

GI Pediatric seminar wareed

2023

ٲبببض

- Tof :

Type H :: Type N

If aortic arch on right : Lt thoractomy

Long gan :: more than 5 vertabrae we dont do thoractomy but
gastrostomy :: after 8_12 week the gab will decrease : we do
anastomosis

- Long gap :: more than 5 vertebrae we don't do thoractomy but gastrostomy :: after 8_12 week the gap will decrease : we do anastomosis
+- prevent aspiration by regular suction or esophagectomy Then replacement

3_5 vertebrae: depends on doctors skills ::

Short gap < 2 vertebrae

-Vactrels syndrom : should contain more than 3 anomalies to call it vacterls

-Pre op rigid bronchoscopy :: not to miss proximal fistula which tiny and high in neck.

-DJ junction at pylorus level left to spine .. if it to right >>malrotation

-In malrotation :: short mesentry :: increase volvulus risk

-Double bubble sign means post duodenal obstruction

* first days : duodenal atresia

Older : volvulus

- -Volvolus
Dusky bowel sign ::indicate ischemia
- -NEC ::
Stages
1 : suspecting
2: confirmed : pneumatosis intrstinalis
3: complicated : portal vein air
- To see air under diaphragm in pediatric :: left lateral decubitus.
 - Only absolute surgical indication: air under diaphragm.
 - I want to delay surgery because the prematue baby gi mucosa is fragile.

- Jejunoileal atresia :
Mc types associated with short bowel syndrom : 3b .4
 - Jejunal atresia :: Triple bubble sign
 - Dios : meconium ileus .. jejunal atresia .. hirschsprungs .. etc
 - Meconium ileus : confirm by contrast enema study
 - Hirschsprungs disease ::
Long segment :: up to splenic flexure
 - Imperforated anus :: better to call it anorectal anomiles