treatment is surgical. In differential diagnosis, we should consider: undescended testis, testicular torsion, hydrocele, femoral hernia, inguinal or femoral lymphadenitis, torsion of testicular appendix, tumors.

Place Holder 11

Embase

Institution

(Kvesic, Martinovic, Ivankovic, Setka-Culjak, Rafaeli) Odjel Za Djecu Kirurgiju, SKB Mostar, 88000 Mostar, Bijeli Brijeg bb, Croatia

Publisher

Children's Hospital Zagreb (Klaiceva 16, Zagreb 10 000, Croatia)

Year of Publication

2015

108.

The management of acute testicular pain in children and adolescents.

Jefferies M.T., Cox A.C., Gupta A., Proctor A.

Embase

BMJ (Online). 350 (no pagination), 2015. Article Number: h1563. Date of Publication: 02 Apr 2015.

[Review]

AN: 603571724

PMC Identifier

25838433 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=25838433>]

Place Holder 11

Embase

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(Proctor) Roath House Surgery, Cardiff, United Kingdom

Publisher

BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)

Year of Publication

2015

109.

Rare complication of ventriculoperitoneal shunt. Early onset of distal catheter migration into scrotum in an adult male: Case report and literature review.

Lee B.S., Vadera S., Gonzalez-Martinez J.A.

Embase

International Journal of Surgery Case Reports. 6 (pp 198-202), 2015. Date of Publication: 2015.

[Article]

AN: 601084883

Presentation of case 65-year-old male underwent shunt placement for normal-pressure hydrocephalus-like symptoms. On post-operative day seven patient developed right testicular

edema, for which ultrasound was performed, revealing hydrocele along with the presence of distal catheter in the scrotum. On post-operative day nine patient underwent distal catheter trimming via laparoscopic approach with general surgery, with post-operative imaging showing satisfactory location of distal catheter in the peritoneal cavity. Discussion/Conclusion Early onset of distal catheter migration into scrotum in an adult male is a unique case, as most cases are reported in pediatric patients, and it is the first case reported in the English literature to have occurrence at an early onset during the peri-operative period. As our case demonstrates, early occurrence and detection of scrotal migration of the distal catheter prevent shunt malfunction. Prompt surgical management of catheter repositioning is therefore recommended to avoid the risk of further complications.

Introduction The role of shunt placement is to divert cerebrospinal fluid from within the ventricles to an alternative location in the setting of hydrocephalus. One of the rare shunt complications is distal catheter migration, and various body sites have been reported, including the scrotum. Although cases of scrotal migration of distal catheter have been reported in pediatric patients, cases in adult patients are rare due to obliterated processus vaginalis. Furthermore, there has not been a case reported for scrotal migration in an adult at an early onset.

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Place Holder 11

Embase

Institution

(Lee, Gonzalez-Martinez) Cleveland Clinic Foundation, Department of Neurological Surgery, Epilepsy Center, 9500 Euclid Avenue S60, Cleveland, OH 44195, United States (Vadera) Assistant Prof. of Neurosurgery, University of California, Irvine, 101 The City Drive, Bldg 200, Orange, CA 92868, United States

Publisher

Elsevier Ltd

Year of Publication

2015

110.

Abdominoscrotal hydrocele presenting as abdominal pain and mass after trans-scrotal hydrocelectomy.

Soeken T., Hodgman E., Megison S.

Embase

Journal of Pediatrics. 166(6) (pp 1546), 2015. Date of Publication: 01 Jun 2015.

[Note]

AN: 603581502

PMC Identifier

25851652 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=25851652>]

Place Holder 11

Embase

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(Soeken) Baylor College of Medicine, Houston, TX, United States (Hodgman, Megison) Department of Surgery, University of Texas Southwestern Medical School, Children's Medical Center, Dallas, TX, United States

Publisher

Mosby Inc. (E-mail: customerservice@mosby.com)

Year of Publication

2015

111.

Epidemiological, Clinical and therapeutic aspects of cryptorchidism in children: Analysis of 123 cases. Aspects épidémiologiques, Cliniques et thérapeutiques de la cryptorchidie chez l'enfant: Analyse de 123 observations <Aspects épidémiologiques, Cliniques et thérapeutiques de la cryptorchidie chez l'enfant: Analyse de 123 observations.>

Ndour O., Fall M., Fall A.L.F., Diouf C., Ndoye N.A., Ngom G., Ndoye M.

Embase

African Journal of Urology. 21(1) (pp 10-14), 2015. Date of Publication: 01 Mar 2015.

[Article]

AN: 603449703

purpose of this study carried out at a department of pediatric surgery in Senegal, West Africa, was to evaluate the epidemiological, clinical and therapeutic aspects of cryptorchidism.

Patients and Methods: This retrospective study included 123 cases of cryptorchidism seen at the Department of Paediatric Surgery of Aristide Le Dantec University Hospital, Dakar, Senegal between May 1st, 2000 and April 30th, 2008. The parameters studied were the prevalence of cryptorchidism compared to other pathologies of the inguinal canal, the patients' age, the reasons for consultation, the results of physical examination, the operative outcome, the duration of hospitalization and the results, in particular the cosmetic and morphological results, on follow-up.

Result(s): Cryptorchidism was the third most frequent congenital defect after inguinal hernia (1537 cases) and hydrocele (327 cases). The age of our patients ranged from 17 days to 15 years with a mean age of 5.7 years. Scrotal emptiness seen in 105 (84.5%) patients was the main reason for consultation. Bilateral cryptorchidism was found in 9.5% of the cases, while it was on the right side in 62% and on the left in 28.5%. The testis was palpable in only 34.5% of the patients. On surgical exploration, the testicle was found to be located in the inguinal canal in 93.43% and in the abdomen in 2.5%. A hernia sac was found in 84.7% of the cases. The connection between the testis and the epididymis was poor in 43.1% of the cases. Dartos pouch fixation was possible in 97.5% of cases. The mean duration of hospitalization was 14.5 hours. The postoperative course was uneventful in 87.8% of the cases. Complications were encountered in 11 patients and included suppuration in 5, as well as hematoma of the spermatic cord, testicular atrophy and recurrence in 2 patients each.

Conclusion(s): In our context, cryptorchidism is seen at a relatively late age. In such cases, immediate intervention is necessary as there may be possible dysphasic lesions warranting continued monitoring until puberty when a spermogram can be done.

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Place Holder 11

Embase

Institution

(Ndour, Fall, Fall, Diouf, Ndoye, Ngom, Ndoye) Service de Chirurgie Pédiatrique CHU Aristide Le Dantec/Dakar, Senegal

Publisher

Pan African Urological Surgeons Association (PAUSA) (E-mail: sunnydoodu@yahoo.com)

Year of Publication

2015

112.

Large abdominoscrotal hydrocele: Uncommon surgical entity.

Kamble P.M., Deshpande A.A., Thapar V.B., Das K.

Embase

International Journal of Surgery Case Reports. 15 (pp 140-142), 2015. Date of Publication: 12 Sep 2015.

[Article]

AN: 605947783

Introduction An abdominoscrotal hydrocele (ASH) consists of a large inguinoscrotal hydrocele which communicates in an hour glass fashion with a large "intraabdominal component". Mostly affects single testis but very rarely can present bilaterally. **Presentation of case** We are presenting here a young 25 year old patient with large right sided scrotal swelling encroaching over lower abdomen. Clinically it was abdominoscrotal hydrocele which was confirmed with CT abdomen and later on subjected for surgery. **Discussion** Abdominoscrotal hydrocele is rarest type of hydrocele; first described by Dupuytren. The etiology of ASH is unknown; however, different theories have been described in literature to explain the pathogenesis. **Diagnosis of ASH** is done by clinical examination and is confirmed by radiological examination. Though ultrasonography is the first choice, in few selected cases contrast enhanced computerized tomography or magnetic resonant imaging may be helpful for more anatomical delineation. It may present with various complications secondary to pressure exerted by the components of the ASH. **Surgical excision of the sac** is the only definitive treatment option. There is no role of conservative treatment. Sometimes, decompression of the cyst needed to ease the dissection of the sac. **Conclusion**

Abdominoscrotal hydrocele differential should be considered while dealing with large lower abdominal swelling along with scrotal swelling.

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Place Holder 11

Embase

Institution

(Kamble, Deshpande, Thapar, Das) Department of General Surgery, Seth G.S. Medical College, K.E.M. Hospital, Parel, Mumbai, India

Publisher

Elsevier Ltd

Year of Publication

2015

113.

Prenatal diagnosis of meconium periorchitis: A case report.

Luque Perez A., Fernandez Lopez A.C., Arteaga Fernandez A., Perez Rodriguez S., Herrero Diaz E., Moreno Del Prado J.C., Martin-Crespo Izquierdo R., Fernandez Perez M.L., Luque Mialdea R., Canete Palomo M.L.

Embase

Journal of Perinatal Medicine. Conference: 12th World Congress of Perinatal Medicine 2015.

Madrid Spain. Conference Publication: (var.pagings). 43(SUPPL. 1) (no pagination), 2015. Date of Publication: October 2015.

[Conference Abstract]

AN: 72185804

Introduction Meconium periorchitis is described as a sterile chemical reaction of scrotal tissue, caused by the pass of meconium from abdominal cavity to scrotum through permeable processus vaginalis. It is always necessary an intestinal perforation previously in fetal life. **Ultrasound prenatal diagnosis** is characterized by soft hydrocele, scrotal mass and scrotal calcifications. There are only 63 case reports described in literature, and only 9 of them were prenatally diagnosed. In our hospital it has been 3 cases of prenatally diagnosed meconium periorchitis. We report here the most characteristic case. **Case report** We report the case of a 20 year old pregnant woman whose obstetrical backgrounds are 2 miscarriages, one cesarean section and

one delivery, with no other medical background of interest. In an ultrasound performed at 33+4 weeks of pregnancy, it is described a left unilateral hydrocele of 41x38 mm with hiperecogenic content inside scrotum, without blood flow in Doppler ultrasound. Processus vaginalis is patent, and ascities is also visible in abdomen, with no intestinal distension. Ultrasound is repeated 48h later, objectifying worsening of ultrasound characteristics, hydrocele has become bilateral and there are also bilateral scrotal calcifications. In suspicion of worsening of the intestinal perforation which causes meconium periorchitis, it is decided to induce labor. A male is born by eutocic delivery at 34+3 weeks of pregnancy. Physical examination reveals male genitals with bilateral hydrocele, testicular swelling, scrotum pain and both testicles descended in scrotum. Postnatal ultrasound shows heterogeneous ascities with hiperecogenic reflections which extending to both scrotums, without testicular injury. Clinically, newborn shows respiratory distress due to abdominal distension. Newborn undergoes surgical repair at 20h of life, objecting meconium peritonitis with profuse meconium and faeces with calcium. An ileostomy is performed due to a perforation located in distal ileon and it is also performed a bilateral inguinal herniorraphy. For the next year the child evolves favourably and has no intestinal complication.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Luque Perez, Fernandez Lopez, Arteaga Fernandez, Perez Rodriguez, Herrero Diaz, Moreno Del Prado, Martin-Crespo Izquierdo, Fernandez Perez, Luque Mialdea, Canete Palomo) Hospital Virgen De La Salud, Toledo, Spain

Publisher

Walter de Gruyter GmbH

Year of Publication

2015

114.

Fetal scrotal mass caused by meconium peritonitis: A rare case of meconium periorchitis.

Cho E.B., Kim Y.N., Jeong E.J., Kim D.H., Choi B.H., Byun J.M., Jeong D.H., Lee K.B., Sung M.S., Kim K.T.

Embase

International Journal of Gynecology and Obstetrics. Conference: 21st FIGO World Congress of Gynecology and Obstetrics. Vancouver, BC Canada. Conference Publication: (var.pagings). 131(SUPPL. 5) (pp E552-E553), 2015. Date of Publication: October 2015.

[Conference Abstract]

AN: 72070575

Objectives: Fetal scrotal mass and conditions that lead to scrotal swelling often reflect abnormalities of testicular, epididymal and scrotal development. The main causes of a prenatally detected scrotal mass are hydrocele, testicular torsion, teratoma and inguinoscrotal hernia.

Meconium periorchitis is a rare cause of benign scrotal mass and resulting from fetal meconium peritonitis with spillage of meconium into the scrotal sac via a patent processus vaginalis. The meconium in the scrotal sac can cause sterile inflammation and calcification of the peritesticular tissues. Here we report a case of fetal scrotal mass with meconium peritonitis suspected as meconium periorchitis prenatally.

Method(s): A 32-year-old woman at 30 weeks' gestation was referred for evaluation of sonographically suspected abnormality of the scrotum. The fetus was noted to have a hyperechogenic scrotal mass with microcalcifications. On subsequent sonography at 35 weeks' gestation, intra-abdominal calcification with echogenic bowel, mild ascites were noted, suggesting meconium peritonitis. At delivery, neonate was showed to have abdominal distension and swollen scrotum. Postnatal ultrasound of the scrotum revealed normal testicles, numerous calcifications

in the edematous scrotum. At emergent neonatal laparotomy, the neonate was found to have small bowel perforation and the scrotal mass was resolved after operation.

Result(s): Meconium peritonitis can present with a scrotal mass, although it is not common. We detected meconium peritonitis with meconium periorchitis prenatally with ultrasound.

Conclusion(s): When a scrotal mass is found on prenatal sonography, meconium periorchitis should also be considered when the scrotal mass is accompanied with meconium peritonitis.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Cho, Kim, Jeong, Kim, Choi, Byun, Jeong, Lee, Sung, Kim) Department of Obstetrics and Gynecology, Busan, South Korea (Kim, Byun, Jeong, Kim) Paik Institute for Clinical Research, College of Medicine, Inje University, Busan, South Korea

Publisher

Elsevier Ireland Ltd

Year of Publication

2015

115.

Imaging of the male pelvis: Extratesticular masses and prostate.

Woodward P.J.

Embase

Journal of Medical Imaging and Radiation Oncology. Conference: 65th Annual Scientific Meeting of the Royal Australian and New Zealand College of Radiologists, RANZCR 2015. Adelaide, SA United States. Conference Publication: (var.pagings). 59(SUPPL. 1) (pp 68-69), 2015. Date of Publication: October 2015.

[Conference Abstract]

AN: 72061281

Learning objectives: 1) Identify the clinical conditions and imaging findings that can be used to help differentiate benign from malignant extratesticular masses. 2) Identify the key findings of prostate cancer on T1-weighted, T2-weighted, and multiparametric MR imaging. 3) Know and recognize the limitations and pitfalls of MR imaging of the prostate. 4) Use the knowledge gained to appropriately stage prostate cancers. The extratesticular scrotal contents consist of the epididymis, spermatic cord, and fascia derived from the embryologic descent of the testis through the abdominal wall. As opposed to intratesticular masses, most extratesticular masses are benign. Cystic masses (including hydroceles, epididymal cysts, and varicoceles) are easily diagnosed with ultrasonography (US) and are benign. The epididymis can also be affected by sarcoidosis, a noninfectious granulomatous disorder. The most common extratesticular neoplasms are lipomas (most often arising from the spermatic cord) and adenomatoid tumors (most often found in the epididymis). Despite their relative rarity, malignant neoplasms do occur and include rhabdomyosarcoma, liposarcoma, leiomyosarcoma, malignant fibrous histiocytoma, mesothelioma, and lymphoma. These tumors are often large at the time of presentation. The US findings of solid masses are often nonspecific. Magnetic resonance imaging can be very helpful in the evaluation of some of these disorders, allowing for a more specific diagnosis in cases of lipoma, fibrous pseudotumor, and polyorchidism. Prostate cancer is the most frequently diagnosed cancer in males, with 1 in 6 men developing prostate cancer in their life time. Although often thought to be indolent in its clinical course, it is the second leading cancer-related death in men, following lung cancer. It is important that we recognize that latter subset of patients so that they can be appropriately treated. Gleason score, PSA levels, and tumor staging all play a factor in stratifying patient therapy, with MRI playing a fundamental role in tumor staging. Determination of extracapsular extension is a pivotal decision point in treatment planning. Prostatectomy is typically done for organ-confined disease (T1 and T2), while hormone treatment and radiation

therapy done for advanced, extraprostatic disease (T3 and T4). With more accurate staging and localization some patients with low risk (low Gleason score), low volume disease in a targetable area may be offered minimally invasive therapies (cryoablation, highintensity focused ultrasonography, focal laser ablation, radiofrequency ablation), or for some, active surveillance is a reasonable alternative. T1 and T2-wieghted sequences have been the mainstay of prostate imaging but fall short when more precisely trying to localize disease and guide treatment. Recent advances employ functional and physiologic MR imaging (diffusion-weighted imaging, dynamic contrast enhanced imaging, and MR spectroscopy) in addition to T1-weighted and T2-weighted sequences. This combined multiparametric approach allows for more accurate detection, staging, pretreatment planning, and post treatment follow-up. It should be kept in mind, however, that even with these advancements in imaging technology, interpretation of scans can be difficult with numerous potential pitfalls particularly in the setting of benign prostatic hypertrophy, which is often present. The radiologist must be aware not only of the expected findings but also potential pitfalls in order to render the most accurate diagnosis.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Woodward) University of Utah, School of Medicine, Salt Lake City, UT, United States

Publisher

Blackwell Publishing

Year of Publication

2015

116.

Lichtenstein repair of indirect inguinal hernias with acellular tissue matrix grafts in adolescent and adult patients (13 to 45 years old).

Shen Y.-M., Yang S., Chen J., Liu S.-J., Wang M.-G.

Embase

European Surgery - Acta Chirurgica Austriaca. Conference: 8th Annual Meeting of Chinese College of Surgeons and 19th Annual Meeting of the European Society of Surgery. Beijing China. Conference Publication: (var.pagings). 47(SUPPL. 1) (pp S204), 2015. Date of Publication: May 2015.

[Conference Abstract]

AN: 71913881

Purpose: To evaluate the outcomes of Lichtenstein hernioplasty using acellular tissue matrix (ACTM) grafts in adolescent and adult patients (13 to 45 years old).

Method(s): In this study, 317 patients, 13 to 45 years old, with primary unilateral indirect inguinal hernias, received Lichtenstein hernioplasty using ACTM mesh (ThormalGEN thoracic surgical graft produced by Grandhope Biotech Co., Ltd., bovine pericardium tissue graft, Guangzhou, China). The outcome measures were the length of the operation, postoperative visual analogue scale (VAS) pain score, length of hospitalization, postoperative complications and recurrence rate.

Result(s): The operative time was (31.2+5.8) min and the length of hospitalization (1.4+0.7) d. The minimum follow-up was 24 months, there were 2 postoperative wound infections(0.6%) and fully recovered by change of dressing for 1 month; there were no chronic postoperative pain (visual analogue score > 4, lasted 3 months) or local foreign body sensation occurred; 13 patients (4.1%) developed scrotal hydroceles and recovered by the scrotal puncturation. There were no recurrences and other complications.

Conclusion(s): Lichtenstein hernioplasty using ACTM grafts is a safe and available treatment in adolescent and adult patients (13 to 45 years old).

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Shen, Yang, Chen, Liu, Wang) Department of Hernia and Abdominal Wall Surgery, Beijing Chao-Yang Hospital, Capital Medical University, Beijing 100043, China

Publisher

Springer-Verlag Wien

Year of Publication

2015

117.

Orchidopexy without ligation of the processus vaginalis is not associated with an increased risk of inguinal hernia.

Ceccanti S, Zani A, Mele E, Cozzi DA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Hernia. 18(3):339-42, 2014 Jun.

[Journal Article]

UI: 23703291

PURPOSE: To report our experience using a modified orchidopexy with division and non-ligation of the processus vaginalis.

METHODS: We performed a single-centre retrospective analysis of all patients who underwent orchidopexy between December 2005 and October 2008 at our institution. In the present technique, the processus vaginalis was gently peeled off the spermatic cord structures as high as possible and severed at the level of the internal inguinal ring without its ligation. Postoperative follow-up was routinely offered to all patients. Additionally, we made a special clinical follow-up, ranging from 1 to 69 months (median 34).

RESULTS: One hundred and twenty-three patients, aged 1-11 years (median 3), underwent 147 orchidopexies during the study period. Of these, 25 were accomplished using conventional division and ligation of the processus vaginalis, and in the remaining 122 orchidopexies, the processus vaginalis was only divided. Of the 137 testes available at follow-up, 134 were in the scrotum and 3 (2 %) required re-do orchidopexy due to secondary reascent, including 2 treated with division only of the processus vaginalis. None of the patients experienced postoperative hydrocele or inguinal hernia development.

CONCLUSIONS: Our findings confirm that division without ligation of a patent processus vaginalis is usually followed by spontaneous peritoneal scarring and complete closure of the internal inguinal ring. Present technique is as effective as traditional orchidopexy and saves extra time spent for meticulous closure of the processus vaginalis or peritoneal tears.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

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Comments

Comment in (CIN)

Year of Publication

2014

118.

The abdominoscrotal hydrocele in the infant - Case report.

Czerwinska K., Brzewski M., Majkowska Z., Mosior T., Roszkowska-Blaim M., Warchol S.

Embase

Polish Journal of Radiology. 79 (pp 108-111), 2014. Date of Publication: 2014.

[Article]

AN: 373130060

Background: An abdominoscrotal hydrocele (ASH) is a rare lesion and should be considered in the differential diagnosis of abdominal cystic lesions in boys. Case Report: We report a case of a 4-month-old boy with a thin-walled, anechoic cystic abdominal mass in ultrasound (US) examination. As the size of the lesion increased in follow-up US after one month, computed tomography (CT) was performed. CT demonstrated a communication between a cystic mass in the abdomen and a right scrotal hydrocele - an abdominoscrotal hydrocele (ASH). The patient had no symptoms and was observed by means of US examination. After the next 4 months, the size of the ASH decreased remarkably.

Conclusion(s): This rare entity should be considered in differential diagnosis of cystic abdominal masses in boys. Spontaneous resolution of ASH is rare, but asymptomatic patients can be followed up before surgery. © Pol J Radiol.

Place Holder 11

Embase

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University of Warsaw, Warsaw, Poland (Roszkowska-Blaim) Department of Pediatric

Nephrology, Medical University of Warsaw, Warsaw, Poland

(Warchol) Department of Pediatric Surgery and Urology, Medical University of Warsaw, Warsaw,

Poland

Publisher

Termedia Publishing House Ltd.

Year of Publication

2014

119.

Images.

Sharma A., Bhardwaj N., Guleria S., Bandyopadhyay D., Saha A., Gupta R., Sharma S.B.

Embase

Indian Pediatrics. 51(11) (pp 941-942), 2014. Date of Publication: November 2014.

[Article]

AN: 601507017

Place Holder 11

Embase

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(Sharma, Bhardwaj, Guleria) Department of Paediatrics, Dr RPGMC, Tanda, Kangra, HP, India

(Bandyopadhyay, Saha) Department of Dermatology, Medical College, Kolkata, India

(Gupta, Sharma) Department of Paediatric Surgery, NIMS University Medical College, Jaipur,

Rajasthan, India

Publisher

Springer
Year of Publication
2014

120.

Scrotal migration as an unusual complication of ventriculoperitoneal shunt case report. Skrotal migrasyon: Siradisi ventrikuloperitoneal sant komplikasyonu <Skrotal migrasyon: Siradisi ventrikuloperitoneal sant komplikasyonu.>

Basaran R., Senol M., Efendioglu M., Onoz M., Isik N., Kaner T.

Embase

Journal of Neurological Sciences. 31(2) (pp 408-412), 2014. Date of Publication: 2014.

[Article]

AN: 373400906

Introduction: Ventriculoperitoneal shunt is a widely used method in hydrocephalus treatment. Complications of catheters are not uncommon as well as dysfunctions. Case: Ventriculoperitoneal shunt was implanted to a new born at twelfth day of his life because of hydrocephalus. Five months after operation he developed a swelling on his testicles and he was very disquiet. A scrotal migration of distal end of the shunt was discovered.

Conclusion(s): Migration of a shunt catheter causes shunt dysfunction and develops symptoms according to the area it is migrated. Such a condition is thought to be due to patent ductus arteriosus. In the presence of a patent ductus arteriosus, shunt catheter can be kept shorter.

When a patient with hydrocephalus suffers with from his scrotum and develops shunt dysfunction scrotal migration should come to mind.

Place Holder 11

Embase

Institution

(Basaran, Efendioglu) Dr. Lutfi Kirdar Kartal Training and Research Hospital, Department of Neurosurgery, Istanbul, Turkey (Senol, Onoz, Isik, Kaner) Istanbul Medeniyet University Goztepe Education and Research Hospital, Department of Neurosurgery, Istanbul, Turkey

Publisher

Ege University Press (Bornova, Izmir 35100, Turkey)

Year of Publication

2014

121.

Transumbilical endoscopic surgery for incarcerated inguinal hernias in infants and children.

Zhou X., Peng L., Sha Y., Song D.

Embase

Journal of Pediatric Surgery. 49(1) (pp 214-217), 2014. Date of Publication: January 2014.

[Article]

AN: 372132670

Purpose To describe transumbilical laparoscopic herniorrhaphy after unsuccessful attempted manual reduction of incarcerated inguinal hernias in infants and children. Methods In our two hospitals, two-trocar transumbilical endoscopic surgery (TUES) is the standard technique used to repair incarcerated inguinal hernias in infants and children. Seventeen patients (aged 8 months to 2.5 years; median, 15 months; 15 boys, 2 girls) with incarcerated inguinal hernias underwent

urgent laparoscopy after unsuccessful attempted manual reduction. Two 3- or 5-mm trocars were inserted into the abdomen through two intraumbilical incisions, under laparoscopic guidance. The hernia was reduced by combined external manual pressure and internal pulling with bowel forceps. After inspection of the bowel, a round needle with a 2-0 nonabsorbable suture was introduced into the peritoneal cavity through the anterior abdominal wall near the internal inguinal ring. The hernial orifice was closed with an extraperitoneal purse-string suture around the internal inguinal ring, and tied with an intraperitoneal knot. A similar procedure was performed on the contralateral side if the processus vaginalis was patent. Results The TUES procedure was successful in all patients. No conversions to open surgery were required. The mean operating time was 30 min (range, 25-40 min). All patients were discharged on the second postoperative day. No complications such as postoperative bleeding, hydrocele, or scrotal edema were observed. The mean follow-up period was 15 months. No cases of testicular atrophy, hypotrophy, or hernia recurrence were reported. Conclusions Our preliminary experience with using TUES for the treatment of incarcerated inguinal hernias in infants and children had satisfactory outcomes. This technique appeared to be safe, effective, and reliable, and had excellent cosmetic results. © 2014 Elsevier Inc. All rights reserved.

PMC Identifier

24439612 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=24439612>]

Place Holder 11

Embase

Institution

(Zhou, Peng, Sha) Department of Pediatric Surgery, Xuzhou Central Hospital, Liberation of South Road No. 199, Xuzhou, Jiangsu Province 221009, China (Song) Department of Pediatric Surgery, Taizhou Hospital, Zhejiang Province, China

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2014

122.

Lichtenstein repair of indirect inguinal hernias with acellular tissue matrix grafts in adolescent patients: A prospective, randomized, controlled trial.

Shen Y.-M., Chen J., Tian M.-L., Yang S., Liu S.-J., Wang M.-G.

Embase

Surgery Today. 44(3) (pp 429-435), 2014. Date of Publication: March 2014.

[Article]

AN: 52501114

Purpose: To evaluate the outcomes of Lichtenstein hernioplasty using acellular tissue matrix (ACTM) grafts in adolescent patients.

Method(s): One hundred patients, 13-18 years old, with primary unilateral indirect inguinal hernias, were randomly assigned to receive Lichtenstein hernioplasty using ACTM or traditional high ligation of the hernia sac (control group). The outcome measures were the length of the operation, postoperative visual analogue scale (VAS) pain score, length of hospitalization, postoperative complications and recurrence rate.

Result(s): The length of hospitalization and VAS score were not different between the groups, and the minimum follow-up was 30 months. No postoperative wound infections, chronic postoperative pain or local foreign body sensation occurred in either group. Six patients (14.3 %) in the experimental group and five (11.6 %) in the control group developed scrotal hydroceles ($P > 0.05$); all resolved with conservative management. There were no recurrences in the experimental group, while there were three (6 %) in the control group ($P > 0.05$) and all occurred in patients with Gilbert type 3 hernias.

Conclusion(s): Lichtenstein hernioplasty using ACTM grafts has comparable safety and efficacy to traditional high ligation of the indirect hernia sac in adolescent patients. ACTM can reduce the incidence of recurrence in adolescents with Gilbert type 3 hernias. © 2013 Springer Japan.

PMC Identifier

23515755 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=23515755>]

Place Holder 11

Embase

Institution

(Shen, Chen, Tian, Yang, Liu, Wang) Department of Hernia and Abdominal Wall Surgery, Beijing Chao-Yang Hospital, Capital Medical University, 5 Jingyuan Road, Shijingshan District, Beijing 100043, China

Publisher

Springer Japan (1-11-11 Kudan-kita, Chiyoda-ku, No. 2 Funato Bldg., Tokyo 102-0073, Japan)

Year of Publication

2014

123.

Prepubertal Male Genitourinary Metastatic Crohn's Disease: Report of a Case and Review of Literature.

Mirheydar H.S., Friedlander S.F., Kaplan G.W.

Embase

Urology. 83(5) (pp 1165-1169), 2014. Date of Publication: May 2014.

[Article]

AN: 52989538

Chronic penile swelling in prepubertal boys is an uncommon problem. The differential diagnosis includes primary and secondary lymphedema, trauma, previous penile surgery, and extraintestinal metastatic Crohn's disease. We report a 6-year-old boy who presented with persistent penile edema as an extraintestinal manifestation of Crohn's disease. In this case, the penile edema preceded the overt bowel symptoms associated with Crohn's disease, and a high index of suspicion led to the underlying diagnosis. Few previous reports have reviewed the different treatment options and their associated outcomes for Crohn's disease in prepubertal boys with genital edema. © 2014 Elsevier Inc All Rights Reserved.

PMC Identifier

24503024 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=24503024>]

Place Holder 11

Embase

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(Mirheydar, Kaplan) Department of Urology, University of California, San Diego School of Medicine, 7920 Frost Street, San Diego, CA 92123, United States (Friedlander) Department of Dermatology, University of California, San Diego School of Medicine, San Diego, CA, United States

(Friedlander, Kaplan) Rady Children's Hospital, San Diego, CA, United States

Publisher

Elsevier Inc. (E-mail: usjcs@elsevier.com)

Year of Publication

2014

124.

Testicular dysmorphism in infantile abdominoscrotal hydrocele: Insights into etiology.

Vaos G., Zavras N., Eirekat K.

Embase

International Urology and Nephrology. 46(7) (pp 1257-1261), 2014. Date of Publication: July 2014.

[Article]

AN: 53015819

Testicular dysmorphism (TD) associated with infantile abdominoscrotal hydrocele (ASH) may be due to the pressure effect of hydrocele on the testis or may be a developmental abnormality. Only a few reports are referred to the etiology of testicular changes in infantile ASH. We present an additional case of infantile ASH together with a review of the literature, focusing on insights into etiology of TD and its appropriate management. © 2014 Springer Science+Business Media.

PMC Identifier

24554219 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=24554219>]

Place Holder 11

Embase

Institution

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Publisher

Kluwer Academic Publishers

Year of Publication

2014

125.

Giant abdominoscrotal hydrocele obstructing the right kidney.

Mogilner G., Nativ O., Halachmi S.

Embase

Israel Medical Association Journal. 16(9) (pp 593-594), 2014. Date of Publication: 01 Sep 2014.

[Article]

AN: 600237188

PMC Identifier

25351023 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=25351023>]

Place Holder 11

Embase

Institution

(Mogilner) Departments of Pediatric Surgery, Technion-Israel Institute of Technology, Haifa, Israel (Nativ, Halachmi) Departments of Urology, Technion-Israel Institute of Technology, Haifa, Israel

Publisher

Israel Medical Association (2 Twin Towers, 11th Floor, 35 Jabotinsky Street, PO Box 3566, Ramat Gan 52135, Israel)

Year of Publication

2014

126.

Encysted spermatic cord hydrocele in a 60-year-old, mimicking incarcerated inguinal hernia: A case report.

Manimaran D., Karthikeyan T.M., Mohamed Khan D.

Embase

Journal of Clinical and Diagnostic Research. 8(2) (pp 153-154), 2014. Date of Publication: 2014.

[Article]

AN: 372311239

Hydrocele of spermatic cord is caused by defect in closure of the processus vaginalis, as the testicles descend into the scrotum during foetal development. It usually occurs in infancy and childhood. There are two types of hydrocele of spermatic cord. Encysted type is caused by defective closure at both proximal and distal ends of processus vaginalis and it does not communicate with the peritoneal cavity. Funicular type is caused by defective closure of only distal end of tunica vaginalis and it communicates with the peritoneal cavity. The encysted type can be confused clinically with incarcerated inguinal hernia, inguinal lymphadenopathy, undescended testis and primary tumours of cord like lipoma. We are presenting a case of encysted hydrocele of spermatic cord in a 60-year-old male, which clinically mimicked incarcerated inguinal hernia.

Place Holder 11

Embase

Institution

(Manimaran, Mohamed Khan) Department of Pathology, Shri Sathya Sai Medical College and Research Institute, Tiruporur, Tamilnadu, India (Karthikeyan) Department of Pathology, Melmaruvathur Adhiparasakthi Institute of Medical Science and Research, Melmaruvathur, Tamil Nadu, India

Publisher

Journal of Clinical and Diagnostic Research (No 3, 1/9 Roop Nagar, G T Road, Delhi 110007, India)

Year of Publication

2014

127.

Abdominal neuroblastoma presenting as metastatic scrotal masses: A case report and review of the literature.

Sabetkish S., Hedayat Z., Mahboubi A.H., Vasei M., Alizadeh H., Kajbafzadeh A.-M.

Embase

International Cancer Conference Journal. 3(1) (pp 43-47), 2014. Date of Publication: 2014.

[Article]

AN: 372181880

Neuroblastoma (NB) is one of the most common solid cancers of early childhood, and it remains a vital clinical problem, with a 15 % mortality rate in children. In this report, we describe the case of a 5-month-old infant with scrotal masses, left hydrocele, and right undescended testes (UDT). A 5-month-old boy was referred to our center with bilateral scrotal masses as a first presentation and midline retroperitoneal mass. Unfavorable histopathologic examination confirmed the diagnosis of NB. Left orchiopexy and herniotomy were performed with complete resection of paratesticular tumor. The patient received the standard chemotherapy regimen and no tumor was detected within 3 years of follow-up. Testicular and paratesticular organs are rarely reported sites

for NB. The testicular area should be considered as one of the key points in cancer examination due to being a small and under-observed region for tumor enlargement. Additionally, biochemical analysis and ultrasound can play a crucial role in investigation of painless masses. © 2013 The Japan Society of Clinical Oncology.

Place Holder 11

Embase

Institution

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14616, Iran, Islamic Republic of (Vasei) Department of Pathology, Children's Medical Center Hospital, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of

(Alizadeh) Department of Radiology, Children's Medical Center Hospital, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of

(Sabetkish, Hedayat, Mahboubi) Pediatric Urology Research Center, Children's Center of Excellence, Tehran University of Medical Sciences, 62 Dr. Qarib St., Keshavarz Blvd, Tehran, 14194, Iran, Islamic Republic of

Publisher

Springer Japan (1-11-11 Kudan-kita, Chiyoda-ku, No. 2 Funato Bldg., Tokyo 102-0073, Japan)

Year of Publication

2014

128.

Modified single-port minilaparoscopic extraperitoneal repair for pediatric hydrocele: a single-center experience with 279 surgeries.

Wang Z., Xu L., Chen Z., Yao C., Su Z.

Embase

World journal of urology. 32(6) (pp 1613-1618), 2014. Date of Publication: 01 Dec 2014.

[Article]

AN: 605611509

PURPOSE: The purpose of the study is to introduce our experience of a modified single-port minilaparoscopic technique for the treatment of pediatric hydrocele. **METHODS:** Between June 2008 and May 2012, 279 boys (115 communicating hydrocele and 164 "non-communicating" hydrocele, diagnosis based on preoperative physical examination and scrotal ultrasound) underwent the modified single-port minilaparoscopic repair in our institution. During surgery, a 3-mm laparoscope was inserted into the abdomen through a mini-umbilical incision. The hydrocele sac orifice was closed by an extraperitoneal purse-string suture placed around the internal ring with an ordinary taper needle and an endoclose needle.

RESULTS: Of all the 279 patients, 16 (5.7 %) were found to have a potential patent processus vaginalis (PPV) on the contralateral side. Of the 164 boys diagnosed with "non-communicating" hydrocele preoperatively, 5 (3.0 %) had no PPV identified in laparoscope and the other 159 (97.0 %) had PPV actually. A total of 274 single-port minilaparoscopic procedures were performed, and all cases were successful without serious complications. The mean operative time was 19.5 and 24.8 min for unilateral and bilateral operations, respectively. Postoperative complications were noted in 4 cases, 2 (0.7 %) patients with scrotal edema, 1 (0.4 %) patient experienced an umbilical hernia, and 1 (0.4 %) patient with suture site abscess. During a median follow-up period of 9 months (range 6-24 months), postoperative hydrocele recurrence was seen in 2 patients (0.7 %).

CONCLUSIONS: This modified single-port minilaparoscopic technique is a safe, effective, and reliable procedure for pediatric hydroceles.

PMC Identifier

24522790 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=24522790>]

Institution

(Wang, Xu, Chen, Yao, Su) Institute of Clinical Anatomy, Southern Medical University, Guangzhou, 510515, Guangdong, China, docwzf1@163.com

Year of Publication

2014

129.

Radiologic findings of a giant unilateral abdominoscrotal hydrocele associated with undescended testis.

Kara T.

Embase

Journal of Medical Ultrasonics. 40(1) (pp 65-67), 2013. Date of Publication: January 2013.

[Article]

AN: 52141969

Abdominoscrotal hydrocele (ASH) is an uncommon entity characterized by an hourglass-shaped hydrocele that extends from the scrotum into the abdominal cavity. In this case, ultrasonography and computed tomography findings of an 11-month-old patient with a right ASH and undescended testis are reported. © 2012 The Japan Society of Ultrasonics in Medicine.

Place Holder 11

Embase

Institution

(Kara) Department of Radiology, Medical Faculty, Eskisehir Osmangazi University, Eskisehir, Turkey

Publisher

Springer Japan (1-11-11 Kudan-kita, Chiyoda-ku, No. 2 Funato Bldg., Tokyo 102-0073, Japan)

Year of Publication

2013

130.

Scrotal involvement in an adult with Henoch-Schonlein purpura.

Aaron S., Al-Watban L., Manca D.

Embase

Clinical Rheumatology. 32(SUPPL. 1) (pp 93-95), 2013. Date of Publication: 2013.

[Article]

AN: 372151180

Henoch-Schonlein purpura is a systemic vasculitis of unknown etiology usually affecting the pediatric age group and characterized by the clinical triad of nonthrombocytopenic palpable purpura, abdominal pain, and arthritis. There also may be varying degrees of renal involvement. The findings of scrotal involvement are not as well recognized. We describe a case of acute scrotal swelling as part of a 37-year-old male's presentation of Henoch-Schonlein purpura, a presentation that has not been reported in this age group. © Clinical Rheumatology 2010.

PMC Identifier

20827561 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20827561>]

Place Holder 11

Embase

Institution

(Aaron) Division of Rheumatology, Department of Internal Medicine, University of Alberta Hospital, 562 Heritage Medical Research Center, Edmonton, AB, T6G 2S2, Canada (Al-Watban, Manca) Department of Family Medicine, University of Alberta, 901 Collage Plaza, Edmonton, AB, T6G 2C8, Canada
(Al-Watban) Unit 334, 10411-105Ave, Edmonton, AB, T5H4R8, Canada
Publisher
Springer London (The Guildway, Old Portsmouth Road, Artington, Guildford GU3 1LP, United Kingdom)
Year of Publication
2013

131.

Shunt dysfunction secondary to peritoneal catheter migration to the scrotum. Malfuncion valvular intermitente por migracion del cateter peritoneal a escroto <Malfuncion valvular intermitente por migracion del cateter peritoneal a escroto.>

Rivero-Garvia M., Gaido J.L.B., Morcillo J., Rivas J.M.

Embase

Archivos Argentinos de Pediatria. 111(1) (pp e14-e16), 2013. Date of Publication: January-February 2013.

[Article]

AN: 368434348

Introduction: Valvular dysfunction secondary to obstruction of proximal catheter is relatively frequent at emergency room. However non-infectious obstruction of distal catheter is exceptional. Case report: A 6-year-old boy with dysfunction shunt due to migration of the abdominal catheter into the right scrotum. The patient was operated urgently for peritoneum-vaginal processus closure.

Discussion(s): Permeability of the peritoneum-vaginal processus (until 60% of boys younger than one year) causes hydrocele in patients with ventricle-peritoneal shunt. However migration of the peritoneal catheter is very infrequent specially in patients older than one year. In the case of this event with increased intracranial pressure levels and shunt malfunction, emergency closure of the duct should be a priority.

PMC Identifier

23381710 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=23381710>]

Place Holder 11

Embase

Institution

(Rivero-Garvia, Gaido, Morcillo, Rivas) Unidad de Neurocirugia Pediatrica, Hospital Virgen del Rocio, Sevilla, Spain

Publisher

Sociedad Argentina de Pediatria (Av. Coronel Diaz 1971/75, Buenos Aires C1425DQF, Argentina)

Year of Publication

2013

132.

Advanced testicular cancer in a society of racial and socio-economic health disparity.

Kaufman M.

Embase

BMJ Case Reports. (no pagination), 2013. Article Number: 009277. Date of Publication: 24 Jun 2013.

[Article]

AN: 369408590

This is the case of an African-American man who presented with a 6 month history of impressive unilateral testicular swelling and abdominal pain. After a thorough workup he was found to have metastatic testicular seminoma causing multiple complex sequelae. This case highlights the essential diagnostic and therapeutic features of a common malignancy seen primarily in young men. His advanced disease presentation, complex management of multiple comorbidities combined with his African-American race and lower socio-economic status (SES) highlight an unusual paradigm shift in testicular cancer epidemiology from the more typical high SES Caucasian to the lower SES, less educated male patient. Beyond the unexpected clinical presentation, this case then presents multiple avenues of discussion regarding the unfortunate effects of racial disparities on disease presentation and progression that are plaguing our healthcare system today. © Copyright 2013 BMJ Publishing Group.

PMC Identifier

23813997 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=23813997>]

Place Holder 11

Embase

Institution

(Kaufman) Wayne State University, School of Medicine, Detroit, MI, United States

Publisher

BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

Year of Publication

2013

133.

Massive abdominoscrotal hydrocele.

Blackwell R.H., Kouri A., Ellimoottil C., Bresler L., Turk T.M.T.

Embase

Current Urology. 7(2) (pp 110-112), 2013. Date of Publication: 2013.

[Article]

AN: 603943523

Abdominoscrotal hydrocele (ASH) is a very rare clinical finding. It is characterized by a large scrotal hydrocele in communication with the abdominal cavity through the inguinal canal. Most reports of ASH have been in the pediatric population. We present the case of a 67-year-old man, with severe liver disease, who was discovered to have massive bilateral ASH secondary to ascites.

Copyright © 2013 S. Karger AG, Basel.

Place Holder 11

Embase

Institution

(Blackwell, Kouri, Ellimoottil, Bresler, Turk) Department of Urology, Loyola University Medical Center, Fahey Center, 2160 S. First Avenue, Maywood, IL 60513, United States

Publisher

S. Karger AG

Year of Publication

2013

134.

Imaging of the Inguinal Canal in Children.

Williamson Z.C., Epelman M., Daneman A., Victoria T., Chauvin N., Oudjhane K., Navarro O.M.
Embase

Current Problems in Diagnostic Radiology. 42(4) (pp 164-179), 2013. Date of Publication: July 2013.

[Review]

AN: 369201672

The inguinal canal is often seen at the edge of the field of view on plain radiography, computed tomography, or magnetic resonance imaging and may often not be scanned when performing sonography of the scrotum or abdomen. As a result, pathology in this anatomical region may be easily overlooked. The peculiar embryology of the inguinal canal makes the identification of pathology in the inguinal region significant, as some of the processes that take place within the scrotum may originate in the abdomen, and vice versa. This article reviews the relevant embryology of the inguinal canal, discusses abdominal and scrotal conditions that involve the inguinal region, and illustrates associated pathology. © 2013 Elsevier Inc.

PMC Identifier

23795995 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=23795995>]

Place Holder 11

Embase

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(Williamson, Epelman) Florida State University, College of Medicine, Tallahassee, FL, United States (Epelman) Department of Radiology, Nemours Children's Hospital, Orlando, FL, United States

(Daneman, Oudjhane, Navarro) Department of Diagnostic Imaging, Hospital for Sick Children, Toronto, ON, Canada

(Victoria, Chauvin) Department of Radiology, Children's Hospital of Philadelphia, PA, United States

Publisher

Mosby Inc. (11830 Westline Industrial Drive, St. Louis MO 63146, United States)

Year of Publication

2013

135.

Bilateral abdominoscrotal hydrocele in a 5-month-old infant presented with a left leg edema and cyanosis.

Pogorelic Z., Juric I., Bogdanic Z., Krzelj V.

Embase

Hernia. 17(4) (pp 533-535), 2013. Date of Publication: August 2013.

[Article]

AN: 52094956

A 5-month-old infant presented with bilateral abdominoscrotal hydroceles since birth and left leg edema and cyanosis. An ultrasound of the abdomen showed a cystic mass. Computed tomography showed a fluid filled mass extending intra-abdominally through the inguinal canal from the scrotum. A bilateral hydrocelectomy was performed, and the proximal sac was

completely excised through the inguinal incision. The edema of the left leg resolved 2 days after surgery. The postoperative course was uneventful, without complication. © 2012 Springer-Verlag. PMC Identifier

22760160 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22760160>]

Place Holder 11

Embase

Institution

(Pogorelic, Juric) Department of Pediatric Surgery, Split University School of Medicine, Split University Hospital Centre, Spinciceva 1, 21000 Split, Croatia (Bogdanic) Department of Pediatric Surgery, Sibenik General Hospital, Stjepana Radica 83, 22000 Sibenik, Croatia (Krzelj) Department of Pediatrics, Split University School of Medicine, Split University Hospital Centre, Spinciceva 1, 21000 Split, Croatia

Publisher

Springer Paris (1 rue Paul Cezanne, Paris 75008, France)

Year of Publication

2013

136.

Association between congenital cryptorchidism and levels of persistent organic pollutants in subcutaneous fat.

Koskenniemi J.J., Virtanen H.E., Kiviranta H., Main K.M., Skakkebaek N.E., Toppari J.

Embase

Endocrine Reviews. Conference: 95th Annual Meeting and Expo of the Endocrine Society, ENDO 2013. San Francisco, CA United States. Conference Publication: (var.pagings). 34(3 SUPPL. 1) (no pagination), 2013. Date of Publication: 2013.

[Conference Abstract]

AN: 71784465

Congenital cryptorchidism, i.e. the absence of the testis in the scrotum at birth, is a common genital malformation among the newborn boys. The evidence from epidemiological, wildlife and animal studies suggests that the exposure to Endocrine Disrupting Chemicals (EDCs) during fetal development might play a role in its pathogenesis. However, associations between congenital cryptorchidism and exposure to EDCs have been observed in only few human studies. Persistent Organic Pollutants (POPs) such as polychlorinated biphenyls (PCBs), polychlorinated dibenzo-p-dioxins and furans (PCDD/Fs) and polybrominated diphenyl ethers (PBDEs) are chemicals that bioaccumulate to the tissue lipid and to the top of the food chain. In the intrauterine milieu, the child is exposed to POPs through placenta and in postnatal life predominantly via breast milk. Later on, a significant source of the PBDEs is indoor dust, whereas exposure to PCDD/Fs and PCBs comes mainly from the ingestion of fatty foods. The aim of this study was to find out whether exposure to PCDD/Fs, PCBs, or PBDEs is associated with congenital cryptorchidism. The study (approved by the ethics committee) included fat biopsies from 30 volunteer Finnish boys that were referred for orchiopexy (cases) and 29 boys that were operated for inguinal hernia, abdominal hernia or hydrocele (controls) at Turku University Hospital in 2002 - 2006. During the operation, a subcutaneous fat biopsy was taken. In addition, the parents filled in a questionnaire concerning the breastfeeding of the child. Samples were analyzed for 37 PCBs, 17 PCDD/Fs and 14 PBDEs. After the data was adjusted for postnatal confounders such as the age of the mother, total period of exclusive breastfeeding, age when the breastfeeding was discontinued and age when the child was operated, cryptorchid cases had significantly higher PCDD/F (median case vs control 99.2 pg/g vs 63.2 pg/g, $p=0.02$) and the WHO-TEq of the 17 dioxins and 12 dioxin-like PCBs i.e. total-TEq (6.7 pg/g vs 4.1 pg/g, $p=0.002$) than controls. No significant association was found between congenital cryptorchidism and PBDEs (6.6 ng/g vs 4.9 ng/g, $p=0.53$) or PCB (68.5 ng/g vs 79.5 ng/g, $p=0.06$) in adipose tissue. In conclusion, pre- and

postnatal exposure to dioxin-like PCBs and PCDD/Fs might be associated with congenital cryptorchidism.

Place Holder 11

CONFERENCE ABSTRACT

Institution

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(Skakkebaek) University of Copenhagen, Faculty of Health and Medical Sciences, Rigshospitalet, Copenhagen, Denmark

(Toppari) University of Turku, Turku, Finland

Publisher

Endocrine Society

Year of Publication

2013

137.

An abdominoscrotal hydrocele in infant-a cystic lesion in the abdomen.

Czerwinska K., Brzewski M., Majkowska Z., Mosior T., Roszkowska-Blaim M., Warchol S.

Embase

Pediatric Radiology. Conference: 50th Annual Meeting and 36th Postgraduate Course of the European Society of Paediatric Radiology. Budapest Hungary. Conference Publication: (var.pagings). 43(SUPPL. 3) (pp S614-S615), 2013. Date of Publication: June 2013.

[Conference Abstract]

AN: 71121653

Purpose-Objective. An abdominoscrotal hydrocele (ASH) is a rare lesion and should be considered in the differential diagnosis of cystic lesion in the abdomen in a child. Material and methods. A first abdominal US examination in a 6 weeks old boy, performed because of urinary tract infection, revealed no pathological changes. The next US, after 3 months, showed a cystic lesion (53x 27x20mm) on the right side, above the bladder, filled with anechoic fluid. One month later in US the size of the lesion increased and CT demonstrated a communication between a cystic mass in the abdomen and a right scrotal hydrocele-an ASH. Results. ASH is a congenital condition. It consists of hydrocele that extends from the scrotum through the internal inguinal ring into the abdominal cavity. Our patient had no other symptoms and was observed by US examination. Following the next 4 months the size of the ASH decreased remarkably. Discussion and conclusions. US is the most valuable tool for confirming diagnosis of ASH. CT should be used only when US fails to establish the nature of the mass. One should remember about this rare entity in differential diagnosis of cystic abdominal mass. Spontaneous resolution of ASH is rare but one can wait with surgical treatment in an asymptomatic patient.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Czerwinska, Brzewski, Majkowska, Mosior) Department of Pediatric Radiology Medical, University of Warsaw, Warsaw, Poland (Roszkowska-Blaim) Department of Pediatric

Nephrology Medical, University of Warsaw, Warsaw, Poland

(Warchol) Department of Pediatric Surgery Medical, University of Warsaw, Warsaw, Poland

Publisher

Springer Verlag

Year of Publication

2013

138.

Chylolympatic cyst of the greater omentum presenting as abdominoscrotal swelling in a child.
Meitei K.S., Singh S.R., Singh K.S.

Embase

Indian Journal of Urology. 29(3) (pp 260-262), 2013. Date of Publication: July-September 2013.

[Article]

AN: 369890774

Omental cyst are rare abdominal lesions and are difficult to diagnose. They are detected incidentally during imaging studies performed for unrelated reasons. In children, it may present as an acute abdomen due to intestinal obstruction or painless abdominal swelling. Imaging is helpful in excluding other causes of lump abdomen. We encountered a case of giant omental cyst presenting with abdominoscrotal swelling in a child. The patient underwent laparotomy and the diagnosis of omental cyst was established by intraoperative findings. Thus complete excision of the cyst was performed. The diagnosis was confirmed by pathological examination.

Place Holder 11

Embase

Institution

(Meitei, Singh, Singh) Department of Urology, Regional Institute of Medical Sciences, Lamphelpat, Imphal - 795 004, India

Publisher

Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

2013

139.

Hematocele secondary to rupture of an abdominoscrotal hydrocele.

Saez F., Descalzo M.J., Herrera B., Castillo E., Cantero J.A., Marchal C., Machuca Santa Cruz F.J.

Embase

Archivos espanoles de urologia. 66(9) (pp 877-879), 2013. Date of Publication: Nov 2013.

[Article]

AN: 563086782

To describe one case of hematocele secondary to rupture of an abdominoscrotal hydrocele in an adult patient. We report a huge hematocele in a patient with this unusual type of hydrocele that suffered a minimal scrotal trauma. It was a hydrocele that extended through the inguinal canal to the retroperitoneal space. Abdominoscrotal hydrocele is a rare condition in children and even rarer in adults. The presence of a hematocele requires early surgical treatment.

PMC Identifier

24231299 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=24231299>]

Institution

(Saez) Departamento de urologia y Medicina Familiar y Urgencias. Hospital Virgen de la Victoria.Malaga.Spain.

Year of Publication

2013

140.

The differences in testicular volumes in boys 8-36 months old with undescended, retractile and hydrocele testis--usefulness of scrotal screening ultrasound.

Jedrzejewski G, Wozniak MM, Madej T, Kryza R, Zielonka-Lamparska E, Wieczorek AP

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Early Human Development. 88(3):185-9, 2012 Mar.

[Journal Article]

UI: 21889272

PURPOSE: The aim of the study was quantitative and qualitative assessments of scrotal abnormalities diagnosed in boys 8 to 36 months old during ultrasound screening and estimation if these abnormalities influence testes volume.

MATERIALS AND METHODS: High frequency scrotal ultrasound was performed in 1448 patients aged 8-36 months as additional exam during screening ultrasound program for children including cervical and abdominal ultrasound. The mean age of examined boys was 17 months. For further analysis the children were divided in 5 age groups.

RESULTS: The abnormalities in scrotal ultrasound were found in 20.1% of boys. Undescended, cryptorchid testes were found in 4.8% of patients, mobile testicle in 7.6% and hydrocele in 2.8%. The volume of undescended testes was statistically lower than volume of the descended testes in 3 youngest groups of boys ($p=0.003-0.011$). The volume of mobile testicles did not increase with age, while in patients with hydrocele the testicular volume decreased with age.

CONCLUSION: Scrotal screening ultrasound performed in boys up to 3 years old may deliver information about the number and type of existing pathologies as well as their influence on the testicular volume. The volume of the pathological testes was lower than the volume of the normal ones. Improper growth of testes may potentially have important clinical implication for the function of testes in the future.

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Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Jedrzejewski, G, Wozniak, M M, Madej, T, Kryza, R, Zielonka-Lamparska, E, Wieczorek, A P

Institution

Jedrzejewski, G. Department of Pediatric Radiology, Medical University of Lublin, Poland.

gjedrzejewski@wp.pl

Year of Publication

2012

141.

Abdominoscrotal hydrocele with intestinal malrotation: a rare association.

Jain S, Singh R, Singh SK, Singh V, Shantanu K

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Case Reports in Radiology. 2012:354514, 2012.

[Journal Article]

UI: 22924147

Abdominoscrotal hydrocele is an uncommon clinical entity and so is intestinal malrotation. We report a case of 15 year old boy who presented with lump in abdomen previously diagnosed as mesenteric cyst on ultrasound. A multislice CT scan and repeat ultrasound not only diagnosed the case as abdominoscrotal hydrocele but also detected intestinal malrotation with positive whirl sign. This is the first reported case of abdominoscrotal hydrocele with intestinal malrotation.

Version ID

1

Place Holder 11

PubMed-not-MEDLINE

Authors Full Name

Jain, Sonal, Singh, Ragini, Singh, Surendra Kumar, Singh, Vikram, Shantanu, Kumar

Institution

Jain, Sonal. Department of Radiodiagnosis, CSM Medical University (Erstwhile King George Medical University), Lucknow 226003, India.

PMC Identifier

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3423770>

Year of Publication

2012

142.

Pyocele of the scrotum in the pediatric patient.

Kraft K.H., Lambert S.M., Snyder III H.M., Canning D.A.

Embase

Journal of Pediatric Urology. 8(5) (pp 504-508), 2012. Date of Publication: October 2012.

[Article]

AN: 51724488

Pyocele of the scrotum has been reported but is not well described in the pediatric population.

The majority of published cases have been treated definitively with surgical drainage, and the severity of some cases has led to orchiectomy. We report a cases series of four boys with idiopathic pyocele, two of whom were managed successfully without operative intervention. Of these, one case was likely due to hematogenous spread of infection, and one case was secondary to spread of abdominal contamination via a patent processus vaginalis. To our knowledge, this is the first case series reporting non-surgical management of infant pyocele.

Although rare, this clinical entity should be considered in the differential diagnosis of acute scrotum in the pediatric patient. ©2011 Journal of Pediatric Urology Company.

PMC Identifier

22113002 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22113002>]

Place Holder 11

Embase

Institution

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Publisher

Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Year of Publication

2012

143.

Pattern of presentation and management of patients with undescended testis at Kilimanjaro Christian Medical Center, Tanzania.

Afrika Gasana G., Mteta K.A.

Embase

African Journal of Urology. 18(3) (pp 124-126), 2012. Date of Publication: 2012.

[Article]

AN: 369253886

Objective: To assess the pattern or presentation, management and advice given to the parents or guardians of patients with undescended testes (UDT) at Kilimanjaro Christian Medical Center, Tanzania. Subjects and methods: From July 2010 to May 2011, 30 patients with UDT were prospectively evaluated regarding age at surgery, place of birth, information given to parents or guardians, side and site affected, results of ultrasonography, findings on surgical exploration, follow-up and surgical outcome.

Result(s): The median age at surgery was 6 years (range 1-36 years), 4 patients (13.3%) had orchidopexy before 2 years of age, 6 (20%) before 5 years and 4 (13.3%) after 18 years of age. The UDT was on the right side in 56.7%, on the left side in 26.7%, bilateral in 16.7%, in the inguinal region in 70% and in the abdomen in 30%. An associated malformation was found in 53.5% of patients: a hernia sac in 13 (43.3%), hypospadias in 2 (6.7%) and a hydrocele in 1 (3.3%). The UDT was detected by the parents in 13 cases (43.3%), by the patient himself in 9 (30%) and by health care staff in 8 cases (26.7%). Only 10 parents (33.3%) received advice from health care staff: 6 were advised for surgery and 4 were advised to await spontaneous descent. Preoperative ultrasonography was false negative in 56% of cases. Orchidopexy was performed in 28 (93.3%) patients (the testis was secured in the scrotum in 23 and in the high inguino-scrotal position in 5), and 2 (6.7%) underwent orchidectomy. At 3-month follow-up the testes were situated in the scrotum (not retracted) in 25 patients (3 were lost to follow-up).

Conclusion(s): The late presentation detected in this study is alarming, because the majority of patients were diagnosed and treated after 2 years of age. The role of ultrasound in diagnosis of UDT is limited. Health care workers should perform neonatal examination to detect UDT and inform parents that early correction of UDT will decrease the risk of infertility and facilitate future examination to detect the development of testicular malignancy. © 2012 Production and hosting by Elsevier B.V. on behalf of Pan African Urological Surgeons' Association.

Place Holder 11

Embase

Institution

(Afrika Gasana, Mteta) Kilimanjaro Christian Medical University College, P.O. Box 2240, Moshi, Tanzania

Publisher

Pan African Urological Surgeons Association(PAUSA) (37 Military Hospital, Accra, Ghana)

Year of Publication

2012

144.

Mini-scar inguinal herniotomy in selected children: Comparative analysis of safety, effectiveness, and parents' satisfaction.

Al-Jazaeri A., Al-Hassan N., Al-Hassan B., Harakati D., Al-Hezayen R., Al-Zahem A.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 22(1) (pp 97-101), 2012. Date of Publication: 01 Jan 2012.

[Review]

AN: 364201350

Introduction: Inguinal herniotomy in children is still dominated by conventional open inguinal herniotomy (COIH) as laparoscopic techniques have yet to demonstrate clear advantages. A technical modification that minimizes the incision of COIH in selected children can offer another minimally invasive alternative. A comparative analysis of safety, efficacy, and parental attitudes between mini-scar inguinal herniotomy (MSIH) and COIH was performed.

Material(s) and Method(s): All inguinal herniotomy cases performed between January 2008 and April 2010 were reviewed. Patients who were younger than 6 months, presented with complicated hernias, or had an associated hydrocele were excluded. In the MSIH group the final scar length was prospectively measured and then retrospectively compared with a matched group of COIH. Parents in both groups were then interviewed using a standardized questionnaire to inquire about operative outcomes, their satisfaction level, and perception of the incision size.

Result(s): Of the 145 patients identified, 113 (79%) had completed the parental phone interview at a mean interval of 275+/-212 days. Forty (35%) underwent MSIH with a mean final incision length of 7.7+/-2 mm, and 73 (65%) underwent COIH. The two groups were similar in age, sex, and hernias' sides. Postoperative complication including recurrence rates did not differ between MSIH and COIH (2.5% versus 6.8%, P=.4). However, parents in the MSIH group were more likely to notice that the scar was smaller than what they have expected (odds ratio, 4.9; 95% confidence interval, 2.1-11.9) and were more likely to be very satisfied (odds ratio, 10.8; 95% confidence interval, 3.1-38).

Conclusion(s): The safety and efficacy of MSIH are comparable to those of COIH. However, in the MSIH group, parents are more likely to notice the smaller scar, which might improve their satisfaction. © 2012, Mary Ann Liebert, Inc.

PMC Identifier

22082006 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22082006>]

Place Holder 11

Embase

Institution

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Publisher

Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)

Year of Publication

2012

145.

Triorchidism: A rare genitourinary abnormality.

Tonape T., Singh G., Koushik P., Tumepalli T.

Embase

Journal of Surgical Technique and Case Report. 4(2) (pp 126-128), 2012. Date of Publication: July-December 2012.

[Article]

AN: 368856146

Polyorchidism is an extremely rare congenital anomaly which refers to the presence of more than two testicles. There are very few reports of triorchidism in a 2 year old child. Polyorchidism is usually discovered incidentally. The most common anomalies associated with polyorchidism are inguinal hernia (30%), maldescended testis (15% to 30%), testicular torsion (13%) and hydrocele

(9%). A 2-year-old child was brought with bilateral undescended testis with normal milestones. Ultrasonography of scrotum and abdomen showed both the testes to be in inguinal canal. Intra-operatively, on left side-there were two testes, which belonged to Leung III class and one testis on right side. Management of polyorchidism is still controversial. The management of polyorchidism will depend upon the location, size and anatomical organisation of the testicular drainage system and the age of the patient.

Place Holder 11

Embase

Institution

(Tonape, Singh, Koushik, Tumepalli) Department of Surgery, Dr. D. Y. Patil Medical College, Pimpri, Pune, India

Publisher

Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

2012

146.

Pediatric Urological Emergencies.

Lambert S.M.

Embase

Pediatric Clinics of North America. 59(4) (pp 965-976), 2012. Date of Publication: August 2012.

[Review]

AN: 365339894

Although few children are severely ill when evaluated in the pediatric office, developing the skills to recognize an infant or child who requires hospitalization is critical. Some children will require treatment in an emergency department or direct admission to an inpatient facility, whereas other children can be managed as outpatients. Determining when an infant requires an inpatient admission is particularly important because the metabolic reserve is less abundant in the newborn. Patients with hemodynamic instability must be emergently addressed. This article outlines the most common urgent and emergent pediatric urological conditions with the goal to direct initial evaluation and treatment. © 2012.

PMC Identifier

22857843 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22857843>]

Place Holder 11

Embase

Institution

(Lambert) Department of Urology, Columbia University, The Morgan Stanley Children's Hospital of New York, 3959 Broadway, CHN-1117, New York, NY 10032, United States

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2012

147.

Systemic lupus erythematosus, protein losing enteropathy and autoimmune hemolytic anemia.

Akkina S., Bupathi K., Frieri M.

Embase

Annals of Allergy, Asthma and Immunology. Conference: 2012 Annual Meeting of the American College of Allergy, Asthma and Immunology. Anaheim, CA United States. Conference

Publication: (var.pagings). 109(SUPPL. 5) (pp A63), 2012. Date of Publication: November 2012.

[Conference Abstract]

AN: 70922637

Introduction: Protein-losing enteropathy (PLE) is a rare manifestation of systemic lupus erythematosus (SLE) which may be due to activated complement leading to increased capillary permeability or non-necrotizing vasculitis involving mesenteric and intestinal vessels. Autoimmune disorders such as SLE are the second leading cause of secondary warm autoimmune hemolytic anemia (AIHA) Case: A 47-year-old Hispanic male presented after a syncopal episode with diffuse abdominal pain with 4-5 watery stools per day for a month, generalized fatigue, mild dyspnea at rest, increase in abdominal girth, and lowgrade fevers. He denied joint pain or swelling, skin rashes previous medical problems or medications, smoking, alcohol or drug use. There was no family history of autoimmunity. Temperature: 101.6degree F, BP: 160/100, HR: 98, and RR:16. Enlarged non-tender lymph nodes were present in the axillary, anterior cervical, and inguinal regions. Chest examination revealed bilateral basal crackles. Abdomen was diffusely tender on palpation with shifting dullness. There was no clubbing, extremity edema or skin lesions.

Result(s): Normal wbc, hemoglobin: 8.8 g/dl, hematocrit: 27%., platelet count: 39,000/mm3. A metabolic panel and LFT's were unremarkable, except for albumin of 1.7 g/dL. Stool for occult blood, leukocytes, ova, parasites, and C. difficile toxin were negative. Chest and abdominal CAT scan revealed small bilateral pleural effusions, moderate ascites, generalized lymphadenopathy in the pelvic, inguinal, paraaortic, mediastinal and axillary areas. An ultrasound of the scrotum demonstrated a right hydrocele. Plasmaphoresis was started after schistocyte identification. FNA of an inguinal lymph node showed mixed polyclonal B and T cells. Paracentesis revealed a transudate fluid. A bone marrow biopsy showed trilineage hematopoiesis with mild megakaryocytic hyperplasia. A positive ANA, speckled pattern (titer 1:80), anti-ds-DNA (1:40), reduced levels of C3 (17.6 mg/dl) and C4 (<10 mg/dl) were noted. A diagnosis of SLE was made and a subsequent renal biopsy showed class IV lupus nephritis. Therapy with systemic corticosteroids and IVIG were started.

Conclusion(s): PLE was responsible for the hypoalbuminemia secondary to intestinal vasculitis as the initial manifestation of SLE with AIHA derived mainly from the response of serum albumin following steroid treatment. (Figure Presented).

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Akkina, Bupathi, Frieri) East Meadow NY United States

Publisher

American College of Allergy, Asthma and Immunology

Year of Publication

2012

148.

Epididymal anomalies in children with cryptorchidism or hydrocele.

Kim S.O., Na S.W., Yoo D.H., Hwang I.S., Oh K.J., Jung S.I., Kang T.W., Kwon D.D., Park K.,

Ryu S.B.

Embase

European Urology, Supplements. Conference: 27th Annual Congress of the European Association of Urology, EAU. Paris France. Conference Publication: (var.pagings). 11(1) (pp e399-e399a), 2012. Date of Publication: February 2012.

[Conference Abstract]

AN: 70863193

INTRODUCTION & OBJECTIVES: When children with cryptorchidism or hydrocele are managed by operative procedures, epididymal anomalies are detected frequently. We retrospectively evaluated the relationship with anomalous location and shape in patients with cryptorchidism or hydrocele, and also anomalous degree according to testicular locations in patient with cryptorchidism. **MATERIAL & METHODS:** Children with cryptorchidism (55 patients, 81 testes) or hydrocele (15 patients, 16 testes) from January 2008 to July 2011 were included. Preoperatively testicular locations and epididymal anomalies were investigated. According to morphological classification by Barthold and Redman, anomalous epididymis was defined as anomalies of epididymal fusion that consisted of loss of continuity between the testis and the epididymis and long looping epididymis. When a normal firm attachment between the testis and the caput and cauda epididymis was present, the epididymis was regarded as normal.

RESULT(S): The average age was 35.05+/-33.51 months (range, 9-120 months) in children with cryptorchidism and 50.33+/-21.34 months (range, 18-102 months) in children with hydrocele. In children with cryptorchidism, 29 patients (right: 17, left: 12) had unilateral type and 26 patients had bilateral type. In the 14 children with hydrocele, 13 had bilateral type (right: 10, left: 4) and one patient had unilateral type. Epididymal anomalies of the patients with cryptorchidism or hydrocele were 65.5% and 13.3%, respectively, and the prevalence rate in cryptorchidism was significantly high ($p<0.001$). In children with cryptorchidism, the detection rate of epididymal anomalies was 100% in the intra-abdominal area, 85.2% in the inguinal canal and 37.5% in the distal-to-external inguinal ring including the scrotum. This result showed that testicular locations were higher and epididymal anomalies were more frequent ($p<0.001$).

CONCLUSION(S): Epididymal anomalies are more frequent in children with cryptorchidism than hydrocele, and tend to increase as testicular locations are closer to the intra-abdominal area.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Kim, Na, Yoo, Hwang, Oh, Jung, Kang, Kwon, Park, Ryu) Chonnam National University Medical School, Dept. of Urology, Gwangju, South Korea

Publisher

Elsevier

Year of Publication

2012

149.

Epididymal anomalies in children with cryptorchidism or hydrocele.

Na S.W., Kim S.-O., Yoo D.-H., Hwang I., Hwang E.C., Oh K.-J., Jung S.-I., Kang T.-W., Kwon D.-D., Park K., Ryu S.-B.

Embase

Journal of Urology. Conference: 2012 Annual Meeting of the American Urological Association, AUA. Atlanta, GA United States. Conference Publication: (var.pagings). 187(4 SUPPL. 1) (pp e554-e555), 2012. Date of Publication: April 2012.

[Conference Abstract]

AN: 70721310

INTRODUCTION AND OBJECTIVES: When children with cryptorchidism or hydrocele are managed by operative procedures, epididymal anomalies are detected frequently. We retrospectively evaluated the relationship with anomalous location and shape in patients with

cryptorchidism or hydrocele, and also anomalous degree according to testicular locations in patient with cryptorchidism.

METHOD(S): Children with cryptorchidism (55 patients, 81 testes) or hydrocele (15 patients, 16 testes) from January 2008 to July 2011 were included. Preoperatively testicular locations and epididymal anomalies were investigated. According to morphological classification by Barthold and Redman, anomalous epididymis was defined as anomalies of epididymal fusion that consisted of loss of continuity between the testis and the epididymis and long looping epididymis. When a normal firm attachment between the testis and the caput and cauda epididymis was present, the epididymis was regarded as normal.

RESULT(S): The average age was 35.05+/-33.51 months (range, 9-120 months) in children with cryptorchidism and 50.33+/-21.34 months (range, 18-102 months) in children with hydrocele. In children with cryptorchidism, 29 patients (right: 17, left: 12) had unilateral type and 26 patients had bilateral type. In the 14 children with hydrocele, 13 had bilateral type (right: 10, left: 4) and one patient had unilateral type. Epididymal anomalies of the patients with cryptorchidism or hydrocele were 65.5% and 13.3%, respectively, and the prevalence rate in cryptorchidism was significantly higher ($p<0.001$). In children with cryptorchidism, the detection rate of epididymal anomalies was 100% in the intra-abdominal area, 85.2% in the inguinal canal and 37.5% in the distal-to-external inguinal ring including the scrotum. This result showed that testicular locations were higher and epididymal anomalies were more frequent ($p<0.001$).

CONCLUSION(S): Epididymal anomalies are more frequent in children with cryptorchidism than hydrocele, and tend to increase as testicular locations are closer to the intra-abdominal area.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Na, Kim, Yoo, Hwang, Hwang, Oh, Jung, Kang, Kwon, Park, Ryu) GwangjuSouth Korea

Publisher

Elsevier Inc.

Year of Publication

2012

150.

Single port laparoscopic varicocelectomy: Initial experience and comparison with the conventional multiport laparoscopic technique.

Friedersdorff F., Neymeyer J., Hinz S., Werthemann P., Roller C., Cash H., Busch J., Miller K., Fuller T.F.

Embase

Journal of Urology. Conference: 2012 Annual Meeting of the American Urological Association, AUA. Atlanta, GA United States. Conference Publication: (var.pagings). 187(4 SUPPL. 1) (pp e412), 2012. Date of Publication: April 2012.

[Conference Abstract]

AN: 70720710

INTRODUCTION AND OBJECTIVES: Laparoendoscopic single site varicocelectomy (LESSV) is a novel technique for the treatment of symptomatic varicocele. We compared intraoperative parameters and postoperative outcomes between LESSV and multiport laparoscopic varicocelectomy (MLV).

METHOD(S): We identified 12 patients who underwent LESSV between Nov. 2010 and June 2011. Seventy patients who underwent MLV between Jan. 2009 and Dec. 2010 served as controls. MLV was performed using a 10 mm transumbilical optic trocar and two working trocars (5 mm and 10 mm) placed in the left and right lower abdomen. Fig. 1 shows the Storz X-Cone. A bent laparoscopic grasper was used with a straight scissors. Whenever possible the testicular artery and adjacent lymphatics were preserved.

RESULT(S): Mean follow-up was 7 months in LESSV and 16 months in MLV (P=0.01; Student's t-test). Patient age and BMI was similar in both groups. Common indications for left varicocele were testicular pain (66%) and subfertility (34%). One patient underwent bilateral MLV. Mean operating time for LESSV and MLV was 61 min and 51 min, respectively (P=0.06). No intraoperative complications occurred in either group. In the LESSV group no conversion to MLV was necessary. Blood loss was minimal. Hospital stay was 1.4 days in the LESSV group vs. 1.8 days in the MLV group (P=0.03). One patient in the LESSV group developed left epididymitis two weeks postoperatively. Complications in the MLV group included varicocele recurrence (n=2), hydrocele (n=2), wound infection (n=1) and numbness of the left upper thigh (n=4). A postoperative questionnaire revealed that 90% of the patients experienced either symptom relief or improvement of sperm quality after LESSV, compared with 93% of patients after MLV. In the LESSV group all patients were satisfied or very satisfied with the cosmetic result vs. 89% in the MLV group. In the MLV group only 30% of patients would have opted for a discharge home on postoperative day 1, whereas 90% of the patients in the LESSV group felt that discharge on day 1 was appropriate.

CONCLUSION(S): Single port varicocele is safe and provides a high amount of patient satisfaction. Because of reusable components and shorter hospitalization compared with conventional laparoscopy, LESSV using the X-Cone is cost effective.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Friedersdorff, Neymeyer, Hinz, Werthemann, Roller, Cash, Busch, Miller, Fuller) BerlinGermany

Publisher

Elsevier Inc.

Year of Publication

2012

151.

A rare presentation of neonatal adrenal hemorrhage: Acute scrotum. Neonatal adrenal kanamanin seyrek gorulen ilk bulgusu: Akut skrotum <Neonatal adrenal kanamanin seyrek gorulen ilk bulgusu: Akut skrotum.>

Demirel G., Yilmaz Y., Ozkan-Ulu H., Fitoz S., Erdeve O., Dilmen U.

Embase

Cocuk Sagligi ve Hastaliklari Dergisi. 55(1) (pp 32-34), 2012. Date of Publication: January-March 2012.

[Article]

AN: 365699096

Bluish discoloration and swelling of the scrotum in newborns can arise from many disorders, including torsion of the testes, orchitis, hydrocele, inguinal hernia, hematocele, testicular tumor, and trauma. Scrotal hematoma, a rare complication of adrenal hemorrhage, may mimic testicular torsion, and a surgical approach is usually performed. Here, we present a case of scrotal hematoma determined during surgery for probable testis torsion. Ipsilateral adrenal hemorrhage was shown by abdominal ultrasonography during further evaluation. Adrenal and scrotal hemorrhage association should be kept in mind in acute testis pathologies in the newborn period.

Place Holder 11

Embase

Institution

(Demirel, Yilmaz, Ozkan-Ulu, Fitoz, Erdeve, Dilmen) Zekai Tahir Burak Kadin Sagligi Egitim ve Arastirma Hastanesi, Turkey

Publisher

Cocuk Sagligi ve Hastaliklari Dergisi (Samanpazari, P.O. Box 66, Ankara 06240, Turkey)

Year of Publication
2012

152.

Acute scrotum in Henoch-Schonlein purpura: Fact or fiction?.

Gunes M., Kaya C., Koca O., Keles M.O., Karaman M.I.

Embase

Turkish Journal of Pediatrics. 54(2) (pp 194-197), 2012. Date of Publication: March-April 2012.

[Review]

AN: 365162778

Henoch-Schonlein purpura (HSP) is the most common systemic vasculitis of childhood. It is usually seen following upper respiratory tract infections. It rarely involves the genital system or causes scrotal edema. With this report, we wanted to bring a different perspective to this clinic of acute scrotum. Herein, we present two HSP patients admitted to our clinic with scrotal involvement, with a review of the literature.

PMC Identifier

22734311 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22734311>]

Place Holder 11

Embase

Institution

(Gunes, Kaya, Koca, Keles, Karaman) Urology Clinic, Haydarpasa Numune Training and Research Hospital, Istanbul, Turkey

Publisher

Turkish Journal of Pediatrics (Samanpazan, P.O. Box 66, Ankara 06240, Turkey)

Year of Publication

2012

153.

Testicular problems in children.

Godbole P.P.

Embase

Paediatrics and Child Health (United Kingdom). 22(6) (pp 230-234), 2012. Date of Publication: June 2012.

[Review]

AN: 365021455

Testicular problems in children may be both congenital and acquired. These problems are often difficult to diagnose and carry significant sequelae if untreated. Early surgical consultation is often needed for correction of the problem. This article reviews the pathophysiology of the most common pediatric testicular abnormalities with emphasis on the diagnostic modalities employed and current treatment alternatives. © 2012 Elsevier Ltd.

Place Holder 11

Embase

Institution

(Godbole) Sheffield Children's Foundation trust, Sheffield, United Kingdom

Publisher

Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)

Year of Publication

2012

154.

The value of laparoscopy in the management of abdominoscrotal hydroceles.

Martin K., Emil S., Laberge J.-M.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 22(4) (pp 419-421), 2012. Date of Publication: 01 May 2012.

[Review]

AN: 364814291

Introduction: Abdominoscrotal hydroceles (ASH) represent a difficult surgical problem in which a large scrotal hydrocele extends through the inguinal canal into the intraabdominal, extraperitoneal space, creating a widened internal ring that may be associated with an inguinal hernia. Subjects and Methods: Patients with ASH were repaired using a combined laparoscopic-inguinal approach. Laparoscopic exploration was used to confirm the diagnosis, rule out associated hernia, assess for contralateral pathology, and confirm adequate peritoneal closure at the level of the internal ring, after a standard inguinal approach was used to repair the ASH.

Result(s): Eight patients are described with a median age of 13 months. One patient presented with bilateral ASH, and 5 patients had contralateral pathology, including simple hydrocele (n=3), undescended testicle (n=1), and inguinal hernia (n=2). Three patients were confirmed to have an ipsilateral inguinal hernia associated with their ASH. Postoperative complications included hematoma (n=2) and recurrent hydrocele (n=1). No patient developed ipsilateral or contralateral hernias following ASH repair (median follow-up, 3.2 years).

Conclusion(s): Although laparoscopy is not essential, we have found it to be a useful adjunct to ensure accurate diagnosis and repair of abdominoscrotal hydroceles in children. © Copyright 2012, Mary Ann Liebert, Inc. 2012.

PMC Identifier

22577813 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22577813>]

Place Holder 11

Embase

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Publisher

Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)

Year of Publication

2012

155.

Scrotal migration of a ventriculoperitoneal shunt: A case report and review of literature.

Mohammadi A., Hedayatiasl A., Ghasemi-rad M.

Embase

Medical Ultrasonography. 14(2) (pp 158-160), 2012. Date of Publication: June 2012.

[Article]

AN: 365933556

Ventriculoperitoneal (VP) shunt insertion may be associated with migration into the abdominal wall, gastrointestinal tract, bladder, vagina, scrotum, and mediastinum. Migration of the VP shunt into the scrotum has been rarely reported. We present a 1 year old boy with cerebrospinal fluid hydrocele due to the migration of a VP shunt catheter into the right side scrotum.

PMC Identifier

22675718 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22675718>]

Place Holder 11

Embase

Institution

(Mohammadi, Hedayatiasl, Ghasemi-rad) Department of Radiology, Urmia University of Medical Sciences, Urmia, Iran, Islamic Republic of

Publisher

Societatea Romana de Ultrasonografie in Medicina si Biologie (Str. Iosif Bulbuca nr.10, Timisoara 300736, Romania)

Year of Publication

2012

156.

Comparing Ilioinguinal Single-shot and Three-layer Blocks A New Approach to Ilio-inguinal Nerve Blocks: 3-layer Injection vs Conventional Ultrasound-guided Single-shot Approach

EBM Reviews - Cochrane Central Register of Controlled Trials

2012. [No additional source data available.]

[Trial registry record Clinical trial protocol

]

AN: CN-01504184

Project Summary Rationale - The conventional technique for performing an ilio-inguinal nerve block involves a single shot of local anesthetic (usually 0.3 mL/kg of 0.25% bupivacaine) in the transversus abdominis plane of the anterior abdominal wall. Using a blind technique (also known as "fascial click"), a blunted needle (20 gauge) is placed 1 cm medial and 1 cm inferior to the anterior superior iliac spine (ASIS), and directed downward perpendicular to the skin surface until two distinct "pops" are felt, corresponding to the external and internal oblique fascial layers. The entire volume of local anesthetic is then deposited in this plane. Success with this technique ranges from 35-75% in the literature (1-3). Studies have shown that volumes as low as 0.075 mL/kg of 0.25% levobupivacaine have provided equal analgesia to 0.2 mL/kg for up to 4 hours post-operatively when ultrasound guidance is used to ensure placement of local anesthetic near the ilio-inguinal and/or ilio-hypogastric nerves (4), resulting in a 100% success rate for this block. We are proposing a technique that will deliver 1/3 of the total dose of local anesthetic (0.3 mL/kg of 0.25% bupivacaine) for each layer of the lower anterior abdominal wall. Due to the anatomic variability of the course of the ilio-inguinal and ilio-hypogastric nerves, we believe that the placement of 0.1 mL/kg in each of the external oblique, internal oblique, and transversus abdominis layers will improve the success of the "fascial click" approach without the need for ultrasound guidance. In addition, the ilio-inguinal nerve block has a known complication of unintended femoral nerve block. The incidence of femoral nerve block varies from 4.5% to 9% (5); in fact, one randomized controlled trial of ilio-inguinal nerve block for inguinal hernia repair in adults had to be stopped prior to completion due to patient harm (falls, etc) from femoral nerve blockade (6). We propose that a 3-layer technique will have a lower incidence of unintended femoral nerve block as compared to the conventional single-shot technique. For inguinal surgery (orchidopexy, inguinal hernia repair, or hydrocele repair), both the ilio-inguinal and ilio-hypogastric nerves need to be blocked. The ilio-inguinal nerve arises from L1 and follows the inguinal canal to innervate the medial aspect of the thigh, anterior scrotum or labia. The ilio-hypogastric nerve has an anterior cutaneous branch that runs at the level of the ASIS, providing innervation to the skin

and subcutaneous tissues of the inguinal region. For orchidopexy surgery, additional local anesthetic may be needed if the scrotal incision is towards the apex of the scrotum (posterior - perineal nerve vs anterolateral - genito-femoral nerve) rather than on the anterior aspect. Study Goals and Objectives Primary Objective - To introduce a new technique of IHN/IIN blocks that is equianalgesic to the single-shot technique without requiring ultrasound guidance. Secondary Objective - To introduce a technique that has a lower incidence of unintended femoral nerve block. Study Design Randomized controlled trial comparing two groups: single-shot group (0.3 mL/kg of 0.25% bupivacaine placed 1 cm medial to the ASIS following two "pops" via the fascial click method), and the three-shot (TS) group, where 1/3 of the total dose above is deposited in each of the 3 layers (external and internal oblique, transversus abdominis). In the TS group, 0.1 mL/kg of 0.25% bupivacaine will be injected per layer. Methods After IRB approval, ASA I-II children presenting for inguinal surgery (orchidopexy, inguinal hernia, or hydrocele repair) whose parents have already given consent for an ilio-inguinal nerve block, will be approached to participate in this study. Written informed consent will be obtained from parents, while verbal assent will be obtained from children where appropriate. Exclusion criteria include patient or parental refusal, local anesthetic allergy, or contraindication to ilio-inguinal nerve block. The ilio-inguinal nerve blocks will be performed by the attending anesthesiologist who is responsible for the child's anesthetic. Each child will be premedicated with 20 mg/kg of oral acetaminophen. Induction of anesthesia will be intravenous (propofol and remifentanyl) or via facemask (oxygen and sevoflurane) according to the discretion of the attending anesthetist. Following placement of intravenous access and laryngeal mask airway, anesthesia will be maintained with 1 MAC (minimum alveolar concentration) of sevoflurane in air/O₂ with spontaneous ventilation. Intraoperative monitoring will include heart rate, electrocardiogram, oxygen saturation, non-invasive arterial blood pressure, and end-tidal carbon dioxide, oxygen concentration, and anesthetic agent. A SonoSite ultrasound unit (SonoSite M-Turbo, Bothell, WA, USA) and a SLAx 13-6 MHz linear hockey stick probe will be used to document the placement of the local anesthetic and the relevant anatomical structures. The study investigators will turn the screen away from the attending anesthesiologist performing the block and will save 'before' and 'after' images of the block onto a USB stick via the ultrasound machine. The attending anesthesiologist will sterilize the area with chlorhexidine solution and locate the ASIS. Using a blunted 20 gauge needle, they will place the needle approximately one finger's-breadth medial to the ASIS and insert perpendicular to the skin until 2 pops are felt. If the patient has been randomized to the single-shot group, following negative aspiration, all of the local anesthetic (0.3 mL/kg of 0.25% bupivacaine) will be injected here. A screen shot of local anesthetic spread will then be saved through the ultrasound machine onto a USB stick. If the patient has been randomized to the three-shot (TS) group, following negative aspiration, one third of the local anesthetic (0.1 mL/kg of 0.25% bupivacaine) will be injected here, then pulled back one "pop" to the next layer where another third of the local anesthetic will be injected. The final third of the local anesthetic dose will be injected subcutaneously in a skin wheal medial to the ASIS. Again, a screen shot of local anesthetic spread will be saved via the ultrasound machine to a USB stick. The USB stick will be password-protected using only consecutive numbers to identify the patients. The investigator who will later review the screen shots from the ultrasound will thus be blinded from patient allocation. Following block placement, the surgeon may prep and drape the patient in preparation for the surgical procedure. Baseline heart rate and arterial blood pressure will be noted following skin incision. An increase in heart rate or arterial blood pressure greater than 20% from baseline will be treated with rescue analgesia (fentanyl 1 mcg/kg IV). For orchidopexy, additional local anesthetic (0.1 mL/kg 0.25% bupivacaine) will be used for local infiltration of the scrotal incision. Post-operatively, analgesia will be recorded by trained pediatric nurses in the post-anesthetic care unit (PACU) using the FLACC pain scale for young children or non-verbal patients, and using the Wong-Baker Faces Pain Score for older children. Both are rated on a scale of 0-10. Any score greater than 6 will be treated with morphine 0.05 mg/kg IV, up to 2 doses, 15 minutes apart. PACU nurses will also note any quadriceps weakness, indicating an unintended femoral nerve block. Following discharge from PACU, the patients will continue to be monitored for pain scores in day surgery area for up to 4 hours post-operatively. No follow-up is planned beyond discharge from day surgery. Studies have shown that a blind, single shot technique for ilio-inguinal nerve blocks has a success rate of 35-75% (1-3). For the purposes of

our study, we will use a value of 60% efficacy for the single-shot technique. We hypothesize that a 3-shot technique will have an efficacy of 90%, based on studies showing 100% efficacy for single-shot ultrasound-guided technique (4), and 94% efficacy in a similar study (7). For a power of 0.8, alpha 0.05, we calculate a sample size of 32 patients per group.

157.

Is microsurgical technique really necessary in inguinal or sub-inguinal surgical treatment of varicocele?.

Gulino G, D'Onofrio A, Palermo G, Antonucci M, Presicce F, Racioppi M, Bassi PF
OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid
MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Archivio Italiano di Urologia, Andrologia. 83(2):69-74, 2011 Jun.
[Comparative Study. Journal Article]

UI: 21826877

The ideal method for treatment of varicocele is still controversial. The techniques of inguinal and sub-inguinal ligation, although less invasive than "high" abdominal ligations (Palomo, Ivanishevich), have been less popular than the former ones. Up to now most authors have considered as mandatory microsurgical techniques for the ligation of spermatic veins at inguinal or sub-inguinal level, or at least instruments of optical magnification in order to preserve testicular arterial supply of the spermatic and cremasteric artery at groin and to prevent testicular atrophy or gonadic ischemia. The aim of this study was to assess clinical outcomes of open surgical technique of varicocele repair compared to results derived from microsurgical series. A retrospective study included 45 patients of mean age 31 years (range 18-39) that underwent open surgical technique of inguinal ligation of spermatic veins in the period 2004-2009; clinical results of this series were compared with those obtained in five relevant studies derived from systematic review of the literature on microsurgical techniques. The pre-operative evaluation in our series included a physical examination, a minimum of two semen analysis and scrotal color Doppler ultrasound. Post-operative pain, complication rates, days of hospitalization and time to return to work were considered as main outcomes. All patients were evaluated at 1 week, at 3 and 6 months after the operation by means of a physical examination, scrotal Doppler ultrasound and sperm analysis. Most patients (39/45) presented no pain in the first week, 6/45 mild to moderate pain (mean VAS score 2). None of the patients reported pain in the weeks thereafter. The hospitalization (1.8 +/- 0.7 days) and the time for return to work (7.2 +/- 3.2 days) were not significantly different in microsurgical and open groups. During follow-up no complications like hydrocele or testicular atrophy were observed. Doppler ultrasound carried out 3 and 6 months after surgery, pointed out no reflux in testicular veins in 41/45 cases while in 4/45 it showed a persistence of reflux grade I, less than the grade before the treatment. Comparing pre-and post-operative sperm analysis allowed us to observe a significant improvement either in spermatozoa concentration (22 +/- 4 40 +/- 6 millions/ml, $p < 0.01$), either in motility (33 +/- 4% and 48 +/- 4%, $p < 0.05$), without significant changes in morphology. No significant differences were recorded comparing these data with those coming from microsurgical series. Our study reported positive clinical outcomes using the technique of sub-inguinal surgical ligature of varicocele without using microsurgical techniques or instruments of optical magnification. The operative time, complication and relapse rates, Doppler flow parameters and semen parameters were not significantly different from those reported in the literature of microsurgical techniques, with the advantage of such a simple surgical technique combined with cost savings and patient's comfort.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Gulino, Gaetano, D'Onofrio, Alfonso, Palermo, Giuseppe, Antonucci, Michele, Presicce, Fabrizio, Racioppi, Marco, Bassi, Pier Francesco
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Gulino, Gaetano. Department of Urology, Catholic University of Sacred Heart, Rome, Italy.
ggulino@yahoo.it
Year of Publication
2011

158.

Both-sided large abdominoscrotal hydrocele associated with testicles atrophy.

Halilbasic A., Hotic N., Skokic F., Husaric E., Rahmanovic E., Halilbasic M.

Embase

Medicinski arhiv. 65(3) (pp 182-184), 2011. Date of Publication: 2011.

[Article]

AN: 362345743

Abdominoscrtoal hydrocele is unusual condition with large scrotal hydrocele, which communicates through narrow inguinal channel with abdominal component. Abdominoscrotal hydrocele is not a benign condition, because complications such as acute appendicitis, testicular dismorphism, ureterohydronephrosis, paratesticular malignity have been described earlier. This case study describes one year old boy with both-sided abdominoscrotal hydrocele. Abdominal masses connected with hydrocele need to induce a suspicion of this condition. Early diagnosis and existing surgical techniques for treatment of this disorder are the key factors in prevention of complications associated to this disorder.

PMC Identifier

21776885 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=21776885>]

Institution

(Halilbasic) Department of Paediatric surgery, University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina.

Year of Publication

2011

159.

Transumbilical endoscopic surgery for completely enclosing inguinal hernias in children.

Zhou X., Song D., Miao Q., Shan W.

Embase

Journal of Pediatric Surgery. 46(12) (pp 2417-2420), 2011. Date of Publication: December 2011.

[Article]

AN: 363081865

Background/Purpose: There has been great interest in natural orifice transluminal endoscopic surgery in recent years. We report another new approach for pediatric inguinal hernia repair: transumbilical endoscopic surgery (TUES). Compared with the natural orifice transluminal endoscopic surgery technique, TUES can obtain similar scarless results on the abdomen. Method(s): In our hospital, 2-trocar TUES was the standard procedure used to repair pediatric inguinal hernias. Through 2 intraumbilical incisions, two 5-mm trocars were inserted into the abdomen under laparoscopic guidance. With the use of a needle-holding forceps, a round needle with 2-0 nonabsorbable suture material was introduced into the peritoneal cavity through the

anterior abdominal wall near the internal inguinal ring. The orifice of the hernial sac was closed extraperitoneally with a purse-string suture around the internal inguinal ring, and intraperitoneal knot-tying was performed.

Result(s): A total of 76 inguinal repairs were performed in 64 children (age range, 6 months to 9 years; median, 3.8 years; 44 boys, 20 girls). All operations were completed successfully by TUES, with the exception of one case of intraoperative bleeding because the inferior epigastric vein was punctured. The mean operating time was 20 minutes (range, 15-30 minutes). No postoperative bleeding, hydrocele, or scrotal edema in this group of patients was found, and there were no known cases of postoperative testicular atrophy or hypotrophy nor hernia recurrence on the symptomatic side.

Conclusion(s): Our preliminary experience shows satisfactory outcomes with TUES for completely enclosing inguinal hernias in children. This technique appears to be safe, effective, and reliable. The cosmetic result is excellent. © 2011 Elsevier Inc.

PMC Identifier

22152895 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22152895>]

Place Holder 11

Embase

Institution

(Zhou, Song, Shan) Department of Pediatric Surgery, Taizhou Hospital, Zhejiang Province 317000, China (Miao) Department of Stomatology, Taizhou Hospital, Zhejiang Province, China
Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2011

160.

[Inguinal hernia repair with acellular tissue matrix patch for pediatric patients aged 6 to 18 years]. Shen Y.M., Chen J., Yang S., Liu S.J., Wang M.G., Sun L., Wang F., Zhu Y.L.

Embase

Zhonghua wai ke za zhi [Chinese journal of surgery]. 49(10) (pp 914-917), 2011. Date of Publication: 1 Oct 2011.

[Article]

AN: 366392239

To evaluate the safety and efficacy of hernioplasty using acellular tissue matrix patch to repair inguinal hernia of pediatric patients aged 6 to 18 years. Sixty eligible patients aged 6 to 18 years with primary unilateral inguinal hernia were randomly assigned to experimental or control group from June to December 2009. In the experimental group, acellular tissue matrix patch was used during Lichtenstein herniorrhaphy while traditional high ligation of hernial sac was used in the control group. Preoperative and postoperative parameters such as clinical informations of patients, postoperative complications and recurrence rate were recorded and analyzed. There were no significant differences between the 2 groups in postoperative length of stay [(31 +/- 8) h vs. (34 +/- 11) h] and postoperative Visual Analogue Scale Pain Score (2.8 +/- 0.9 vs. 2.6 +/- 1.0) ($P > 0.05$), but the operation time in the experimental group were longer than that in the control group significantly [(39 +/- 4) min vs. (36 +/- 4) min, $t = 3.357$, $P = 0.001$]. The duration of follow-up ranged from 14 to 20 months. There were no postoperative incisional infection, chronic postoperative pain and local foreign body sensation in two groups. In the experimental group, 3 patients suffered scrotal hydrocele as compared 2 patients in the control group. There was no recurrence in the experimental group as compared 2 patients (6.7%) in the control group, which was no significant difference ($P > 0.05$). Lichtenstein repair for pediatric patients aged 6 to 18 years with acellular tissue matrix patch has good results and with limited postoperative complications.

PMC Identifier

22321682 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=22321682>]

Institution

(Shen) Department of Hernia and Abdominal Wall Surgery, Beijing Chaoyang Hospital, Capital Medical University, Beijing 100020, China.

Year of Publication

2011

161.

Omental incarceration may cause hydrocele and this hydrocele confused simple or scrotal hydrocele.

Kapisiz A., Karabulut R., Turkyilmaz Z., Sonmez K., Basaklar A.C.

Embase

Hernia. 15(1) (pp 43-45), 2011. Date of Publication: February 2011.

[Article]

AN: 51057596

Background: The recommended approach to hydrocele repair in children is inguinal. Recently, a transscrotal approach has been recommended for hydroceles in children. This report describes our experience with hydrocele with omentum incarceration.

Method(s): This retrospective study reviewed the records of ten children who underwent inguinal hydrocele repair with omentum incarceration in our clinic.

Result(s): The mean age of the patients was 4.5 years (range 1.5-16). Hydroceles were located on the right side in all patients. Scrotal erythema, inguinal pain, signs of intestinal obstruction and hernia sac were not determined. Hydrocele repairs were made by inguinal approach in all patients. The processus vaginalis was rougher than normal and noted as the hernia sac. Thus, the hernia sacs were opened and omental incarceration was defined in all cases. Omentum protruded into the abdomen in all cases. A high ligation was performed and the distal parts of the sacs were fenestrated.

Conclusion(s): In the light of our experience, a scrotal approach to hydrocele repair in children would be difficult in cases of incarceration with hernia. Omental incarceration may cause hydrocele, and this hydrocele can be confused with normal hydrocele. Therefore, we would continue to recommend an inguinal approach for childhood hydroceles. © 2010 Springer-Verlag.

PMC Identifier

20811762 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20811762>]

Place Holder 11

Embase

Institution

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Publisher

Springer Paris (1 rue Paul Cezanne, Paris 75008, France)

Year of Publication

2011

162.

A child with macrocephaly: Case report of a patient with megalencephalic leukoencephalopathy with subcortical cysts and a compound heterozygosity for two mutations in the MLC1 gene. Delmonaco A.G., Gaidolfi E., Scheper G.C., Girardo E., Molinatto C., Marinosci A., Dotta A., Belligni E., Ferrero G.B., Cirillo Silengo M., Van Per Knaap M.

Embase

Minerva Pediatrica. 63(2) (pp 125-129), 2011. Date of Publication: April 2011.

[Article]

AN: 362048084

Megalencephaly is as a rule accompanied by macrocephaly, an occipitofrontal circumference (OFC) greater than the 98th percentile. Megalencephaly is divided into an anatomic type (developmental) and a metabolic type. Metabolic megalencephaly refers to various storage and degenerative encephalopathies. The differential diagnosis includes Alexander's disease, Canavan's disease, glutaric aciduria type 1, GM1 and GM2 gangliosidosis, merosin-deficient variant of congenital muscular dystrophy and megalencephalic leukoencephalopathy with subcortical cysts (MLC). The distinctive features of this syndrome are enlarged cranial circumference, present at birth or starting in the first year of life, and magnetic resonance imaging (MRI) evidence of diffuse white matter abnormalities with subcortical cysts in the tips of the temporal lobes and in frontoparietal subcortical areas. Mutations in the MLC1 gene have been found as causative of MLC in 60-70 % of affected subjects, without genotype-phenotype correlation. The child we describe presented with progressive macrocephaly not associated with dysmorphic features and large abdominoscrotal hydrocele. At the age of 8 months, encephalic MRI showed anomalies suggestive for MLC and brainstem auditory evoked potentials (BAEP) documented alterations of signal conduction in right tracts. At the time, clinical neurologic examination was normal. Extensive metabolic assays were within normal range. Sequence analysis for MLC1 gene revealed a compound heterozygosity for two mutations in MLC1 gene, inherited from healthy non consanguineous parents.

PMC Identifier

21487377 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=21487377>]

Place Holder 11

Embase

Institution

(Delmonaco, Girardo, Molinatto, Marinosci, Dotta, Belligni, Ferrero, Cirillo Silengo) Department of Pediatric and Adolescence Sciences, University of Turin, O.I.R.M.-S'Anna Hospital, Piazza Polonia 94, 10126 Turin, Italy (Gaidolfi) C.D.C. RMN, Turin, Italy

(Scheper, Van Per Knaap) VU University Medical Center, Amsterdam, Netherlands

Publisher

Edizioni Minerva Medica S.p.A. (Corso Bramante 83-85, Torino 10126, Italy)

Year of Publication

2011

163.

Modified scrotal approach for correction of abdominoscrotal hydrocele in children: Clinical presentation and description of technique: Editorial comment.

Canning D.A.

Embase

Journal of Urology. 186(1) (pp 274-275), 2011. Date of Publication: July 2011.

[Note]

AN: 361923294

Place Holder 11

Embase

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2011

164.

Abdominoscrotal hydrocele in a 9-month old infant.

Blevrakis E., Anyfantakis D.I., Sakellaris G.

Embase

Hernia. 15(2) (pp 201-203), 2011. Date of Publication: April 2011.

[Article]

AN: 50756149

Abdominoscrotal hydrocele represents an uncommon condition, especially in childhood, resulting from the communication of a large scrotal hydrocele with the abdominal cavity through the inguinal canal. The disorder has been associated with a variety of pathological entities such as hydronephrosis, lymphedema, and malignancy of the tunica vaginalis. Diagnosis is made by physical examination and confirmed by abdominal ultrasound scan. Surgical correction, although complex, remains the optimal therapeutic option. The present article reports the case of a 9-month infant from Greece with abdominoscrotal hydrocele. Regardless of rarity, the disorder should be included in the differential diagnosis of scrotal and abdominal masses, as early diagnosis and surgical intervention may prevent the development of potential complications. The difficulty in establishing a preoperative diagnosis highlights the necessity for a physician to have a high level of familiarity with abdominoscrotal hydrocele and its possible complications. Awareness of this abnormality will ensure its prompt recognition and optimal management. © 2010 Springer-Verlag.

PMC Identifier

20054596 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20054596>]

Place Holder 11

Embase

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(Blevrakis, Anyfantakis, Sakellaris) Department of Pediatric Surgery, University General Hospital of Heraklion, Crete, Greece

Publisher

Springer Paris (1 rue Paul Cezanne, Paris 75008, France)

Year of Publication

2011

165.

Orchiopexy after prior inguinal surgery: A distal approach.

Dudley A.G., Sweeney D.D., Docimo S.G.

Embase

Journal of Urology. 185(6) (pp 2340-2344), 2011. Date of Publication: June 2011.

[Article]

AN: 361742169

Purpose: Undescended testicle after groin surgery is a condition traditionally approached through an inguinal incision with en bloc mobilization of the spermatic cord and external oblique fascia,

and extensive dissection of the proximal spermatic vessels. We report on a single surgeon series of orchiopexies after prior inguinal surgery approached through a single scrotal incision.

Material(s) and Method(s): From November 2001 to February 2007, 24 patients with a mean age of 6.4 years (range 1.3 to 16.2) presented with 27 undescended testicles. All patients had undergone previous groin surgery including 13 inguinal hernia repairs, 3 orchiopexies and 3 hernia repairs with orchiopexy. Of the 27 testicles 24 (21 patients) were successfully approached through a single scrotal incision (89%). If the scrotum could not be manipulated over or near the relatively fixed testicle, an inguinal incision was made (11%). Charts were retrospectively reviewed for technique and operative outcomes.

Result(s): A mean followup of 12 months was available for 20 of 21 patients. A patent processus vaginalis was found in 3 (12.5%) patients and hernia repair was performed through the scrotal incision in these patients. There were no intraoperative complications. In 1 (4.2%) patient the testicular position was unacceptable and subsequently successful repeat scrotal orchiopexy was performed. At last followup all testes were in a satisfactory scrotal position without hydrocele, hernia or testicular atrophy.

Conclusion(s): The majority of orchiopexies after prior inguinal surgery can be approached through a single scrotal incision. Retrograde serial dissection of adhesions to the distal cord usually reveals adequate vessel length, thus avoiding extensive inguinal and/or retroperitoneal dissection. © 2011 American Urological Association Education and Research, Inc.

PMC Identifier

21511304 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=21511304>]

Place Holder 11

Embase

Institution

(Dudley, Sweeney, Docimo) Children's Hospital of Pittsburgh of UPMC, University of Pittsburgh, School of Medicine, Pittsburgh, PA, United States (Dudley) Pediatric Urology, Children's Hospital of Pittsburgh, University of Pittsburgh Medical Center, 44th and Penn Ave., Pittsburgh, PA 15201, United States

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2011

166.

Paratesticular rhabdomyosarcoma with metastatic encasement of the abdominal aorta.

Aquino M.R., Gibson D.P., Bloom D.A.

Embase

Pediatric Radiology. 41(8) (pp 1061-1064), 2011. Date of Publication: August 2011.

[Article]

AN: 51244364

Paratesticular rhabdomyosarcoma is a rare but aggressive malignancy in children and adolescents. Prognosis is related to initial tumor resectability as well as staging of the disease based on tumor invasiveness, tumor bulk, nodal disease and metastases. We report the unusual presentation of paratesticular rhabdomyosarcoma with metastatic extension through the inguinal canal and encasement of the abdominal aorta. These features portend a poor prognosis given their association with a greater stage of disease and unresectable nature at presentation. Delayed surgical resection follows a regimen of chemotherapy and radiation therapy in such cases of extensive disease. Encasement of the abdominal aorta has been shown to increase presurgical risk for intraoperative vascular injury when related to other malignancies, but its role in relation to metastatic paratesticular rhabdomyosarcoma has not been investigated. Also,

rhabdomyosarcoma should be considered in the differential diagnoses of tumors that demonstrate encasement of the abdominal aorta. © 2011 Springer-Verlag.

PMC Identifier

21258928 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=21258928>]

Place Holder 11

Embase

Institution

(Aquino) Department of Diagnostic Radiology, William Beaumont Hospital, 3601 W. 13 Mile Road, Royal Oak, MI 48073, United States (Gibson, Bloom) Department of Diagnostic Radiology, Section of Pediatric Imaging, Beaumont Children's Hospital, Royal Oak, MI, United States

Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2011

167.

Abdominoscrotal hydrocele: a plea for a scrotal repair.

Ceccanti S, Mele E, Cozzi DA

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Pediatric Surgery. 45(3):668; author reply 668-9, 2010 Mar.

[Comment. Letter]

UI: 20223342

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Ceccanti, Silvia, Mele, Ermelinda, Cozzi, Denis A

Comments

Comment on (CON)

Year of Publication

2010

168.

Letter to the editor regarding patency of processus vaginalis in abdominoscrotal hydrocele.

Avolio L, Romano P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Pediatric Surgery. 45(3):667; author reply 667, 2010 Mar.

[Comment. Letter]

UI: 20223340

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Avolio, Luigi, Romano, Piero

Comments

Comment on (CON)

Year of Publication

2010

169.

A rare presentation of familial mediterranean fever; acute scrotum and hydrocele amyloidosis.

Yilmaz R., Ozer S.

Embase

Iranian Journal of Pediatrics. 20(3) (pp 367-369), 2010. Date of Publication: 2010.

[Article]

AN: 359712472

Background: Familial Mediterranean Fever (FMF) is a genetic disease characterized by recurrent febrile attacks and inflammation of serous membranes. Amyloidosis is frequent in untreated FMF patients and is also the most important complication of FMF. It is generally seen with renal, hepatic, gastrointestinal, spleen, testicular and thyroidal involvement. Case Presentation: Herein, we report a case with acute scrotum and hydrocele amyloidosis as a presenting finding in a child with FMF.

Conclusion(s): Although the acute scrotum and scrotal swelling are not characteristic clinical features of FMF, this genetic disease should not be forgotten in the differential diagnosis of acute scrotum in patients of Mediterranean origins. © 2010 by Pediatrics Center of Excellence, Children's Medical Center, Tehran University of Medical Sciences.

Place Holder 11

Embase

Institution

(Yilmaz, Ozer) Department of Pediatrics, School of Medicine Gaziosmanpasa University Tokat, Turkey

Publisher

Brieflands

Year of Publication

2010

170.

Lymphoma in HIV patients: Varied presentations.

Saple D., Shah I., Surjushe A.U., Murthy A., Chudgar P., Gote P.D.

Embase

Indian Journal of Medical and Paediatric Oncology. 31(1) (pp 39-42), 2010. Date of Publication: January-March 2010.

[Article]

AN: 359865532

Although lymphomas have been reported in patients with acquired immunodeficiency syndrome, it has rarely been reported from the Indian subcontinent. We present three human immunodeficiency virus-infected patients (two adults and one child) who had non-Hodgkin's

lymphoma - plasmablastic variety, Hodgkin's lymphoma - nodular sclerosis type II and B cell lymphoma, respectively.

Place Holder 11

Embase

Institution

(Saple, Surjushe, Gote) Department of Dermatology, Venereology and Leprosy, Gokuldas Tejpal Hospital, Grant Medical College, Mumbai, India (Shah) Department of Pediatric HIV, B. J. Wadia Hospital for Children, Mumbai, India

(Murthy) Department of Pathology, B. J. Wadia Hospital for Children, Mumbai, India

(Chudgar) Department of Radiology, Nivaran CT Scan Centre, Mumbai, India

Publisher

Georg Thieme Verlag

Year of Publication

2010

171.

Modified scrotal approach for correction of abdominoscrotal hydrocele in children: clinical presentation and description of technique.

Kajbafzadeh A.M., Talab S.S., Elmi A., Mahboubi A.H., Pourmalek P., Esfahani S.A., Emami H.

Embase

Urology. 76(1) (pp 87-91), 2010. Date of Publication: Jul 2010.

[Article]

AN: 359390806

OBJECTIVES: To introduce a modified trans-scrotal approach for treatment of abdominoscrotal hydrocele (ASH) in children. The postoperative outcomes are reviewed with long-term follow-up.

METHOD(S): We described a series of 7 boys (mean age, 23.4 months) who underwent surgical repair of ASH. The diagnosis was made based on physical examination, which revealed a tense hydrocele in association with ipsilateral cystic abdominal mass, confirmed by ultrasonography.

After exposing the hydrocele sac through a scrotal incision, tunica vaginalis was opened and marsupialization of the hydrocele along with undermined dartos muscle layer was performed. Follow-up ranged from 9-12 months (average, 10.7 months).

RESULT(S): Overall, 10 ASH units (including 3 bilateral) were repaired. All of the affected testicles except one showed some degree of dysmorphism, according to ultrasonography or intraoperative findings, which resolved in all patients 3 months after surgery. There were no early postoperative complications except a mild scrotal edema. Neither recurrences of ASH nor testicular atrophy was observed.

CONCLUSION(S): The diagnosis of ASH should be considered in a boy with hydrocele and concomitant abdominal mass, and can be established by ultrasonographic evaluation. Our experiment suggests that the modified trans-scrotal surgical method for management of ASH is reliable and effective with definite advantages. The high success rate, no extensive dissection of the inguinal canal, or complete excision of the sac, along with safety and simplicity of the procedure and short hospital stay, are important preconditions for the introduction of this method as a valid option for treatment of ASH. Copyright 2010 Elsevier Inc. All rights reserved.

PMC Identifier

20394967 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20394967>]

Institution

(Kajbafzadeh) Pediatric Urology Research Center, Department of Urology, Children's Hospital, Medical Center, Tehran University of Medical Sciences, Tehran, Iran.

Year of Publication

2010

172.

Pure seminoma with associated hypoglycemia.

Brevetta R., DeMott C.

Embase

Journal of Hospital Medicine. Conference: 2010 Annual Meeting of the Society of Hospital Medicine, SHM 2010. Washington, DC United States. Conference Publication: (var.pagings). 5(SUPPL. 1) (pp 121), 2010. Date of Publication: March 2010.

[Conference Abstract]

AN: 71753309

Case Presentation: A 39-year-old male with a PMH significant for infantile seizures and a 3-year history of bilateral lower-extremity edema presented with a 1-day history of seizures. Patient noted a 1-week history of right-sided scrotal swelling without associated pain to palpation, trauma, or hematuria and a 70-pound weight loss within the last year. His blood pressure was 171/113 mm Hg, pulse 96/min, respirations 18/min, and oxygen saturation 97% on room air. Physical exam was notable for bilateral 2+ lower-extremity edema; firm, nontender right lower quadrant mass; and right-sided nontender scrotal edema. The cardiac and pulmonary exams were unremarkable. Significant lab results included blood glucose 35 mg/dL, serum HCG 310, Afp 1.0 ng/dL, LDH 1852IU/L, TSH 0.628 uIU/mL, Baseline Cortisol 27, Alkaline phosphatase 157 IU/L, AST 55IU/L, ALT 12IU/L, Total Bilirubin 1.4 MG/DL, PT/INR 12/1.1 and IGF-I 94 ng/mL. Hypoglycemia was refractory to treatment with D10 normal saline over the first 24 hours. CT of the abdomen and pelvis with contrast noted an extremely large retroperitoneal mass measuring approximately 21.6 cm in cranial caudal dimension, 2.5 cm in transverse dimension, and 16.6 cm in AP dimension. The right testicle was heterogeneous and markedly enlarged, measuring 8.3 x 5.9 x 7.4 cm with an associated large hydrocele. Chemotherapy was initiated with etoposide, cisplatin, and bleomycin, and radical orchiectomy was performed. The abdominal mass showed dramatic regression in response to chemotherapy and patients' hypoglycemia resolved.

Discussion(s): NICTH is a rare phenomenon first described in 1929 in a case of hepatocellular carcinoma, and since, described in association with many tumor types and with large tumor burden. Although this case involves a large tumor, no literature has yet described NICTH associated with a pure seminoma. The hypoglycemia associated with NICTH is thought to be secondary to oversecretion of the pro-IGF-II and is up to 4 times less common than insulinoma. Patients with suspected NICTH have experienced suppressed insulin, C-peptide, and GH, which subsequently decrease serum IGF-I. IGF-II serum levels are normal in patients with NICTH; however, pro-IGF-II levels are elevated. Detection techniques are available that could delineate pro-IGF-II as a possible tumor marker in NICTH.

Conclusion(s): Non-islet cell tumor-induced hypoglycemia (NICTH) is a rare phenomenon, caused by the production of insulin growth factor II (IGF-II) and most often occurring secondary to large tumors of mesenchymal origin. Here, we present a case of hypoglycemia associated with a pure seminoma, which has not previously been described in the literature.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Brevetta, DeMott) Carilion Clinic, Roanoke, VA, United States

Publisher

John Wiley and Sons Inc.

Year of Publication

2010

173.

Clinical predictors for testicular torsion as seen in the pediatric ED.

Beni-Israel T., Goldman M., Bar Chaim S., Kozer E.

Embase

American Journal of Emergency Medicine. 28(7) (pp 786-789), 2010. Date of Publication: September 2010.

[Article]

AN: 359523085

Objective: The aim of the study was to identify clinical findings associated with increased likelihood of testicular torsion (TT) in children.

Design(s): This study used a retrospective case series of children with acute scrotum presenting to a pediatric emergency department (ED).

Result(s): Five hundred twenty-three ED visits were analyzed. Mean patient age was 10 years 9 months. Seventeen (3.25%) patients had TT. Pain duration of less than 24 hours (odds ratio [OR], 6.66; 95% confidence interval [CI], 1.54-33.33), nausea and/or vomiting (OR, 8.87; 95% CI, 2.6-30.1), abnormal cremasteric reflex (OR, 27.77; 95% CI, 7.5-100), abdominal pain (OR, 3.19; 95% CI, 1.15-8.89), and high position of the testis (OR, 58.8; 95% CI, 19.2-166.6) were associated with increased likelihood of torsion.

Conclusion(s): Testicular torsion is uncommon among pediatric patients presenting to the ED with acute scrotum. Pain duration of less than 24 hours, nausea or vomiting, high position of the testicle, and abnormal cremasteric reflex are associated with higher likelihood of torsion. © 2010 Elsevier Inc. All rights reserved.

PMC Identifier

20837255 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20837255>]

Place Holder 11

Embase

Institution

(Beni-Israel, Goldman, Bar Chaim, Kozer) Assaf Harofeh Medical Center, Sackler School of Medicine, Tel Aviv University, Zerifin 70300, Israel (Goldman) Pediatric Ward B Assaf Harofeh Medical Center, Zerifin 70300, Israel

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2010

174.

Lymphaticovenous shunt for the treatment of chylous reflux by subcutaneous vein grafts with valves between megalymphatics and the great saphenous vein: A case report.

Maegawa J., Mikami T., Yamamoto Y., Hiroto K., Kobayashi S.

Embase

Microsurgery. 30(7) (pp 553-556), 2010. Date of Publication: October 2010.

[Article]

AN: 359966987

Chylous reflux is a rare disorder in which chyle flows antidromically from its normal route to the extremities, thorax, abdominal cavity, or other parts of the body. We present a case of chylous reflux with megalymphatics in a 28-year-old boy who presented chylorrhea in the foot, leg, and external genitalia, lymphedema, and hemangioma in the affected limb. Lymphaticovenous shunts using subcutaneous vein grafts with valves were applied to the patient for treatment of repeated chylorrhea. After surgery, the patient has not complained of chylorrhea and been freed from

conservative physiotherapy such as bandaging or application of compression stockings for lymphedema for two years. A subcutaneous vein graft with valves may be considered a useful method as a shunt between incompetent and dilated lymphatics and veins instead of a saphenous vein graft in the treatment of chylous reflux in lower extremities. We discuss these treatments based on the literature about chylous disorders. © 2010 Wiley-Liss, Inc.

PMC Identifier

20853329 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=20853329>]

Place Holder 11

Embase

Institution

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Publisher

Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)

Year of Publication

2010

175.

A case of bilaminar abdominoscrotal hydroceles without communication with the peritoneum.

Hisamatsu E., Takagi S., Nomi M., Sugita Y.

Embase

Indian Journal of Urology. 26(1) (pp 129-130), 2010. Date of Publication: 01 Jan 2010.

[Article]

AN: 358587816

Abdominoscrotal hydrocele (ASH) is an uncommon entity. Although various theories on the development of ASH have been proposed, its etiology is still unclear. According to several etiological theories, it is necessary that ASH have communication with the peritoneum. We present a case of bilaminar ASH that had no communication with the peritoneum.

Place Holder 11

Embase

Institution

(Hisamatsu, Takagi, Nomi, Sugita) Department of Urology, Kobe Children's Hospital, 1-1-1 Takakuradai, Suma-ku Kobe, Hyogo 654 - 0081, Japan

Publisher

Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Year of Publication

2010

176.

Abdominoscrotal hydrocele in infancy with incorporated epididymal tissue.

Park J., Gioia K., Wasnick R.J.

Embase

Journal of Pediatric Urology. 6(2) (pp 198-200), 2010. Date of Publication: April 2010.

[Article]

AN: 50584178

Abdominoscrotal hydrocele is a rare condition where a large hydrocele is connected to a preperitoneal space through the inguinal canal. We present a case of a young male with an abdominoscrotal hydrocele who showed gross absence of an epididymis upon hydrocele removal. Upon pathological examination, epididymal tissue was found to be incorporated into the wall of the hydrocele sac. © 2009 Journal of Pediatric Urology Company.

PMC Identifier

19616479 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19616479>]

Place Holder 11

Embase

Institution

(Park, Gioia, Wasnick) Department of Urology, SUNY at Stony Brook, Stony Brook, NY 11794, United States

Publisher

Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Year of Publication

2010

177.

Technical tips following more than 2000 transabdominal preperitoneal (TAPP) repair of the groin hernia.

Hussain A., Nicholls J., El-Hasani S.

Embase

Surgical Laparoscopy, Endoscopy and Percutaneous Techniques. 20(6) (pp 384-388), 2010.

Date of Publication: December 2010.

[Article]

AN: 361030955

Background: Laparoscopic approach is increasingly adopted as a preferred method to treat inguinal hernia. Transabdominal preperitoneal and total extraperitoneal repairs are the 2 techniques currently used.

Method(s): Between September 1999 and July 2009, more than 2000 patients underwent transabdominal preperitoneal repair of groin hernia at our minimal access unit. A standard technique is used in the majority of patients. Modifications are applied when necessary depending on the complexity of the case. All patients are considered for laparoscopic repair unless they have large irreducible inguino-scrotal hernia or are considered high risk for pneumoperitoneum because of their cardiorespiratory problems. Day surgery, 23-hour service, and inpatient admission are adopted depending on the age, body mass index, comorbidities, and social support. Outpatient postoperative follow-up is normally arranged for 1 visit.

Result(s): A total of 2196 patients underwent transabdominal preperitoneal groin hernia repair. Morbidity included 63 (2.86%) seromas. Hematoma is reported in 6 (0.27%), 2 (0.09%) patients needed blood transfusion whereas 1 patient needed reexploration. Pain and parasthesia at 6 months are reported in 6 (0.27%) and 2 (0.09%) patients, respectively. Port-site hernia is confirmed in 5 (0.22%) patients, whereas in 2 (0.09%) mesh infections are reported. Both were treated successfully using intravenous antibiotics. Four (0.1%) hydroceles are confirmed and 1 (0.04%) bowel obstruction through a defect in the peritoneal flap. Recurrence of hernia is confirmed in 4 (0.18%) patients.

Conclusion(s): A standardized technique of laparoscopic hernia repair is associated with minimum morbidity. Modification of the technique is necessary in some patients depending on the complexity of the case. Copyright © 2010 by Lippincott Williams & Wilkins.

PMC Identifier

21150414 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=21150414>]

Place Holder 11

Embase

Institution

(Hussain, Nicholls, El-Hasani) Minimal Access Unit, Department of General Surgery, Princess Royal University Hospital, Orpington, Kent BR6 8ND, United Kingdom

Publisher

Lippincott Williams and Wilkins (530 Walnut Street, P O Box 327, Philadelphia PA 19106-3621, United States)

Year of Publication

2010

178.

Laparoscopy-assisted surgery for lobulated abdominoscrotal hydrocele: A case report.

Matsumoto R., Moriya K., Murakumo M., Tanaka H., Mitsui T., Nonomura K.

Embase

European Journal of Pediatric Surgery. 19(6) (pp 409-410), 2009. Date of Publication: December 2009.

[Article]

AN: 358873853

PMC Identifier

19360554 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19360554>]

Place Holder 11

Embase

Institution

(Matsumoto, Moriya, Mitsui, Nonomura) Hokkaido University, Urology, North 14 West 5, Sapporo City 060-8648, Japan (Murakumo, Tanaka) Department of Urology, Kushiro Rosai Hospital, Kushiro, Japan

Publisher

Georg Thieme Verlag (Rudigerstrasse 14, Stuttgart D-70469, Germany)

Year of Publication

2009

179.

Abdominoscrotal hydrocele with leg edema in a 4-month-old boy. Hydrocele abdomino-scrotale compliquee d'un lymphoedeme de jambe chez un nourrisson <Hydrocele abdomino-scrotale compliquee d'un lymphoedeme de jambe chez un nourrisson.>

Faure A., Bouali O., Chaumoitre K., Louka B., Alessandrini P., Merrot T.

Embase

Progres en Urologie. 19(9) (pp 639-642), 2009. Date of Publication: October 2009.

[Article]

AN: 50522705

We present a case of a 4-month-old boy with a right abdominoscrotal hydrocele associated to a compression of the femoral triangle, causing an unilateral leg edema. Abdominoscrotal ultrasound revealed a fluid collection with abdominal and scrotal components, communicating through the deep inguinal ring. Sagittal views of magnetic resonance imaging (MRI) showed a dumbbell-shaped hydrocele and the angio-MRI venous sequences confirmed the compression of

the right iliac vessels. Curative treatment was surgical through an inguinal approach and consisted in high ligation of the processus vaginalis and hydrocelectomy. Abdominoscrotal hydrocele is an uncommon pathology, which rarely occurs in pediatric population. This diagnosis should be discussed when a cystic abdominal mass is associated to an ipsilateral scrotal hydrocele. The abdominal component of the hydrocele can result in compression of adjacent structures (iliac vessels, ureter). Surgical treatment is recommended. Epididymal and testicular abnormalities are frequently described, as in our observation, and the effects on the future fertility are unknown. © 2009 Elsevier Masson SAS. All rights reserved.

PMC Identifier

19800556 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19800556>]

Institution

(Faure, Bouali, Louka, Alessandrini, Merrot) Service de chirurgie pediatrique, Hopital Nord, AP-HM, universite de la Mediterranee, chemin des Bourrelly, 13915 Marseille cedex 20, France
(Chaumoitre) Service d'imagerie medicale, hopital Nord, universite de la Mediterranee, chemin des Bourrelly, 13915 Marseille cedex 20, France

Publisher

Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Year of Publication

2009

180.

Patent processus vaginalis: a window to the abdomen.

Rahman N., Lakhoo K.

Embase

African journal of paediatric surgery : AJPS. 6(2) (pp 116-117), 2009. Date of Publication: 2009 Jul-Dec.

[Article]

AN: 355852676

A patent processus vaginalis (PPV) allows a communication between the peritoneum and scrotum. Hydrocoele is the usual presentation of a PPV in children. However, with intraabdominal pathology the patent PPV may provide the first clue to the mischief within the abdomen. We present here two unusual cases associated with a PPV and migration of intraabdominal contents from the abdomen to the scrotum.

PMC Identifier

19661645 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19661645>]

Institution

(Rahman, Lakhoo) Department of Paediatric Surgery, Children's Hospital Oxford, University of Oxford, United Kingdom.

Year of Publication

2009

181.

Hydrocele in a child with lumbo-peritoneal shunt.

Beri S., Emmanuel J., Chow G.

Embase

European Journal of Paediatric Neurology. Conference: 8th Congress of the European Paediatric Society, EPNS 2009. Harrogate United Kingdom. Conference Publication: (var.pagings). 13(SUPPL. 1) (pp S127), 2009. Date of Publication: September 2009.

[Conference Abstract]

AN: 70190138

Lumbo-peritoneal shunt (LPS) is a well established surgical procedure for the management of idiopathic intracranial hypertension. We describe a young boy with acute onset hydrocele and shunt malfunction, due to slippage of peritoneal end into the scrotum. To the best of our knowledge this complication has not been described with LPS in children. A 5 year old boy with global developmental delay, hypotonia, macrocephaly and idiopathic intracranial hypertension had a LPS inserted with no immediate complications. He presented two months later with persistent headaches, vomiting, photophobia and a right testicular swelling. Examination revealed a palpable and transilluminable shunt tip migrating into the scrotum. Radiography confirmed the tip of shunt into the scrotum. Shunt was successfully repositioned into the abdomen and hydrocele was corrected. There is an increased incidence of hydrocele and hernia in children with ventriculo-peritoneal shunts. Raised intra-abdominal pressure and patency of the processus vaginalis are the factors commonly implicated in the pathogenesis of this complication. LPS has not been reported in the literature to cause hydrocele.

Place Holder 11

CONFERENCE ABSTRACT

Institution

(Beri, Emmanuel, Chow) Department of Paediatric Neurology, Queens Medical Centre, Nottingham University Hospitals, Nottingham, United Kingdom

Publisher

W.B. Saunders Ltd

Year of Publication

2009

182.

Pediatric Scrotal Masses.

Hagerty J.A., Yerkes E.B.

Embase

Clinical Pediatric Emergency Medicine. 10(1) (pp 50-55), 2009. Date of Publication: March 2009.

[Article]

AN: 354295645

Boys frequently present to the emergency department with the chief complaint of acute or chronic scrotal swelling. The emergency physician is often able to make a diagnosis based on history and physical examination alone; however, adjunctive imaging can be helpful in determining the etiology in equivocal cases. This article reviews the anatomical considerations in the pediatric patient, which predispose to the development of scrotal masses. In addition, it reviews the diagnosis and treatment of common scrotal masses, including inguinal hernias and hydroceles, and provides tips to distinguish between simple, communicating, and cord hydroceles. More unusual pediatric diagnoses, such as varicoceles and scrotal and testicular tumors, are also discussed, along with indications for urgent or emergent referral to a pediatric surgeon or urologist. © 2009 Elsevier Inc. All rights reserved.

Place Holder 11

Embase

Institution

(Hagerty, Yerkes) Division of Pediatric Urology, Feinberg School of Medicine, Children's Memorial Hospital, Chicago, IL, United States

Publisher

W.B. Saunders Ltd (32 Jamestown Road, London NW1 7BY, United Kingdom)
Year of Publication
2009

183.

Laparoscopic Marsupialization Before Inguinal Repair of Large Abdominoscrotal Hydroceles in Infants: Observation of Natural History and Description of Technique.

Abel E.J., Pettus J.A., Snow B.

Embase

Urology. 73(3) (pp 507-509), 2009. Date of Publication: March 2009.

[Article]

AN: 50377989

Objectives: To develop a surgical procedure that would minimize the difficult proximal spermatic cord dissection during excision of the abdominal component of abdominoscrotal hydroceles (ASHs). Because the abdominal component is derived from the peritoneum, we postulated that complete removal of all tissue is unnecessary and laparoscopic creation of a wide peritoneal window is sufficient for treatment before inguinal repair of the scrotal component.

Method(s): We describe a series of 4 patients who underwent laparoscopic marsupialization of the abdominal component of an ASH before inguinal repair. In addition, we describe the natural history of a patient who had had initial normal evaluation of bilateral scrotal hydroceles on ultrasonography and subsequently developed the abdominal portion during the first year after birth.

Result(s): Four patients underwent successful laparoscopic marsupialization of the abdominal component before inguinal repair of the ASH. No postoperative complications occurred, and no patient required repeat operation.

Conclusion(s): Laparoscopic marsupialization of the abdominal portion of an ASH is a practical surgical alternative that may reduce the morbidity of extensive dissection. © 2009 Elsevier Inc. All rights reserved.

PMC Identifier

19118874 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19118874>]

Place Holder 11

Embase

Institution

(Abel, Pettus, Snow) Division of Urology, Primary Children's Hospital, University of Utah, Salt Lake City, UT, United States

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2009

184.

Abdominoscrotal hydrocele: its particular characteristics.

Cuervo J.L., Ibarra H., Molina M.

Embase

Journal of Pediatric Surgery. 44(9) (pp 1766-1770), 2009. Date of Publication: September 2009.

[Article]

AN: 355191480

Abdominoscrotal hydrocele (ASH) is an unusual condition characterized by a large scrotal hydrocele which communicates in an hourglass fashion with an abdominal component through the inguinal canal. Based on previous clinical observations, we believed that ASH is a condition that begins as a large scrotal hydrocele during the neonatal period and later expands first into the inguinal canal and finally into the abdominal cavity during the next few months of life. We report a case series of ASH and point out its distinctive characteristics. © 2009 Elsevier Inc. All rights reserved.

PMC Identifier

19735823 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19735823>]

Place Holder 11

Embase

Institution

(Cuervo, Ibarra, Molina) Department of Pediatric Surgery, Hospital de niños Dr. R.Gutierrez, Buenos Aires, Argentina

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2009

185.

A variant of pentalogy of Cantrell - A case report.

El-Nabulsi B., Brannan G., Carachi R.

Embase

Scottish Medical Journal. 54(2) (no pagination), 2009. Date of Publication: 2009.

[Article]

AN: 355261201

Place Holder 11

Embase

Institution

(El-Nabulsi, Brannan, Carachi) Department of Surgical Paediatrics, Royal Hospital for Sick Children, Yorkhill, Glasgow G3 8SJ, United Kingdom

Publisher

Royal Society of Medicine Press Ltd (P.O. Box 9002, London W1A 0ZA, United Kingdom)

Year of Publication

2009

186.

Cystic lymphangiomatous hamartoma masquerading as massive ascites.

Parakh A., Dubey A.P., Garg A., Khurana N., Aggarwal S.K.

Embase

Indian Journal of Pediatrics. 76(7) (pp 753-754), 2009. Date of Publication: July 2009.

[Article]

AN: 50532436

We report a 4-year-old boy presenting with a tense massive ascites and large hydrocele. History and physical examination were unremarkable. Routine laboratory studies were normal.

Abdominal ultrasonography revealed massive ascites. Contrast CT was suggestive of a large cyst covering the entire peritoneal cavity. At laparotomy, a large cystic tumor was found extending into the scrotum through the left inguinal ring. Histopathologic examination diagnosed the tumor as a cystic lymphangiomatous hemartoma. Although abdominal lymphangiomas are seen in children, but presenting as massive ascites with hydrocele is very rare. © 2009 Dr. K C Chaudhuri Foundation.

PMC Identifier

19475359 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19475359>]

Place Holder 11

Embase

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(Khurana) Department of Pathology, Maulana Azad Medical College, Lok Nayak Hospital, New Delhi, India

(Aggarwal) Department of Pediatric Surgery, Maulana Azad Medical College, Lok Nayak Hospital, New Delhi, India

(Parakh) Jain's B-52, Ashoka Niketan, Delhi 110092, India

Publisher

Springer India (Barakhamba Road 110001, New Delhi 110 001, India)

Year of Publication

2009

187.

Re: Abel et al.: Laparoscopic Marsupialization Before Inguinal Repair of Large Abdominoscrotal Hydroceles in Infants: Observation of Natural History and Description of Technique. (Urology 2009;73:507-509).

Baldassarre E., Porta I.P., da Costa Duarte D., Ferrero C., Barone M., Sambarino D.

Embase

Urology. 74(2) (pp 478), 2009. Date of Publication: August 2009.

[Letter]

AN: 354978077

PMC Identifier

19646639 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19646639>]

Place Holder 11

Embase

Institution

(Baldassarre, Porta, da Costa Duarte, Ferrero) Division of Urology, Umberto Parini Hospital, Aosta, Italy (Barone) Division of Anesthesiology, Umberto Parini Hospital, Aosta, Italy

(Sambarino) Pediatrician, ASL Valle d'Aosta, Italy

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2009

188.

Inguinal hernia: a personal practice.

Farrelly P.J., Baillie C.T.

Embase

Paediatrics and Child Health. 19(12) (pp 570-572), 2009. Date of Publication: December 2009.

[Review]

AN: 355710295

Place Holder 11

Embase

Institution

(Farrelly, Baillie) Paul J Farrelly, is Specialty Registrar in Paediatric Surgery in the Department of Surgery, Alder Hey Children's NHS Foundation Trust, Eaton Road, West Derby, Liverpool, L12 2AP, United Kingdom (Farrelly, Baillie) Colin T Baillie, Alder Hey Children's NHS Foundation Trust, Alder Hey Hospital, Eaton Road, West Derby, Liverpool, L12 2AP, United Kingdom

Publisher

Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)

Year of Publication

2009

189.

Abdominoscrotal hydrocele complicated by hydroureteronephrosis. Hydrocele abdominoscrotrale de l'enfant compliquee par une ureterohydronephrose <Hydrocele abdominoscrotrale de l'enfant compliquee par une ureterohydronephrose.>

Fall B., Diao B., Fall P.A., Ndoye A.K., Diagne B.A.

Embase

Progres en urologie : journal de l'Association francaise d'urologie et de la Societe francaise d'urologie. 18(1) (pp 71-73), 2008. Date of Publication: Jan 2008.

[Article]

AN: 352101001

Abdominoscrotal hydrocele is a very rare clinical entity especially in childhood with less than 100 paediatric cases reported in the literature. It is associated with various complications and its pathogenesis is still a matter for debate. The authors report a case of abdominoscrotal hydrocele in the child. The methods of the diagnosis as well as the specific treatment are pointed out.

PMC Identifier

18342160 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18342160>]

Institution

(Fall, Diao, Fall, Ndoye, Diagne) Service d'urologie-andrologie, centre hospitalier national de Touba, BP 6960 Dakar etoile, Senegal. <bbrfall@yahoo.fr>

Year of Publication

2008

190.

Abdominoscrotal Hydrocele: A Rare Cause of a Cystic Abdominal Mass in Children.

Spellman K., Stock J.A., Norton K.I.

Embase

Urology. 71(5) (pp 832-833), 2008. Date of Publication: May 2008.

[Article]

AN: 50066494

Abdominoscrotal hydrocele is a rare cause of cystic lower abdominal masses in children. A timely diagnosis is important because early surgical treatment is curative. Graded compression during the ultrasound evaluation might better demonstrate the communication between the abdominal and scrotal components of the fluid collection, thereby avoiding the use of ionizing radiation and/or the sedation required with alternative imaging modalities. © 2008 Elsevier Inc. All rights reserved.

PMC Identifier

18280557 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18280557>]

Place Holder 11

Embase

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Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2008

191.

Comparison of magnetic resonance urography with ultrasound studies in detection of fetal urogenital anomalies.

Kajbafzadeh A.-M., Payabvash S., Sadeghi Z., Elmi A., Jamal A., Hantoshzadeh Z., Eslami L., Mehdizadeh M.

Embase

Journal of Pediatric Urology. 4(1) (pp 32-39), 2008. Date of Publication: February 2008.

[Article]

AN: 351084359

Purpose: Prenatal ultrasonography detects the vast majority of urogenital anomalies, but in some cases the diagnosis remains in doubt. We assessed the potential of magnetic resonance urography (MRU) in the evaluation of different urogenital anomalies in fetuses when ultrasound study was equivocal.

Patients and Methods: We retrospectively reviewed the medical records of 46 fetuses in whom the presence of urogenital anomalies was suspected at ultrasound studies, but remained inconclusive. Fetal MRU was performed within the same week as ultrasound studies. All patients underwent MRU, comprising overview, fast, thick-slab, heavily T2-weighted sequences, followed by focused, high-resolution T2-weighted sequences obtained in sagittal, axial and coronal planes. T1-weighted sequences were obtained in selected cases for assessment of the gastrointestinal tract. All MRU results were compared with ultrasound findings. Sensitivity of each imaging modality was estimated based on definite diagnoses made after birth or abortion.

Result(s): The mean (range) gestational age was 27 (18-36) weeks. The final diagnosis was ureteropelvic junction obstruction in 12, ureteral dilation (due to vesicoureteral junction obstruction) in five, ureterocele in five, posterior urethral valve in 16, multicystic dysplastic kidney in six, mesenteric cyst in one and abdominoscrotal hydrocele in one. Overall diagnostic sensitivity of fetal MRU was 96% compared to sonography with 58% sensitivity ($p < 0.05$). Fetal MRU studies provided additional information to sonography in 17 (37%) cases, and were especially more sensitive in evaluation of ureteral anatomy.

Conclusion(s): Fetal MRU can accurately diagnose a wide variety of urinary tract disorders and must be regarded as a valuable complementary tool to ultrasound in the assessment of the

urinary system, particularly in cases of inconclusive ultrasound findings. The present study had a selection bias, as only fetuses with possible anomalies proposed by sonography were referred for MRU; however, this is the population that probably benefits most from MRU studies. © 2007 Journal of Pediatric Urology Company.

PMC Identifier

18631889 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18631889>]

Place Holder 11

Embase

Institution

(Kajbafzadeh, Payabvash, Sadeghi, Elmi) Pediatric Urology Research Center, Department of Urology, Children's Hospital Medical Center, Tehran, Iran, Islamic Republic of (Kajbafzadeh, Jamal, Hantoshzadeh, Eslami, Mehdizadeh) Iranian Society of Fetal Diagnosis and Treatment, Tehran, Iran, Islamic Republic of

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(Mehdizadeh) Department of Radiology, Children's Hospital Medical Center, Tehran University of Medical Sciences, Tehran, Iran, Islamic Republic of

Publisher

Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Year of Publication

2008

192.

Prenatal evaluation of a scrotal mass using a high-frequency probe in the diagnosis of inguinoscrotal hernia.

Frati A., Ducarme G., Vuillard E., Pecastaing A., Yver C., Pejoan H., Luton D.

Embase

Ultrasound in Obstetrics and Gynecology. 32(7) (pp 949-950), 2008. Date of Publication: December 2008.

[Article]

AN: 352774397

Whereas inguinal hernia is a common pediatric disease, fetal inguinal hernia is rarely diagnosed because intra-abdominal pressure usually occurs only after birth. We report a case of prenatal diagnosis of a scrotal mass at 35 weeks' gestation. The initial differential diagnosis included hydrocele, testicular teratoma and testicular torsion, but inguinoscrotal hernia was considered the most likely diagnosis when further ultrasound imaging using a high-frequency probe demonstrated bowel loop movements around the mesenteric artery. This diagnosis was confirmed postnatally. Copyright © 2008 ISUOG. Published by John Wiley & Sons, Ltd.

PMC Identifier

19009574 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=19009574>]

Place Holder 11

Embase

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Publisher

John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)
Year of Publication
2008

193.

Infantile Abdominoscrotal Hydrocele: A Not So Benign Condition.

Cozzi D.A., Mele E., Ceccanti S., Pepino D., d'Ambrosio G., Cozzi F.

Embase

Journal of Urology. 180(6) (pp 2611-2615), 2008. Date of Publication: December 2008.

[Article]

AN: 50308063

Purpose: Infantile abdominoscrotal hydrocele is a rarely described condition. We report the outcome of the largest single institution experience managing these lesions.

Material(s) and Method(s): We retrospectively reviewed descriptive case series of all infants treated between January 1998 and December 2007. Postoperative followup ranged from 3 to 107 months (median 48).

Result(s): A total of 18 consecutive patients underwent abdominoscrotal hydrocele repair at age 3 to 21 months (median 8). The first 13 patients underwent inguinal hydrocelectomy, which consisted of high ligation of the processus vaginalis and complete excision of the abdominal component of the lesion. The remaining 5 patients underwent plication of the tunica vaginalis accomplished through the scrotum. Included in this group were 2 patients initially treated expectantly because the lesion was without undue tension at diagnosis. Both cases demonstrated spontaneous resolution of the abdominal component of the lesion but ultimately required surgery for scrotal hydrocele. Overall 23 testes (5 bilateral lesions) were operated on, of which 18 had some degree of testicular dysmorphism detected by ultrasonography or during surgery and 15 fully recovered postoperatively. A total of 11 patients experienced 1 or more postoperative complications, including persistent scrotal swelling (7), hypoplastic testis (3), scrotal hematoma (2), inguinal hernia (1) and cryptorchidism (1). Morbidity related to scrotal hydrocelectomy was negligible. There were no recurrences of abdominoscrotal hydrocele in the series.

Conclusion(s): Tense infantile abdominoscrotal hydroceles are associated with a high rate of testicular dysmorphism, which is often reversed by early intervention. Simple transscrotal plication of the tunica vaginalis represents an effective procedure with decreased postoperative complications. © 2008 American Urological Association.

PMC Identifier

18950814 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18950814>]

Place Holder 11

Embase

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(Cozzi, Mele, Ceccanti, Pepino, d'Ambrosio, Cozzi) Pediatric Surgery Unit, Pediatric Radiology Unit (DP), Azienda Policlinico Umberto I, Rome, Italy

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2008

194.

Pressure, Fluid and Anatomical Characteristics of Abdominoscrotal Hydroceles in Infants.
Bayne A., Paduch D., Skoog S.J.

Embase

Journal of Urology. 180(4 SUPPL.) (pp 1720-1723), 2008. Date of Publication: October 2008.

[Article]

AN: 50241393

Purpose: Abdominoscrotal hydrocele is a poorly understood entity and multiple theories attempt to explain its occurrence. To our knowledge the factors contributing to the formation of abdominoscrotal hydrocele are unknown, as are its cellular, biochemical and hydrostatic properties. We prospectively evaluated abdominoscrotal hydrocele at surgery to define its cause and its effects on the testicle.

Material(s) and Method(s): Six patients (9 abdominoscrotal hydroceles) were prospectively evaluated at surgery. Hydrocele volume was recorded as well as simultaneous hydrocele and bladder pressure. Fluid at surgery was sent for biochemical and cellular analysis. Testicular and epididymal abnormalities were noted and testicular length was measured. All abdominoscrotal hydroceles were exteriorized and excised. Processus vaginalis patency was documented at repair.

Result(s): Mean patient age was 7.17 months (range 5 to 12). The mean volume recorded was 212.78 ml (range 80 to 320). Mean corrected hydrocele pressure was 15.44 cm H₂O (range 7 to 28). Mean testicular length was 3.6 cm (range 2.2 to 5.5). All patients had epididymal anomalies and 2 of the 3 unilateral abdominoscrotal hydroceles had abnormal contralateral scrotal findings. In no case was a peritoneal communication identified. Fluid analysis revealed a high protein concentration (mean 4.94 gm/dl), low triglyceride concentration (mean 20.29 mg/dl) and lactate dehydrogenase levels comparable to those in normal serum (mean 99.14 U/l). Cytological analysis revealed a sterile, low cellularity fluid with a macrophage predominance (mean 84.71%). Conclusion(s): Abdominoscrotal hydrocele occurs as a result of increased intraluminal pressure confined in a proximal closed processus vaginalis. Increased hydrocele pressure allows expansion into the retroperitoneal space through the internal inguinal ring. This increased pressure is associated with testicular elongation and epididymal abnormalities. The exudative fluid is of a noninfectious etiology and it suggests an altered filtration process. To our knowledge the effects on future fertility are unknown. © 2008 American Urological Association.

PMC Identifier

18708213 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18708213>]

Place Holder 11

Embase

Institution

(Bayne, Paduch, Skoog) Division of Urology and Renal Transplantation, Oregon Health and Science University, Portland, OR, United States

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2008

195.

Abdomino-scrotal hydrocele in 35 years old: A case report.

Tiwary S.K., Kumar S., Agarwal A., Khanna R., Khanna A.K.

Embase

Kathmandu University Medical Journal. 5(18) (pp 237-239), 2007. Date of Publication: 2007.

[Article]

AN: 351500387

Abdomino-scrotal hydrocele is a condition usually affecting children. It is unusual to find an abdomino-scrotal hydrocele in middle aged adult. Most of the patients are asymptomatic except cystic abdominal mass and discomfort occasionally. We hereby report an unusual presentation of abdomino-scrotal hydrocele at age of 35 years and presenting as large cystic abdominal mass extending into scrotum.

PMC Identifier

18604027 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=18604027>]

Place Holder 11

Embase

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(Tiwary, Kumar, Agarwal, Khanna, Khanna) Department of General Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi-221005, India (Khanna) Department of General Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi, U.P.-221005, India

Publisher

Kathmandu University

Year of Publication

2007

196.

MRI findings of bilateral juvenile granulosa cell tumor of the testis in a newborn presenting as intraabdominal masses.

Yikilmaz A., Lee E.Y.

Embase

Pediatric Radiology. 37(10) (pp 1031-1034), 2007. Date of Publication: October 2007.

[Article]

AN: 47423300

Juvenile granulosa cell tumor (JGCT) of the testis is a rare benign tumor that typically presents as a relatively small (<2 cm) unilateral scrotal mass in neonates or infants. Bilateral JGCT of the testes presenting as large intraabdominal masses in the neonate is very rare. Utilizing preoperative MRI findings, we report a rare case of bilateral JGCT of the testes presenting as large multiseptated abdominal masses originating from undescended intraabdominal testes in a neonate. © Springer-Verlag 2007.

PMC Identifier

17661024 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=17661024>]

Place Holder 11

Embase

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Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2007

197.

Retroperitoneoscopically assisted repair of an abdominoscrotal hydrocele.

Horst M., Willi U., Gobet R.

Embase

Journal of Pediatric Urology. 3(1) (pp 66-69), 2007. Date of Publication: February 2007.

[Article]

AN: 46140736

We present a 2-month-old boy with a primary obstructive megaureter and a giant abdominoscrotal hydrocele (ASH) on the left side. The ASH was initially misdiagnosed as a fornix rupture with infrarenal urinoma, but clinical and radiological examination led to the right diagnosis. Retroperitoneoscopically assisted mobilization combined with the inguinal approach allowed the successful resection of this large ASH. © 2006 Journal of Pediatric Urology Company.

Place Holder 11

Embase

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(Horst, Gobet) Department of Urology, University Children's Hospital, Steinwiesstr. 75, 8032 Zurich, Switzerland (Willi) Department of Radiology, University Children's Hospital, Zurich, Switzerland

Publisher

Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

Year of Publication

2007

198.

Laparoscopic excision of abdominoscrotal hydrocele.

Bouhadiba N., Godbole P., Marven S.

Embase

Journal of Laparoendoscopic and Advanced Surgical Techniques. 17(5) (pp 701-703), 2007. Date of Publication: October 2007.

[Article]

AN: 47535363

Abdominoscrotal hydrocele (ASH) is reported with increasing frequency and is recognized to be responsible for complications not only related to the pressure effect on the contiguous structures, but a wide a variety of conditions, including hemorrhage and malignant transformation. Although there are only two reports in the literature of spontaneous resolution, the actual accepted consensus for treatment is complete excision. The surgical approaches are abdominal, scrotal or combined. There is no report in the literature of a laparoscopic excision of ASH. In this paper, we report on the first case to be treated with this approach and highlight the new advantages and simplicity in using this recommended technique. © Mary Ann Liebert, Inc.

PMC Identifier

17907993 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=17907993>]

Place Holder 11

Embase

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(Bouhadiba, Godbole, Marven) Department of Paediatric Surgery, Sheffield Children's NHS Foundation Trust, Sheffield, United Kingdom (Bouhadiba) Sheffield Children's NHS Foundation Trust, Western Bank, Sheffield, S10 2TH, United Kingdom

Publisher

Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)

Year of Publication

2007

199.

Nonoperative management of abdominoscrotal hydroceles in an infant.

De Renzo CC, Barone JG

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Urology. 68(2):428.e9-11, 2006 Aug.

[Case Reports. Journal Article]

UI: 16904478

Early surgery is recommended for infant abdominoscrotal hydrocele because spontaneous resolution has not been reported. We present a 6-month-old boy with bilateral abdominoscrotal hydrocele, who did not undergo surgery because of a hematologic condition. After 1 year, the abdominal portion of both hydroceles resolved, leaving simple bilateral scrotal hydroceles.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

De Renzo, Christopher C, Barone, Joseph G

Institution

De Renzo, Christopher C. Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA.

Year of Publication

2006

200.

A case of an abdominoscrotal hydrocele surgically treated under laparoscopic assistance.

Kinoshita Y., Shono T., Nishimoto Y., Masumoto K., Taguchi T., Suita S.

Embase

Journal of Pediatric Surgery. 41(9) (pp 1610-1612), 2006. Date of Publication: September 2006.

[Article]

AN: 44301196

We herein describe a 9-month-old boy who presented with bilateral scrotal hydroceles shortly after birth. The right hydrocele spontaneously resolved during this period, and a nonpalpable testis of the right side was noted. In contrast, the left hydrocele gradually increased in size. Ultrasound and magnetic resonance investigations performed at the age of 7 months could not detect the right testis either in the inguinoscrotal region or the abdominal cavity. These examinations also pointed out a huge hydrocele that extended from the left scrotum to the abdominal cavity. At the age of 9 months, a laparoscopic-assisted operation for both the right undescended testis and the left abdominoscrotal hydrocele (ASH) was performed. During the operation, an atrophic testis secondary to in utero intravaginal torsion was shown on the right inguinal region, and a huge ASH was revealed in the left inguinoscrotal region. The finding of the left ASH was confirmed by a laparoscope inserted through the processus vaginalis of the right side. At first, the processus vaginalis of the left side was highly ligated by the inguinal approach, and then the ASH was opened and its wall was resected. Our findings suggest that both an understanding of the pathogenesis and a corrective operation of ASH can be made via the inguinal approach. In cases associated with cryptorchidism owing to an intraabdominal testis or an

in utero extravaginal torsion, a laparoscopic-assisted operation may therefore be useful both for making a precise diagnosis and for surgically removing an ASH. © 2006 Elsevier Inc. All rights reserved.

PMC Identifier

16952602 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16952602>]

Place Holder 11

Embase

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Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2006

201.

Nonoperative management of abdominoscrotal hydroceles in an infant.

De Renzo C.C., Barone J.G.

Embase

Urology. 68(2) (pp e9-428), 2006. Date of Publication: August 2006.

[Article]

AN: 44175513

Early surgery is recommended for infant abdominoscrotal hydrocele because spontaneous resolution has not been reported. We present a 6-month-old boy with bilateral abdominoscrotal hydrocele, who did not undergo surgery because of a hematologic condition. After 1 year, the abdominal portion of both hydroceles resolved, leaving simple bilateral scrotal hydroceles. © 2006 Elsevier Inc. All rights reserved.

PMC Identifier

16904478 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16904478>]

Place Holder 11

Embase

Institution

(De Renzo, Barone) Robert Wood Johnson Medical School, New Brunswick, NJ, United States

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2006

202.

Paratesticular metastasis from Wilms tumor associated with a hydrocele.

Aydin G.B., Ciftci A.O., Yalcin B., Akcoren Z., Caglar M., Senocak M.E., Buyukpamukcu M.

Embase

Pediatric Blood and Cancer. 47(1) (pp 97-99), 2006. Date of Publication: July 2006.

[Article]

AN: 43787917

Metastatic sites other than the lungs, lymph nodes, and liver are unusual for Wilms tumor (WT). Intra-scrotal metastasis is very rare. We report a 3-year-old boy with stage IIA WT, who experienced paratesticular metastasis 2 months after surgery for an abdominal recurrence. He had right scrotal hydrocele at initial diagnosis. The patient underwent right radical orchiectomy, and pathological examination revealed paratesticular WT metastasis. Intra-abdominal and peritoneal disseminated metastases followed. We considered that tumor cells spread through the patent processus vaginalis and grew at paratesticular space in hydrocele. One month after the end of 12 months of salvage chemotherapy and abdominal radiotherapy, the patient has no evidence of disease. © 2005 Wiley-Liss, Inc.

PMC Identifier

16049972 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16049972>]

Place Holder 11

Embase

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(Aydin) Angora evleri, Pusula sok. No. 7, Beysukent, Ankara, Turkey

Publisher

Wiley-Liss Inc. (111 River Street, Hoboken NJ 07030-5774, United States)

Year of Publication

2006

203.

Abdominoscrotal hydrocele - Is there a place for conservative management?.

Upadhyay V., Abubacker M., Teele R.

Embase

European Journal of Pediatric Surgery. 16(4) (pp 282-284), 2006. Date of Publication: August 2006.

[Article]

AN: 44519480

Abdominoscrotal hydrocele (ASH) is an uncommon entity. It consists of large inguinoscrotal swelling which is dumbbell shaped, and in theory, communicates with its intra-abdominal component. Although various theories have been proposed, the aetiology is still unclear. To date, the only reported management is by surgical excision. Spontaneous resolution has not been documented in the literature. We present a case of proven abdominoscrotal hydrocele successfully managed by conservative approach. © Georg Thieme Verlag KG Stuttgart.

PMC Identifier

16981097 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16981097>]

Place Holder 11

Embase

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Publisher

Thieme Medical Publishers, Inc. (333 7th Avenue, New York NY 10001-5004, United States)

Year of Publication

2006

204.

Scrotal and retroperitoneal lymphangioma of a 12-year-old boy: Case report. Naczyniak limfatyczny moszny i przestrzeni zaotrzewnowej u 12-letniego chłopca - Opis przypadku <Naczyniak limfatyczny moszny i przestrzeni zaotrzewnowej u 12-letniego chłopca - Opis przypadku.>

Zaleska-Dorobisz U., Jaworski W., Koltowska A., Moron K.

Embase

Polish Journal of Radiology. 70(2) (pp 90-92), 2005. Date of Publication: April/June 2005.

[Article]

AN: 40704219

Background: Lymphangiomas occurs in children quite frequently. They are most commonly localized in the head, neck, axilla, chest, abdomen, and retroperitoneum. Lymphangiomas of the scrotum are very rare and are usually clinically silent, so they are a challenge for radiologists performing US examination in children. They are obliged to differentiate the following lesions: torsion of the testicle, scrotal hernia, hydrocoele, and epididymal cyst, in addition to the masses of primary extratesticular localization such as hemangioma, congenital vascular malformations, fibromas, and malignant tumors. Additional difficulties appear in boys who present acute scrotum syndrome. Case report: The paper reports the diagnostics and treatment of a huge multicystic lymphangioma situated in the scrotum and retroperitoneum of a 12-year-old boy who had fallen from a bicycle and presented acute scrotum. The lesion of the scrotum was surgically excised. Retroperitoneal lymphangioma was detected during this operation. Subsequent diagnostics was based on ultrasonography, computerized tomography, and magnetic resonance imaging of the abdominal cavity. The lymphangioma of the retroperitoneum was resected. The patient shows no evidence of recurrence after 7 years.

Conclusion(s): Cystic lymphangiomas are rare but benign intrascrotal, extratesticular, painless masses in children. They are sonographically multicystic or multiloculated abnormalities and may show infiltrative extension to the perineum, retroperitoneum, or abdomen. Recognition of this entity and its extent is important for correct clinical management and may be for planning treatment.

Place Holder 11

Embase

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(Zaleska-Dorobisz, Koltowska, Moron) Katedra i Zakład Radiologii, Akademii Medycznej, ul. Marii

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Dziecięcej, Akademii Medycznej, ul. Marii Curie-Skłodowskiej 68, 50-369 Wrocław, Poland

Publisher

Termedia Publishing House Ltd.

Year of Publication

2005

205.

Laparoscopic inguinal hernia repair in children.

Chinnaswamy P., Malladi V., Jani K.V., Parthasarthi R., Shetty R.A., Kavalakat A.J., Prakash A.

Embase

JSLs : Journal of the Society of Laparoendoscopic Surgeons / Society of Laparoendoscopic Surgeons. 9(4) (pp 393-398), 2005. Date of Publication: 2005 Oct-Dec.

[Article]

AN: 41867319

BACKGROUND: This study aimed to document the authors' experience with laparoscopic inguinal hernia repair in children.

METHOD(S): Ninety-three hernia repairs were performed in 64 children. The neck was closed with a purse string suture by using 4-0 absorbable suture.

RESULT(S): Ninety-three indirect inguinal hernial sacs were closed in 64 children. Nine percent of children had an ectopic testis. The mean operating time for laparoscopic ring closure was 25 minutes (range, unilateral 21 to 35; bilateral, 28 to 50). The contralateral processus vaginalis was patent in 20% of children. In 24% of children, the final procedure was modified based on the findings of a dilated internal ring. A laparoscopic ilio-pubic tract repair was done in these cases. Laparoscopic mobilization, orchiopexy followed by ilio-pubic tract repair was done in 9% of children. Scrotal swelling occurred in one child. Hydrocoele occurred in one patient. Recurrence rate was 3.1%.

CONCLUSION(S): Laparoscopic inguinal hernia repair in children can be offered, as it is safe, reproducible, and technically easy for experienced laparoscopic surgeons. Ilio-pubic tract repair may be added in cases with dilated internal ring. Recurrence following laparoscopic ring closure can be managed with laparoscopic ilio-pubic tract repair. The long-term follow-up of laparoscopic ilio-pubic tract repair is awaited.

PMC Identifier

16381352 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16381352>]

Institution

(Chinnaswamy, Malladi, Jani, Parthasarathi, Shetty, Kavalakat, Prakash) Coimbatore, Tamil Nadu, India.

Year of Publication

2005

206.

The treatment of inguinofemoral hernias with laparoscopic herniorrhaphy. Our experience of 1210 transabdominal preperitoneal (TAPP) reconstructions. A nagyektaji servek gyógyítása laparoskopos hernioplasticaval: 1210 transabdominalis praeperitonealis (TAPP) műtét tapasztalata <A nagyektaji servek gyógyítása laparoskopos hernioplasticaval: 1210 transabdominalis praeperitonealis (TAPP) műtét tapasztalata.>

Batorfi J.

Embase

Magyar sebeszet. 58(6) (pp 385-397), 2005. Date of Publication: Dec 2005.

[Article]

AN: 43582469

In 11 years (1994-2005) our team has carried out 1210 transabdominal preperitoneal herniorrhaphies in 964 patients. We operated monolateral hernias in 602 (62.4%) patients, bilateral hernias in 246 (25.5%), among these occult contralateral hernias in 96 (10%), femoral hernias 20 (2%). 28% (N=269) of all operations were performed on because of recurrent hernias. In 6 selected patients incarcerated hernias were operated on by surgeons with sufficient experience. In 16 patients with concomitant abdominal disease we performed synchronous laparoscopic operations (15 cholecystectomies, 1 Meckel diverticulum resection). The average operation time was 112 minutes (52-195), in monolateral hernias during the learning curve, this was reduced to 57 minutes (40-125). The only conversion (0.08%) was necessary because of bowel injury, two early reoperations (0.16%) happened because of bowel perforation caused by electrocoagulation (laparotomy) and because of clipped nervus cutaneus femoris (clip

laparoscopically removed). Sero-haematoma (86 = 7.1%) which is the most common mild complication did not occur after the introduction of routine pre-peritoneal drainage. Hydrocele, which developed in the remnant of the sac was operated on in 3 (0.25%) patients. This complication develops when the hernia sac could not be lifted laparoscopically into the abdominal cavity. This complication was eliminated when we removed the scrotal sac through a small skin incision at the end of the operation. Mean hospital stay was 3 (2-7) days, the mean return to normal activity 7-10 days. The majority (N=9) of 11 (0.9%) recurrences occurred in the learning curve. Our experience which is similar to what can be found in numerous other articles showed, that LH is beneficial (short hospitalisation, early return to normal activity, more favourable operability in bilateral and recurrent hernias, early recognition of contralateral occult hernias, performance of synchronous laparoscopic operations, small recurrence rate, improved surgical training) so it should be rightly considered as the gold standard of inguinal hernioplasties.

PMC Identifier

16550800 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16550800>]

Institution

(Batorfi) Nagykanizsa Megyei Jogu Varos Korhaza, Altalanos Sebeszeti Osztaly.

Year of Publication

2005

207.

Bilateral giant abdominoscrotal hydroceles complicated by appendicitis.

Yarram S.G., Dipietro M.A., Graziano K., Mychaliska G.B., Strouse P.J.

Embase

Pediatric Radiology. 35(12) (pp 1267-1270), 2005. Date of Publication: December 2005.

[Article]

AN: 41829723

Abdominoscrotal hydrocele is a rare entity, with fewer than 100 cases reported in children. Bilateral abdominoscrotal hydroceles are even less common, with 14 cases reported in children. Various complications of abdominoscrotal hydrocele have been reported in the literature. We present a 4-month-old boy with bilateral giant abdominoscrotal hydroceles who developed appendicitis apparently because of obstruction from the right hydrocele. We discuss the various imaging modalities used to establish the diagnosis and plan the operative approach. © Springer-Verlag 2005.

PMC Identifier

16160868 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=16160868>]

Place Holder 11

Embase

Institution

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Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2005

208.

Hemorrhagic abdominoscrotal hydrocele. A challenging entity.

Estevao-Costa J., Morgado H., Soares-Oliveira M., Campos M., Carvalho J.L.

Embase

Journal of Pediatric Surgery. 40(4) (pp 731-733), 2005. Date of Publication: April 2005.

[Article]

AN: 40504028

Abdominoscrotal hydrocele (ASH) is a rare condition in childhood. It presents an intraabdominal portion with homogeneous content that is usually excised through a groin approach. A pale child with a recurrent scrotal hydrocele and a huge solid-cystic retroperitoneal mass is reported.

Because the diagnostic workup has not ruled out malignancy, a laparotomy was performed;

however, ultimate diagnosis was hemorrhagic ASH. The clinical features and surgical

management of ASH are addressed. This entity should be considered in front of tense or

recurrent hydroceles or coexistent abdominal mass even though with heterogeneous content. ©

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PMC Identifier

15852292 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=15852292>]

Place Holder 11

Embase

Institution

(Estevao-Costa, Morgado, Soares-Oliveira, Campos, Carvalho) Division of Pediatric Surgery,

Faculty of Medicine, Sao Joao Hospital, 4200-319 Porto, Portugal (Estevao-Costa) Servico

Cirurgica Pediat., Faculdade Medicina Porto, Hospital Sao Joao, 4200-319 Porto, Portugal

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2005

209.

Acute appendicitis presenting as acute hemiscrotum in a boy.

Sharma SB, Gupta V

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Indian Journal of Gastroenterology. 23(4):150, 2004 Jul-Aug.

[Case Reports. Journal Article]

UI: 15333977

A 6-year-old boy presented with diffuse abdominal pain, nausea and vomiting followed by features of acute scrotum. Laboratory and radiological evaluation suggested presence of infective pathology in the inguinoscrotal region. Surgical exploration revealed patent right processus vaginalis with purulent collection resulting from the presence of perforated tip of appendix in the hernial sac. Appendectomy with drainage of scrotal collection and ligation of hernial sac resulted in satisfactory recovery.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Sharma, Shyam B, Gupta, Vipul

Institution

Sharma, Shyam B. Departments of Neonatal and Pediatric Surgery, SMS Medical College, SP Mother and Child Health Institute, Jaipur, India.

Comments

Comment in (CIN)

Year of Publication

2004

210.

Abdominal polyorchidism: a case report and review of the literature.

Yeniyol C.O., Nergiz N., Tuna A.

Embase

International urology and nephrology. 36(3) (pp 407-408), 2004. Date of Publication: 2004.

[Review]

AN: 41485391

Abdominal polyorchidism is rare. We report a case and review the literature. We suggest a very watchful abdominal evaluation of patients for a second ipsilateral testis who are operated for undescended testis. Polyorchidism is a very rare anomaly which requires definitive histological diagnosis. Although imaging techniques may be helpful in the diagnosis, it's mostly incidentally found in surgical exploration. Patients may present with pain or scrotal swelling. Most commonly abnormalities are maldescent (40%), hernia (30%), torsion (15%), hydrocele (9%) and malignancy (6%).

PMC Identifier

15783116 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=15783116>]

Institution

(Yeniyol, Nergiz, Tuna) SSK Karsiyaka Dispensary, Urology Outpatient Clinic, Izmir, Turkey.

Year of Publication

2004

211.

Ascites with A Communicating Hydrocele Detected by Peritoneal Scintigraphy.

Hsu C.-C., Chen Y.-W., Chuang Y.-W., Huang Y.-F.

Embase

Clinical Nuclear Medicine. 29(5) (pp 326), 2004. Date of Publication: May 2004.

[Article]

AN: 38507005

A hydrocele is a collection of fluid within the tunica or processus vaginalis. Most pediatric hydroceles are congenital and adult hydroceles are usually secondary. The latter can present acutely from local injury, infection, radiotherapy, or increased intraabdominal pressure. A 53-year-old man with underlying liver cirrhosis was admitted for dyspnea and abdominal distention. Massive ascites with swelling of the right hemiscrotum was noted. A communicating hydrocele was detected by peritoneal scintigraphy. After surgical repair of the communicating shunt by a Bassini procedure, the problem of the right hydrocele was resolved.

PMC Identifier

15069337 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=15069337>]

Place Holder 11

Embase

Institution

(Hsu, Chen, Chuang, Huang) Department of Nuclear Medicine, Chung-Ho Memorial Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan (Republic of China) (Hsu) Department of Nuclear Medicine, Chung-Ho Memorial Hospital, Kaohsiung Medical University, 100 Tzyou 1st Road, Kaohsiung 807, Taiwan (Republic of China)

Publisher

Lippincott Williams and Wilkins (530 Walnut Street, P O Box 327, Philadelphia PA 19106-3621, United States)

Year of Publication

2004

212.

Fournier's gangrene - A rare complication of hydrocele aspiration.

Ali M.Z.

Embase

Journal of the College of Physicians and Surgeons Pakistan. 14(5) (pp 304-305), 2004. Date of Publication: May 2004.

[Article]

AN: 38923601

A case of Fournier's gangrene of scrotum with systemic inflammatory response syndrome resulting from hydrocele aspiration in young male patient is presented. He was treated with antibiotics, wide local debridement of scrotal skin with evacuation of pus and gas; followed by serial debridements and dressings. Secondary suturing of scrotal defect was done after 02 weeks.

PMC Identifier

15225464 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=15225464>]

Place Holder 11

Embase

Institution

(Ali) Department of Surgery, Mountain Field Ambulance, Azad Kahmir, Pakistan (Ali) 7/5 Sarfaraz Rafiqui Road, Chaklala Cantt, Rawalpindi-46200, Pakistan

Publisher

College of Physicians and Surgeons Pakistan (7th Central Street, Karachi 755000, Pakistan)

Year of Publication

2004

213.

The role of smooth muscle cell differentiation in the mechanism of obliteration of processus vaginalis.

Hosgor M., Karaca I., Ozer E., Erdag G., Ulukus C., Fescekoglu O., Aikawa M.

Embase

Journal of Pediatric Surgery. 39(7) (pp 1018-1023), 2004. Date of Publication: July 2004.

[Article]

AN: 38881155

Background/Purpose Development of indirect inguinal hernia and hydrocele in childhood is readily explained by the persistence of smooth muscle component around the processus

vaginalis (PV) after the descent of the testis into the scrotum. The aim of this study was to investigate the expression of smooth muscle myosin heavy chain (SM MHC) isoforms as the markers of smooth muscle cell (SMC) differentiation in childhood inguinal hernia and hydrocele and in age-matched controls. Methods The authors analyzed sacs from patients with inguinal hernia (male, 10; female, 10) and hydrocele (n = 10) immunohistochemically using monoclonal antibodies against alpha-smooth muscle actin, SM1, SM2 and SMemb. Peritoneal samples (male, 5; female, 5) obtained from age-matched patients served as controls. Immunostaining was evaluated with semiquantitative scoring and chi2 test. Results The expression pattern of SM MHC isoforms did not differ among sacs obtained from female inguinal hernia when compared with that of controls. However, strong expression of SMemb within the sac walls of male inguinal hernia and SM1 in hydrocele groups were observed. Conclusions Our results indicate that SMC differentiation may play an important role in the obliteration of processus vaginalis in male inguinal hernia and hydrocele after the descent of the testis. © 2004 Elsevier Inc. All rights reserved.

PMC Identifier

15213890 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=15213890>]

Place Holder 11

Embase

Institution

(Hosgor) K.M., S.S., Y.s.K: 1 D: 1, No: 68/B, Balcova 35330, Izmir, Turkey

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2004

214.

Splenic injury presenting with isolated scrotal findings in a stable newborn.

Perdomo Y, Fiore N, Reyna T

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Journal of Pediatric Surgery. 38(11):1673-5, 2003 Nov.

[Case Reports. Journal Article]

UI: 14614724

Splenic injury in a newborn is a rare occurrence. It typically presents as an acute abdomen in an unstable patient. The authors present a case of splenic injury in a stable newborn infant with isolated scrotal findings. Workup included a testicular ultrasound scan with colorflow Doppler as well as abdominal and pelvic computerized tomography. The patient was treated nonoperatively with serial hematocrits and examinations and was discharged home after a brief hospital course.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Perdomo, Yvette, Fiore, Nicholas, Reyna, Troy

Institution

Perdomo, Yvette. Department of Pediatrics, University of Nevada School of Medicine, Las Vegas, NV, USA.

Year of Publication

2003

215.

A longitudinal follow-up using the high trans-scrotal approach for inguinal and scrotal abnormalities in boys.

Gokcora IH, Yagmurlu A

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Hernia. 7(4):181-4, 2003 Dec.

[Clinical Trial. Journal Article. Randomized Controlled Trial]

UI: 12802619

The popular incision for surgical approach to pediatric inguinal pathologies has been the suprapubic transverse inguinal incision. Yet alternative incisions may be considered. A prospectively randomized study of a consecutive series of 256 male infants and children with various inguinal pathologies (mainly indirect inguinal hernias) were treated surgically using the "high trans-scrotal skin-crease incision," over a period of 84 months (7 years) and were compared and found to be clinically better than age- and sex-matched 278 controls with suprapubic transverse inguinal incisions for wound healing/infection, edema, seroma, hematoma, malpositioning or atrophy of testes and recurrence of the primary pathology. The results in the study group were cosmetically and clinically more favorable, and better than the control group. Nosocomial infections, complications of incarceration, and emergency surgery have resulted in an acceptable morbidity rate of approximately 5%. Popularized use of the high trans-scrotal incision and further clinical experience is recommended to facilitate even better results.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Gokcora, I H, Yagmurlu, A

Institution

Gokcora, I H. Department of Pediatric Surgery, Ankara University School of Medicine, Ankara, Turkey. gokcora@medicine.ankara.edu.tr

Year of Publication

2003

216.

Complication of ventriculoperitoneal shunting: Inguinal hernia with scrotal migration of catheter. Case report. Complicacao de derivacao ventriculo-peritoneal: Hernia inguinal com migracao do cateter para o saco escrotal. Relato de caso <Complicacao de derivacao ventriculo-peritoneal: Hernia inguinal com migracao do cateter para o saco escrotal. Relato de caso.>

Henriques J.G.D.B., Silva Pinho A., Pianetti G.

Embase

Arquivos de Neuro-Psiquiatria. 61(2 B) (pp 486-489), 2003. Date of Publication: June 2003.

[Article]

AN: 36850916

Ventriculoperitoneal shunting is the treatment of choice for hydrocephalus in its different etiologies. Mechanical failure and infections are common complications of shunting. The development of inguinal hernia or hydrocele after shunting is an uncommon condition and the migration of abdominal catheter into the scrotum rare. The patency of processus vaginalis, the

raised intra-abdominal pressure and the age of patients are factors related with the genesis of these pathologies. This paper reports a case of a child who developed an inguinal hernia after ventriculoperitoneal shunting and scrotal migration of shunt. The literature is reviewed and treatment is discussed.

PMC Identifier

12894291 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12894291>]

Place Holder 11

Embase

Institution

(Henriques) Medico Residente de Neurocirurgia, Hospital das Clinicas, Universidade Federal de Minas Gerais, Belo Horizonte MG, Brazil (Silva Pinho) Neurocirurgia, Medica do Pronto Atendimento, Hospital das Clinicas da UFMG, Belo Horizonte MG, Brazil

(Henriques) Avenida Augusto de Lima 196 / 902, 30190-001 Belo Horizonte MG, Brazil

Publisher

Arquivos de Neuro-Psiquiatria

Year of Publication

2003

217.

Acute communicating haematocele: unusual presentation after blunt abdominal trauma without solid organ injury.

Celik A., Ergun O., Ozcan C., Ozok G.

Embase

European journal of emergency medicine : official journal of the European Society for Emergency Medicine. 10(4) (pp 342-343), 2003. Date of Publication: Dec 2003.

[Article]

AN: 137603859

Haematocele is an unusual scrotal disorder in children, and is generally associated with direct trauma to the inguinoscrotal region. A 6-year-old boy with acute communicating haematocele who had a history of blunt abdominal trauma one week earlier is presented. Interestingly, no solid organ injury was detected on his previous admission for abdominal trauma, nor there was a history of hydrocele.

PMC Identifier

14676518 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=14676518>]

Institution

(Celik, Ergun, Ozcan, Ozok) Ege University Faculty of Medicine, Bornova, Izmir, Turkey.

Year of Publication

2003

218.

Abdominoscrotal hydrocele in childhood. Cocukluk caginda abdominoskrotal hidrosel <Cocukluk caginda abdominoskrotal hidrosel.>

Surer I., Demirbag S., Kocaoglu M., Atabek C., Ozturk H., Cetinkursun S.

Embase

Pediatric Cerrahi Dergisi. 17(3) (pp 137-139), 2003. Date of Publication: 2003.

[Article]

AN: 38720165

Abdominoscrotal hydrocele is known as a rare clinical entity in children, but recent publications reflect a higher incidence of this entity. We report additional two cases and review the diagnostic and therapeutic aspects of abdominoscrotal hydrocele.

Place Holder 11

Embase

Institution

(Surer, Demirbag, Kocaoglu, Atabek, Ozturk, Cetinkursun) Gulhane Askeri Tip Akademisi, Cocuk Cerrahisi Radyodiagn. A. D., Ankara, Turkey (Surer) Gulhane Askeri Tip Akademisi, Cocuk Cerrahisi Anabilim Dali, 06018 Etlik, Ankara, Turkey

Publisher

Turkish Anaesthesiology and Intensive Care Society (Yildiz Posta Caddesi, Sinan Apt. No; 36 D: 66/67, Gayrettepe-Istanbul 34349, Turkey)

Year of Publication

2003

219.

MRI and MRA of a giant hydrocoele in an infant.

Schlup S, Hanquinet S, Dumont M, Jequier S, Bugmann P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Pediatric Radiology. 32(12):885-7, 2002 Dec.

[Case Reports. Journal Article]

UI: 12447598

We present a 7-month-old boy with a giant abdominoscrotal hydrocoele associated with right leg oedema. US revealed an abdominoscrotal fluid-filled mass with a normal testis in the scrotum.

MRI allowed precise delineation of the mass while MRA sequences showed extrinsic compression of the right iliac vein and its patency. Hydrocoelelectomy and laparotomy were performed and confirmed the diagnosis. US followed by MRI are often necessary to diagnose and delineate giant hydrocoeles. MRA is a non-invasive elegant tool for the detection of vascular complications.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Schlup, Sandrine, Hanquinet, Sylvianne, Dumont, Merak, Jequier, Sigrid, Bugmann, Philippe

Institution

Schlup, Sandrine. Department of Paediatric Radiology, Hopital Universitaire de Enfants, Geneva, Switzerland. sandrine.schlup@hcuge.ch

Year of Publication

2002

220.

[A rare retroperitoneal tumor: abdomino-scrotal hydrocele. Two case reports]. [French] Une tumeur retroperitoneale rare: l'hydrocele abdominoscrotale. A propos de deux cas. <Une tumeur retroperitoneale rare: l'hydrocele abdominoscrotale. A propos de deux cas.>

Ravasse P, Petit T, Delmas P

OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Archives de Pediatrie. 9(9):925-7, 2002 Sep.

[Case Reports. English Abstract. Journal Article]

UI: 12387175

UNLABELLED: Abdominoscrotal hydrocele is a very rare condition, different from the majority of cases of hydroceles related to the persistence of the processus vaginalis. The anomaly consists of a large scrotal hydrocele which communicates in an hour-glass fashion with a large abdominal component through the inguinal canal. We report two cases observed in infants.

CASE REPORTS: 1. A nine-month-old infant was referred because of a large bilateral hydrocele. On clinical examination on the right side in the lower quadrant of the abdomen was found a mass which communicated with the right scrotal pouch. Diagnosis of abdominoscrotal hydrocele was established by ultrasonography. During the surgical exploration the right testis was found to be dysmorphic, fusiform and ectopic in the inguinal canal. Surgical treatment comprised hydrocelectomy and right orchidectomy. 2. A six-month-old infant presented with a large right hydrocele in communication with an abdominal pouch located in the right lower quadrant, in association with a lymphoedema of the right limb. Diagnosis of abdominoscrotal hydrocele was confirmed by ultrasonography. During the surgical procedure the pouch was opened and everted. The testis was dysmorphic as in the first case, in normal scrotal position and was preserved.

COMMENTS: Abdominoscrotal hydrocele is a rare condition reported in adult population and also in the infant. The exact mechanism by which it develops is unknown. The diagnosis can be suspected on clinical examination if an abdominal mass in a lower quadrant is palpable just above the inguinoscrotal pouch. The diagnosis relies on ultrasonography. Complications sometimes occur due to the pressure on adjacent structures (ureters, iliac vessels). Testicular dysmorphism has been reported in some patients. In any case, as spontaneous resolution of abdominoscrotal hydrocele has never been reported, surgical treatment is indicated.

Version ID

1

Place Holder 11

MEDLINE

Authors Full Name

Ravasse, P, Petit, T, Delmas, P

Institution

Ravasse, P. Service de chirurgie pediatrique, CHU Cote-de-Nacre, 14000 Caen, France.

ravasse-p@chu-caen.fr

Year of Publication

2002

221.

Scrotal lymphangioma: An uncommon cause for a scrotal mass.

Weidman E.R., Cendron M., Schned A.R., Harris R.D.

Embase

Journal of Ultrasound in Medicine. 21(6) (pp 669-672), 2002. Date of Publication: 2002.

[Article]

AN: 34556557

Lymphangiomas are cavernous or capillarylike dilated lymphatic channels filled with clear lymph. They occur usually in children but occasionally in adults. They are most commonly found in the

head, neck, and axilla and less often in the chest, retroperitoneum, abdomen, and extremities. One of the least common sites is the scrotum. Scrotal lymphangiomas are frequently misdiagnosed on initial clinical assessment and may present a confusing image on scrotal sonography, which is generally the first diagnostic test. The differential diagnosis includes scrotal hernia, extratesticular tumor (adenomatoid tumor, hemangioma, leiomyoma, or fibroma), loculated hydrocele, and epididymal cyst. Misdiagnosis may result in an improper surgical approach or treatment, incomplete excision, and subsequently an increased rate of recurrence. To our knowledge, there have been no reports with images of scrotal lymphangioma published in the sonographic or radiologic literature.

PMC Identifier

12054304 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12054304>]

Place Holder 11

Embase

Institution

(Weidman, Cendron, Schned, Harris) Department of Radiology, Dartmouth-Hitchcock Med. Center, 1 Medical Center Dr, Lebanon, NH 03755, United States

Publisher

John Wiley and Sons Ltd

Year of Publication

2002

222.

Urologic treatment of testicular germ cell cancer. Tratamiento urológico del cancer germinal de testículo <Tratamiento urológico del cancer germinal de testículo.>

Fernandez Gomez J.M., Escaf Barmadah S., Guate Ortiz J.L., Martin Huescar A., Fresno Forcelledo F., Garcia Rodriguez J., Rodriguez Faba O., Jalon Monzon A., Rodriguez Martinez J.J.

Embase

Archivos espanoles de urologia. 55(8) (pp 927-936), 2002. Date of Publication: Oct 2002.

[Review]

AN: 35526504

OBJECTIVE: To review the treatment of testicular germ-cell cancer in our series.

METHOD(S): 73 cases with the diagnosis of germ-cell testicular tumours were reviewed. All cases underwent orchiectomy and extension study with abdominal CT-scan and either chest X-ray or Thoracic CT-scan. We reviewed the treatment options employed in our series, analysing different currently recognised risk factors.

RESULT(S): 34 out of 73 testicular germ-cell tumours were seminomas (46.6%) and 39 non seminomas (54.4%). Clinically 58.9% of the patients had localised, stage I tumours. 85.7% seminomas were stage I at presentation compared to 35.9% (14) non seminomatous tumours. The remainder tumours presented in advanced phases (stages II & III). Inguinal orchiectomy was performed in all cases except 5 patients in whom tumours were incidentally diagnosed (atrophic testis orchiectomy, hydrocelectomy, trauma) and underwent ipsilateral scrotal excision in a second time. Lymphadenectomy was initially performed in 3 patients with non seminomatous tumours. Radiotherapy was used in 23 cases of seminoma (67.6%), although this percentage has been progressively reduced in recent years. 30 patients received chemotherapy after orchiectomy: 3 metastatic seminomas (stage II) (8.8% of seminomas treated with chemotherapy) and 27 non seminomatous tumours (69.2% of them). All metastatic tumours are among the last (25) (Stages II & III) and 2 stage I non seminomatous tumours. All seminomas achieved complete response without later relapse after a median follow-up of 50 months (12-145 months). Median follow-up for non seminomatous tumours was 57 months (1-288 months). 13 non seminomas had relapses (33.3%). Relapses appeared in the retroperitoneum in 11 cases (84.6%), 2 of them

concurrent with pulmonary relapse; 1 patient had liver relapse, one lung and another in bone. Median time to relapse was 4 months (2-102). 8 patients died and 2 were lost for follow-up. CONCLUSION(S): Testicular germ-cell cancer needs a well established multidisciplinary approach, in which the role of the urologist is fundamental. Orchiectomy is the primary treatment and allows determination of the dissemination risk. Radiotherapy is very effective for localised seminomas with poor prognostic factors, and for non seminomas 2 cycles of chemotherapy seem to be an effective approach, as well as of little toxicity. We must know and apply optimised programs for observation of these tumours (stage I), and also use follow-up protocols after chemotherapy or radiotherapy. Some cases need complex surgery for residual masses resection or post chemotherapy salvage surgery in disseminated tumours (Stages II & III). Sterility treatment protocols are applied to preserve fertility.

PMC Identifier

12455283 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12455283>]

Institution

(Fernandez Gomez, Escaf Barmadah, Guate Ortiz, Martin Huescar, Fresno Forcelledo, Garcia Rodriguez, Rodriguez Faba, Jalon Monzon, Rodriguez Martinez) Servicio de Urologia I, Hospital Covadonga, Hospital Central de Asturias, Facultad de Medicina, Universidad de Oviedo, Oviedo, Espana.

Year of Publication

2002

223.

Clinical presentation of testicular germinal cancer. Presentacion clinica del cancer germinal de testiculo <Presentacion clinica del cancer germinal de testiculo.>

Fernandez Gomez J.M., Guate Ortiz J.L., Martin Huescar A., Fresno Forcelledo F., Escaf Barmadah S., Garcia Rodriguez J., Perez Garcia F.J., Rodriguez Faba O., Jalon Monzon A.

Embase

Archivos espanoles de urologia. 55(8) (pp 915-922), 2002. Date of Publication: Oct 2002.

[Review]

AN: 35526503

OBJECTIVE: To review the clinical features in our series of patients of germ-cell testicular cancer.

METHOD(S): The charts of 73 patients with diagnosis of germ-cell testicular tumours were reviewed. Age, history of cryptorchism, time to diagnosis, main symptoms, and serum markers values (alpha-fetoprotein and beta-HCG) were analysed. All cases underwent orchiectomy and extension study with abdominal CT-scan and either chest X-ray or Thoracic CT-scan. We follow the AJCC-UICC 1997 stage classification. Histological cell line, size, and clinical stage at presentation (local, regional and distance) have been analysed also.

RESULT(S): Among 73 germ-cell testicular tumours 34 were seminomas (46.6%) and 39 were non-seminomatous (54.4%). Clinically, 58.9% of the patients had localised stage I tumours. On presentation 85.7% seminomas were stage I compared to 35.9% non-seminomatous tumours. The remaining tumours were diagnosed in advanced phases (stages II and III). Inguinal orchiectomy was performed in all patients except 5 in whom tumours were incidentally diagnosed (atrophic testis orchiectomy, hydrocoelelectomy, trauma) and needed a second operation including ipsilateral scrotal excision. When size, cell line and primary tumour T category were reviewed we found that 32.3% seminomas and 20.5% non seminomas were smaller than 4 cm. 50% seminomas and 49.7% non seminomas were pT1; 41.2% seminomas and 28.2 non seminomas were pT2; finally 8.8% seminomas were pT3 compared to 23.1% non seminomas. Vascular infiltration, also evaluated in this chapter, was present in 38.2% seminomas compared to 38.5% non seminomas. Elements of embryonal carcinoma were found in 37 non seminomatous tumours, either isolated (14) or associated with other components. Teratoma appeared in 18 non

seminomatous tumours, 16 of them associated to embryonal carcinoma alone or together with other components. Elements of choriocarcinoma and endodermal sinus were evident in 5 and 4 cases respectively, always associated with other elements.

CONCLUSION(S): Seminomas clinical presentation substantially differs from that of non seminomatous testicular tumours in age, clinical features, stage and histological aggressiveness.

PMC Identifier

12455282 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12455282>]

Institution

(Fernandez Gomez, Guate Ortiz, Martin Huescar, Fresno Forcelledo, Escaf Barmadah, Garcia Rodriguez, Perez Garcia, Rodriguez Faba, Jalon Monzon) Servicio de Urologia I, Hospital Covadonga, Hospital Central de Asturias, Facultad de Medicina, Universidad de Oviedo, Oviedo, Espana.

Year of Publication

2002

224.

Giant unilateral abdominoscrotal hydrocele.

Fenton L.Z., McCabe K.J.

Embase

Pediatric Radiology. 32(12) (pp 882-884), 2002. Date of Publication: 2002.

[Article]

AN: 36097150

We report a rare type of hourglass-shaped hydrocele in an infant, which extended through the inguinal canal with a large intraabdominal component. This entity is important to recognize in a patient with scrotal swelling and an ipsilateral abdominal mass. The incidence of abdominoscrotal hydrocele may be higher than previously reported.

PMC Identifier

12447597 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12447597>]

Place Holder 11

Embase

Institution

(Fenton, McCabe) The Children's Hospital, 1056 East 19th Avenue B125, Denver, CO 80218, United States

Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2002

225.

MRI and MRA of a giant hydrocele in an infant.

Schlup S., Hanquinet S., Dumont M., Jequier S., Bugmann P.

Embase

Pediatric Radiology. 32(12) (pp 885-887), 2002. Date of Publication: 2002.

[Article]

AN: 36097151

PMC Identifier

12447598 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12447598>]

Place Holder 11

Embase

Institution

(Schlup, Hanquinet, Dumont, Jequier) Department of Paediatric Radiology, Hopital Universitaire des Enfants, Geneva, Switzerland (Schlup) Department of Radiology, Hopital Universitaire de Pediatrie, rue Willy Donze 6, 1211 Geneva, Switzerland

(Bugmann) Department of Surgery, Hopital Universitaire des Enfants, Geneva, Switzerland

Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2002

226.

Meconium hydrocele: An unusual presentation of meconium peritonitis in the newborn.

Tai P.-Y., Hung H.-Y., Sheu J.-C.

Embase

Clinical Neonatology. 9(1) (pp 25-27), 2002. Date of Publication: June 2002.

[Article]

AN: 47248833

Leakage of meconium from the gastrointestinal tract into the peritoneal cavity in utero may result in meconium peritonitis. In the male fetus, meconium may migrate into the scrotum via a patent processus vaginalis. These infants may present with a meconium-filled hydrocele at birth. We report a case of meconium hydrocele, an unusual presentation of meconium peritonitis in a newborn. This infant was noted to have abdominal distension and swollen scrotum at birth. A bilateral herniorrhaphy and laparotomy were performed under the impressions of meconium peritonitis and meconium hydrocele. Ileal atresia with perforation was found at laparotomy. He was discharged under stable conditions later and on outpatient follow-up two months after discharge, the child was thriving and the scrotum was normal in size.

Place Holder 11

Embase

Institution

(Hung) Department of Pediatrics, Mackay Memory Hospital, 92 Chung San North Road, Section 2, Taipei, Taiwan (Republic of China) (Tai, Sheu) Department of Pediatric Surgery, Mackay Memorial Hospital, 92 Chung San North Road, Section 2, Taipei, Taiwan (Republic of China)

Publisher

Society of Neonatology of the Republic of China (23 Taichung Kang Road, sec 1, Taichung 403, Taiwan (Republic of China))

Year of Publication

2002

227.

A rare retroperitoneal tumor: The abdominoscrotal hydrocele. Report of two cases. Une tumeur retroperitoneale rare: L'hydrocele abdominoscrotale. A propos de deux cas <Une tumeur retroperitoneale rare: L'hydrocele abdominoscrotale. A propos de deux cas.>

Ravasse P., Petit T., Delmas P.

Embase

Archives de Pediatrie. 9(9) (pp 925-927), 2002. Date of Publication: 01 Sep 2002.

[Article]

AN: 35078831

Abdominoscrotal hydrocele is a very rare condition, different from the majority of cases of hydroceles related to the persistence of the processus vaginalis. The anomaly consists of a large scrotal hydrocele which communicates in an hour-glass fashion with a large abdominal component through the inguinal canal. We report two cases observed in infants. Case reports. -

1. A nine-month-old infant was referred because of a large bilateral hydrocele. On clinical examination on the right side in the lower quadrant of the abdomen was found a mass which communicated with the right scrotal pouch. Diagnosis of abdominoscrotal hydrocele was established by ultrasonography. During the surgical exploration the right testis was found to be dysmorphic, fusiform and ectopic in the inguinal canal. Surgical treatment comprised hydrocelectomy and right orchidectomy. 2. A six-month-old infant presented with a large right hydrocele in communication with an abdominal pouch located in the right lower quadrant, in association with a lymphoedema of the right limb. Diagnosis of abdominoscrotal hydrocele was confirmed by ultrasonography. During the surgical procedure the pouch was opened and everted. The testis was dysmorphic as in the first case, in normal scrotal position and was preserved.

Comments. - Abdominoscrotal hydrocele is a rare condition reported in adult population and also in the infant. The exact mechanism by which it develops is unknown. The diagnosis can be suspected on clinical examination if an abdominal mass in a lower quadrant is palpable just above the inguinoscrotal pouch. The diagnosis relies on ultrasonography. Complications sometimes occur due to the pressure on adjacent structures (ureters, iliac vessels). Testicular dysmorphism has been reported in some patients. In any case, as spontaneous resolution of abdominoscrotal hydrocele has never been reported, surgical treatment is indicated. © 2002 Editions scientifiques et medicales Elsevier SAS. All rights reserved.

PMC Identifier

12387175 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12387175>]

Place Holder 11

Embase

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Publisher

Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France)

Year of Publication

2002

228.

Inguinal hernia as a rare manifestation of meconium peritonitis: Report of a case.

Ekinci S., Karnak I., Akcoren Z., Senocak M.E.

Embase

Surgery Today. 32(8) (pp 758-760), 2002. Date of Publication: 2002.

[Article]

AN: 35002287

The usual manifestations of meconium peritonitis confined to the inguinoscrotal region are soft hydroceles, hard nodules in the scrotum, and, occasionally, calcified nodules in the wall of a hernia sac, with or without calcification on abdominal X-ray. Inguinal hernia is an extremely rare manifestation of healed meconium peritonitis. An unusual presentation of meconium peritonitis encountered during hernia repair is described herein to alert the pediatric surgeon of this possibility to avoid unnecessary abdominal exploration.

PMC Identifier
12181735 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=12181735>]
Place Holder 11
Embase
Institution
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(Akcoren) Department of Pediatric Pathology, Hacettepe University Faculty of Medicine, 6100 Sıhhiye, Ankara, Turkey
Publisher
Springer Japan (1-11-11 Kudan-kita, Chiyoda-ku, No. 2 Funato Bldg., Tokyo 102-0073, Japan)
Year of Publication
2002

229.

Abdominoscrotal hydrocele mimicking a herniation of the bladder.
Redman J.F., Ick K.A.
Embase
Southern medical journal. 94(2) (pp 235-236), 2001. Date of Publication: Feb 2001.
[Article]
AN: 33449870
We describe an 18-month-old boy with an abdominoscrotal hydrocele that extended into the space of Retzius and mimicked a herniation of the bladder. Preoperative ultrasonography of the scrotum and lower abdomen is recommended in boys with suspected large hydroceles.
PMC Identifier
11235041 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11235041>]
Institution
(Redman, Ick) Department of Urology, University of Arkansas College of Medicine, and Arkansas Children's Hospital, Little Rock 72205-7199, USA.
Year of Publication
2001

230.

Excessive sac pressures: The pathogenesis and innocence of hydroceles in children.
Ocal T., Buyukpamukcu N., Tanyel F.C.
Embase
BJU International. 87(4) (pp 372-375), 2001. Date of Publication: 2001.
[Article]
AN: 32240852
Objective: To determine whether paediatric hydroceles result entirely from a small-calibre patent processus vaginalis, allowing free communication between the abdominal cavity and hydrocele sac, or whether there are other mechanisms.
Patients and Methods: Twenty-five hydroceles were studied prospectively in 24 boys (aged 18-132 months). Consent for the intraoperative measurements was obtained before surgery. The hydrocele was repaired under general anaesthesia with endotracheal intubation, using a standard approach, taking care not to open the sac during mobilization. Intra-abdominal pressures during surgery were measured indirectly via a nasogastric tube after gastric decompression. The

pressure in the sac was measured via a 20 G intravenous cannula inserted via a purse-string suture. The relative pressure was then calculated by subtracting the intra-abdominal from the sac pressure. The effects of age and laterality were evaluated.

Result(s): The median (range) intra-abdominal, sac and relative pressures were 8 (2-18), 11 (3-30) and 4 (3-30) cmH₂O, respectively. The sac pressure in the sac was greater than the intra-abdominal pressure in 17 of 25 (68%; P=0.004) patients. Age or laterality had no significant influence on any of the pressures.

Conclusion(s): These results suggest that in a significant proportion of hydroceles in children the pressures are higher than the intra-abdominal pressure. Therefore, they cannot be explained simply as a freely communicating, narrow-calibre processus. In addition, the pressures may reach levels which are potentially damaging to the testis.

PMC Identifier

11251533 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11251533>]

Place Holder 11

Embase

Institution

(Buyukpamukcu, Tanyel) Department of Paediatric Surgery, Hacettepe University, Faculty of Medicine, Ankara, Turkey (Ocal) Department of Anaesthesiology, Hacettepe University, Faculty of Medicine, Ankara, Turkey

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Publisher

Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

Year of Publication

2001

231.

A critical observation about the pathogenesis of abdominoscrotal hydrocele.

Celayir A.C., Akyuz U., Ciftlik H., Gurbuz A., Danismend N.

Embase

Journal of Pediatric Surgery. 36(7) (pp 1082-1084), 2001. Date of Publication: 2001.

[Article]

AN: 32619767

Abdominoscrotal hydrocele is a very rare anomaly. Although various theories about this condition have been proposed, controversy still continues on the etiology of this lesion. The authors present two consecutive cases of abdominoscrotal hydrocele in infancy. On their first examination, these patients only had inguinoscrotal hydroceles. After a 2-month period of observation, these inguinoscrotal hydroceles developed into abdominoscrotal hydroceles. These findings also were confirmed by ultrasonography. The authors question the currently proposed theories of abdominoscrotal hydrocele development. Copyright © 2001 by W.B. Saunders Company.

PMC Identifier

11431786 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11431786>]

Place Holder 11

Embase

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(Celayir, Akyuz, Ciftlik, Gurbuz, Danismend) Department of Pediatric Surgery, Zeynep Kamil Hospital, Istanbul, Turkey

Publisher

W.B. Saunders (Independence Square West, Philadelphia PA 19106-3399, United States)

Year of Publication

2001

232.

Abdominoscrotal hydrocele in infancy: A review and presentation of the scrotal approach for correction.

Belman A.B.

Embase

Journal of Urology. 165(1) (pp 225-227), 2001. Date of Publication: 2001.

[Article]

AN: 31000117

Purpose: A simple transcrotal approach to the surgical treatment of abdominoscrotal hydrocele is presented.

Material(s) and Method(s): Via a scrotal incision the hydrocele sac is drained and the wall is everted and plicated in the manner described by Lord.

Result(s): The hydrocele is eliminated with a decreased risk of damage to the spermatic cord and epididymis. There has been no recurrence.

Conclusion(s): The scrotal approach to abdominoscrotal hydrocele is a simple, safe and effective method of managing this relatively uncommon problem.

PMC Identifier

11125413 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11125413>]

Place Holder 11

Embase

Institution

(Belman) Department of Pediatric Urology, Children's National Medical Center, Washington, DC, United States

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2001

233.

Abdominoscrotal hydrocele: a reliable surgical technique.

Ferro F., Spagnoli A., Lucchetti M.C., Marchetti P.

Embase

Urology. 55(5) (pp 771-773), 2000. Date of Publication: May 2000.

[Article]

AN: 31317465

Abdominoscrotal hydrocele (ASH) consists of two large sacs, both abdominal and scrotal, connecting with the inguinal channel. The diagnosis is made only by ultrasound scan. Surgical treatment is mandatory since no spontaneous resolution has been reported. A new surgical procedure used successfully to treat 11 patients with ASH is described.

PMC Identifier

10792099 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=10792099>]

Institution

(Ferro, Spagnoli, Lucchetti, Marchetti) Department of Surgery, Andrologic Surgery Unit, Bambino Gesù Children's Hospital, Rome, Italy.

Year of Publication
2000

234.

Ultrasonography in the diagnosis of post-pubertal epidemic parotitis and its complications.
L'ecografia nella diagnosi della parotite epidemica post-puberale e delle sue complicanze
<L'ecografia nella diagnosi della parotite epidemica post-puberale e delle sue complicanze.>
Tarantino L., Giorgio A., De Stefano G., Farella N.

Embase

La Radiologia medica. 99(6) (pp 461-464), 2000. Date of Publication: Jun 2000.

[Article]

AN: 33456850

PURPOSE: To assess the yield of US in the study of salivary glands and other organs involved in post-pubertal mumps.

PATIENTS AND METHODS: We examined 68 patients with serologically proven post-pubertal mumps (age range 14-34 years). All patients were symptomatic, with fever and salivary gland swelling in 25 cases, marked hyperamylasemia in 32, epigastric pain in 9, unilateral scrotal swelling and/or pain in 19 cases and acute bronchitis in 1 case. All patients underwent US of salivary glands, neck lymph nodes, abdomen and scrotum with 48 hours of admission.

RESULT(S): Salivary glands: Parotid and submandibular glands showed normal echotexture in all patients. The parotid glands also showed multiple hyperechoic intraparenchymal lymph nodes which were, ovoid or rounded, with smooth margins and a central hyperechoic area, with diameter ranging 3-14 mm (mean 5.4). No intraparenchymal lymph nodes were observed in submandibular glands. Neck: All patients had enlarged submandibular lymph nodes (maximum diameter ranging 5-22 mm; mean 11 mm); swelling was always bilateral and it was symmetric in 19/68 patients (30%) versus asymmetric because of prevailing right side involvement (more numerous and bigger nodes) in the other 47/68 cases (70%). All lymph nodes showed a benign pattern, with an ovoid or elongated shape, homogeneous hypoechoic echotexture and a hyperechoic hilum. Abdomen: The pancreas showed normal volume and normal parenchymal echotexture in all patients. Liver and spleen were always normal. Testes: US showed mild unilateral hydrocele in 10 cases, hydrocele and unilateral swelling of epidymis in 5 cases, hydrocele and swelling of both epidymis and didymis with inhomogeneous echotexture because of intraparenchymal hyperechoic areas in 2 cases. There were no US changes in 2 cases. CONCLUSION(S): US of the salivary glands shows a specific pattern in post-pubertal mumps which has never been reported for other salivary gland diseases. In contrast US signs in other organs are not specific.

PMC Identifier

11262824 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11262824>]

Institution

(Tarantino, Giorgio, De Stefano, Farella) Servizio di Ecografia ed Ecolinterventistica, Azienda Ospedaliera D. Cotugno, Napoli.

Year of Publication
2000

235.

Severe scrotal pain in boys with Henoch-Schonlein purpura: Incidence and sonography.

Ben-Sira L., Laor T.

Embase

Pediatric Radiology. 30(2) (pp 125-128), 2000. Date of Publication: February 2000.

[Article]

AN: 30156471

Background. Henoch-Schonlein purpura (HSP) is a systemic vasculitis with multiorgan involvement. The scrotal involvement and its sonographic appearance are less well recognized than that of the kidneys and abdomen, and the reported incidence is varied. Objective. To review the incidence of significant scrotal involvement in boys with HSP and its sonographic characteristics. Materials and methods. Thirteen boys (ages 4-11 years) out of 87 boys diagnosed with HSP, over a 15-year period had significant scrotal complaints. Seven underwent sonographic evaluation to define the extent of scrotal involvement and because testicular torsion was being considered. Results. Scrotal involvement producing significant pain occurred in 15% of boys with HSP. The majority of boys had the diagnosis of HSP established before developing scrotal complaints. Sonographic findings consistently included an enlarged, rounded epididymis, thickened scrotal skin, and a hydrocele. The testes themselves were usually sonographically normal. Conclusions. Scrotal involvement in boys with HSP is not uncommon. The sonographic findings in the scrotum are sufficiently characteristic to allow distinction from torsion in most cases.

PMC Identifier

10663526 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=10663526>]

Place Holder 11

Embase

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(Ben-Sira, Laor) Department of Radiology, Children's Hospital, 300 Longwood Ave., Boston, MA 02115, United States (Laor) Department of Radiology, Children's Hospital Medical Center, 3333 Burnet Ave., Cincinnati, OH 45229, United States

Publisher

Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

Year of Publication

2000

236.

Communicating hematocele in children following splenic rupture: Diagnosis and management.

Shirvani A.R., Ortenberg J.

Embase

Urology. 55(4) (pp 590), 2000. Date of Publication: April 2000.

[Article]

AN: 30160034

Acute hematocele is commonly associated with direct testicular trauma. Blood within the tunica vaginalis may infrequently accompany blunt abdominal injury in the presence of a communicating hydrocele. Optimal management involves early recognition and treatment of the abdominal source of bleeding. Elective repair of the communicating hydrocele/hematocele should follow. We report 2 cases of boys with scrotal swelling due to communicating hematoceles. Both cases were associated with a patent processus vaginalis and splenic laceration secondary to blunt trauma.

Copyright (C) 2000 Elsevier Science Inc.

PMC Identifier

10754178 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=10754178>]

Place Holder 11

Embase

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(Shirvani) Department of Urology, Ochsner Clin. Alton Ochsner Med. F., New Orleans, LA, United States
States (Ortenberg) Division of Urology, Children's Hospital, New Orleans, LA, United States
Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)
Year of Publication
2000

237.

Laparoscopic treatment of pediatric varicocele: A multicenter study of the Italian Society of Video Surgery in Infancy.

Esposito C., Monguzzi G.L., Gonzalez-Sabin M.A., Rubino R., Montinaro L., Papparella A., Amici G.

Embase

Journal of Urology. 163(6) (pp 1944-1946), 2000. Date of Publication: June 2000.

[Article]

AN: 30366790

Purpose: We report preliminary results of a multicenter study of the Italian Society of Video Surgery in Infancy on the laparoscopic treatment of pediatric varicocele.

Material(s) and Method(s): A total of 161 children 6 to 16 years old (median age 12.5) underwent laparoscopic treatment of varicocele at 6 pediatric surgery divisions. Varicocele was on the left side in 159 cases (98.7%) and bilateral in 2 (1.3%). Two boys had recurrent left varicocele. All children were treated with laparoscopy, including ligation of the spermatic veins only in 28 (17.3%), and ligation of the testicular veins and artery in 133 (82.7%). In 10 boys (6.2%) an additional procedure was done simultaneously, including closure of an apparently patent peritoneal vaginal duct on the right side in 7 and resection of epiploic adhesions between the intestinal loops and abdominal wall from previous appendectomy in the remaining 3.

Result(s): Average operative time was 30 minutes and hospitalization was about 24 hours. At followup there were 13 minor complications (8%), including left hydrocele in 9 children who underwent the Palomo technique, minor scrotal emphysema in 2 and umbilical granuloma in 2. In our series varicocele recurred in 1 boy (3.5%) who underwent ligation of the spermatic veins only and in 3 (2.2%) treated with the Palomo technique.

Conclusion(s): Our preliminary experience shows that the results of the laparoscopic approach are comparable to those of the open approach. However, the important advantages of laparoscopy over the open approach are its minimal invasiveness and precision of intervention. Moreover, laparoscopy allows treatment of other intra-abdominal pathological conditions using the same anesthesia, as in 10 patients in our series. We believe that ligating the testicular veins and artery is preferable to ligating the spermatic veins only, even if the incidence of hydrocele is not negligible after the Palomo procedure.

PMC Identifier

10799235 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=10799235>]

Place Holder 11

Embase

Publisher

Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

Year of Publication

2000

238.

Scrotal hematocele as an unusual presentation of blunt abdominal trauma in three male infants. Koumanidou C., Manopoulou E., Pantazis J., Dermentzoglou V., Georgoulis P., Vakaki M., Kakavakis K.

Embase

Journal of Clinical Ultrasound. 28(4) (pp 190-193), 2000. Date of Publication: May 2000.

[Article]

AN: 30243772

Three infants presented with bluish discoloration and swelling of the scrotum with no history of scrotal trauma. Sonography revealed unilateral hematoceles in 2 cases and bilateral hematoceles in the third. All 3 infants had intact testes. The communicating hematoceles were the result of hemoperitoneum due to splanchnic hematoma. (C) 2000 John Wiley and Sons, Inc.

PMC Identifier

10751741 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=10751741>]

Place Holder 11

Embase

Institution

(Koumanidou, Manopoulou, Pantazis, Dermentzoglou, Georgoulis, Vakaki, Kakavakis) Radiology Department, Children's Hospital Agia Sophia, Thivon and Mikras Asias 1, 11527 Goudi, Athens, Greece (Koumanidou) Aiantos 41, Pal Phaliro, GR Athens, Greece

Publisher

John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

Year of Publication

2000

239.

Meconium periorchitis: Case report and literature review.

Varkonyi I., Fliegel Ch., Rosslein R., Jenny P., Ohnacker H.

Embase

European Journal of Pediatric Surgery. 10(6) (pp 404-407), 2000. Date of Publication: 2000.

[Article]

AN: 32118813

Meconium periorchitis (MPO) is an uncommon entity associated with healed meconium peritonitis. The typical presentation is soft hydrocele at birth which becomes harder in weeks as the meconium calcifies. It mimics a scrotal mass, and, without knowledge of this rare disease, this may lead to unnecessary surgery. Both the masses and the calcifications have the tendency to resolve spontaneously without compromising the testicle. Sonographic features together with an abdominal plain film are diagnostic, and visualization of the normal testicle may be helpful in differentiating this tumor-like lesion from scrotal tumors. A case of a meconium periorchitis is reported on and the radiological and histological features are discussed with a literature review on the subject.

PMC Identifier

11215786 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11215786>]

Place Holder 11

Embase

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(Varkonyi, Fliegel, Rosslein, Jenny, Ohnacker) 1st Dept. of Pediatrics, Semmelweis Medical University, Bokay st. 53, 1083 Budapest, Hungary

Publisher

Thieme Medical Publishers, Inc. (333 7th Avenue, New York NY 10001-5004, United States)

Year of Publication
2000

240.

Abdominoscrotal hydrocele in childhood: Is it really a rare entity?.

Avolio L., Chiari G., Caputo M.A., Bragherl R.

Embase

Urology. 56(6) (pp 1047-1049), 2000. Date of Publication: 2000.

[Article]

AN: 30985042

Objectives. Abdominoscrotal hydrocele (ASH) is an apparently highly uncommon clinical entity especially in childhood, with only about 80 pediatric cases reported in the modern literature.

Methods. The incidence, diagnosis, and treatment of ASH are discussed with reference to 9 cases observed at our institution and to cases in the literature. Results. Surgical correction was successful in all our cases and no hydrocele or hernia recurrence was registered. Conclusions.

ASH incidence appears to be higher than reported; undescended testis is a frequent association and surgical correction through an inguinal approach is always possible and curative. Ligation of the processus vaginalis may prevent recurrence. (C) 2000, Elsevier Science Inc.

PMC Identifier

11113758 [<https://www.ncbi.nlm.nih.gov/pubmed/?term=11113758>]

Place Holder 11

Embase

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Publisher

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Year of Publication

2000