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Evaluation of the Results of Treatment of Appendicle Peritonitis in Children Operated with Laparoscopic and Traditional Methods

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ABSTRACT

One of the actual problems of pediatric abdominal surgery is appendicle peritonitis, which in most cases is the cause of adhesive disease. The etiology of adhesion depends on exogenous and endogenous factors. An important cause is injury of the peritoneum with damage to the mesothelium and its subsequent healing by the type of secondary tension. When performing endoscopic operations, adhesion postoperative complications are extremely rare in the immediate and in the long term after surgical interventions. In order to reliably prove this statement, we carried out a comparative analysis of the results of traditional and laparoscopic methods of surgical treatment of patients with appendicle peritonitis.

OBJECTIVE

Evaluation of the results of treatment of appendicle peritonitis in children operated by laparoscopic and traditional methods.

MATERIALS AND RESEARCH METHODS

We produced 196 (19.6%) laparoscopic and 804 (80.4%) traditional ("open") appendectomy. The age of the patients was from 7 days to 14 years.

To study the results of treatment of appendicle peritonitis, we have identified two groups. The main group included 100 children who underwent endosurgical operations for various forms of appendicle peritonitis, compared to 100 children in the comparison group who underwent surgical ("open") operations. The study was prospective, randomized. In the main group there were 54 boys and 46 girls, in the comparison group - 56 boys and 44 girls. The mean age of patients was 9.18 ± 3.7 years in the main group and 8.24 ± 3.8 years in the comparison group, the duration of the disease was 2.24 ± 0.98 and 2.29 ± 1.3 days, respectively, prevalence inflammatory process - respectively 5.95 ± 1.66 and 6.09 ± 2.58 area of the abdominal cavity [1-5].

RESULTS AND DISCUSSION

A large group of serious complications were intra-abdominal complications, which occurred in 6 (6%) patients in the main group and 19 (19%) in the comparison group. The largest group consisted of complications associated with postoperative adhesions. They arose in 1 (1%) of the patient in the main group and in 5 (5%) patients in the comparison group.

Acute early adhesive obstruction appeared only in patients of the comparison group (2 observations - 2%). In these cases, laparoscopic adhesion and the restoration of intestinal permeability were successfully used to eliminate the complication.

Acute late adhesive commissural obstruction appeared in 1 (1%) of the patient's primary and in 3 (3%) children in the comparison group. In one of the patients of the comparison group, the intestinal obstruction developed 7 years after the operative intervention.

The average length of stay in the hospital in the main group was 9.9 ± 3.2 days compared to 19.8 ± 3.7 days in the comparative group.

The total number of postoperative complications in the group of patients operated by the laparoscopic method decreased more than 3-fold. The incidence of such serious complications, as infiltrates and intestinal abscesses of the abdominal cavity decreased by 2 times. Very rarely there was suppuration of the anterior abdominal wall in the places of tracers' introduction and there was completely no intestinal event [6-8].

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CONCLUSION

The combination of a significant trauma of the parietal and visceral peritoneum with the “open” treatment method and its inflammation caused by peritonitis leads to an increase in the frequency of adhesions and the severity of the lesion of the abdominal cavity. In contrast, endosurgical access significantly reduces these negative processes.

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