



Surgical Management of Acute Abdomens in Pediatric Patients with Malignancy: A Review of 138 Cases

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Abstract

Introduction: Pediatric oncology patients developed similar abdominal emergencies as immunocompetent children in addition to acute abdomen from malignancy or secondary treatment. Cytotoxic chemotherapy, radiotherapy and extensive surgical resection all contribute to the risk of gastrointestinal symptoms. Immunocompromised children may lack the inflammatory signs of acute abdomen making prompt diagnosis of pediatric oncologic abdominal emergencies challenging.

Method: Here we review of clinical finding and surgical management of 138 cases with abdominal emergencies secondary to malignancy including gastrointestinal hemorrhage, infection, mechanical obstruction, and perforation as well as management strategies for these conditions.

Results: The most common abdominal emergencies secondary to malignancy are inflammatory process, obstruction, and GI hemorrhage respectively. Pain is the most common and sensitive clinical symptom; however, Prompt identification of abdominal emergencies in these patients can be a challenge due to decreased signs and symptoms of inflammation in the immunocompromised host in addition to interference with other problems of primary disease.

Conclusion: A high index of suspicion and a prompt multidisciplinary approach are essential for optimal patient care. Early initiation of aggressive medical management reduces the need for invasive surgical treatment and concomitantly improves mortality rates.

Key words: Acute Abdomen, Malignancy, Pediatric