



AAST Acute Care Surgery Didactic Curriculum

Pediatric Emergency General Surgery

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Highlights:

- Nonoperative management of pediatric uncomplicated appendicitis is safe and cost effective.
 - There is increased risk of recurrence when appendicolith is present.
 - Nonoperative management of acute appendicitis in neutropenic patients is associated with worse outcomes.
- The most common causes of nonadhesive bowel obstruction in children are ileocolic intussusception and inguinal hernia.
 - Ileocolic intussusception can usually be diagnosed with ultrasound and managed with air or contrast enema reduction (caution in patients >4yr old – increased rates of pathologic lead points including small bowel lymphoma).
 - Malrotation with midgut volvulus should be on differential for children presenting with bilious emesis.
 - Management of pediatric adhesive bowel obstruction with water soluble contrast challenge has high rates of success.
- Complications of meckel's diverticula include bleeding, bowel obstruction (internal hernia/volvulus around band connecting to umbilicus), and perforation.
 - Meckel's diverticulum is the most common cause of significant painless bleeding per rectum in children.
 - Simple diverticulectomy rather than segmental bowel resection for bleeding or perforated Meckel diverticulum is safe. T
 - There is not consensus on whether to resect an incidentally found asymptomatic Meckel's diverticulum.
- Battery ingestion is a common pediatric problem despite industry changes like bitter coatings.
 - CT bronchoscopy has started to replace bronchoscopy for evaluation of aspiration.
 - A button battery in the esophagus needs to be endoscopically removed as soon as possible; button batteries that have made it to the stomach do not generally require other treatment.
 - For esophageal button batteries presenting within 12hr of ingestion, honey (10ml q10min) or sucralfate (1g q10min) should be administered by mouth before and during transfer.
 - Post-removal acetic irrigation is becoming standard.