SURGICAL TREATMENT OF DIFFUSE POLYPOSIS OF GASTROINTESTINAL TRACT IN CHILDREN

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Diagnosis and timely treatment of obligate precancerous diseases of the colon is a prevalent problem in modern coloproctology. Annually 800 thousand new cases of colon and rectum cancers as well as 400 thousand deaths caused by these types of cancer are registered.

Diffuse polyposis of gastrointestinal tract in children is a rare and severe pathology, which after the age of 16 develops into cancer in 100% of cases.

Material and methods. In the Scientific Center of Pediatrics and Children's Surgery (NCPCS), 17 children underwent surgery during the period from 1994 to 2016. In two (11.8%) children, hamartomatous polyps (Peutz-Jeghers syndrome) were found; in one (5.9%) child, adenomatous polyps in the colon in combination with Meckel's diverticulum were found. 14 (82.3%) patients were diagnozed with juvenile polyposis; of them, in 2 (14.3%) children, the whole stomach, small and large intestine were damaged.

All children underwent a comprehensive examination, including ultrasound examination of the abdominal cavity organs, irrigography, fibrocolonoscopy, and fibrogastroduodenoscopy.

When parents were interviewed, the hereditary nature of this disease was confirmed in 4 (23.5%) children. In the same families, 2 parents were diagnosed with colon carcinomas. Of the children admitted, 13 (76.5%) were anemic. Rectal bleeding of varying degree of severity was observed in 12 (70.6%) patients. Decreased appetite was detected in 9 (52.9%) children. Hypotrophy was seen in 11 (64.7%) patients. 3 (17.6%) children were urgently admitted with intussusception. In 2 (11,8%) patients with Peutz-Jeghers syndrome, externally visible signs of pathological melanotic hyperpigmentation of the lips and oral mucosa in the form of small brown spots were found. Before surgery, polyposis was diagnosed in 11 (64.7%) patients based on the results of a histological examination.

Results. All the children were operated in a planned manner. 2 (11.8%) children with Peutz-Jeghers syndrome underwent multiple polypectomy from small incisions of the intestine, directly in the polyp localization zone. The polyps were removed with mucous stitching. In one (5.9%) child, the polyps in the nestis area were clustered along 12 cm. This patient underwent segmental resection of the nestis.

In 1 child with adenomatous polyposis of the large intestine, total colectomy with the imposition of an ileoanal anastomosis was performed. Meckel's diverticulum was intraoperatively revealed in this child (a wedge resection of the small intestine was performed).

12 (85.7%) patients with juvenile polyposis received total colectomy with ileo-anal anastomosis (Soave procedure), one child received total colectomy with permanent ileostomy, and in one child, with overall gastrointestinal affection, segmental resection of the small and large intestines with permanent ileostomy was performed.

In the catamnesis, after 1 to 4 years, 12 (70.6%) children were examined. In 10 children (83.3%), the results were satisfactory. The children are socially adapted. In 3 (25%), fecal incontinence of I-II degree was noted. These children receive outpatient care. Of 2 patients with total lesion of the gastrointestinal tract, 1 the child is under clinical supervision. The second child died.

Thus, our results of treatment indicate that in case of diffuse polyposis of the colon, early surgical removal of the large intestine is necessary. The method of choice is total colectomy with ileoanal anastomosis. Early diagnosis and the correct choice of surgical treatment prevents the development of various complications.

References

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