الحكومة الليبية
GOVERNMENT OF LIBYA

L.S.P.S

الجمعية الليبية
لجراحة الأطفال
Libyan Society Of Pediatric Surgery

الرابطة العربية لجراحي الأطفال
ARAB ASSOCIATION OF PAEDIATRIC SURGEONS

26 -25 -24 - 23 July

BENGHAZI

18th Meeting Of The Arab Association Of Pediatric Surgeons

21st Maghreb Meeting Of Pediatric Surgery

3rd Libyan Tunisian Meeting

4th Libyan International Meeting

SMCP S.A.C.P

مستشفى دار الحكمة
Dar Al Hekma Hospital

عقد هذا المؤتمر في إطار تعزيز التعاون العلمي الإقليمي والدولي في مجال جراحة الأطفال، ويأتي تتويجًا لجهود تنظيمية وعلمية مكثفة، والذي يُقام لأول مرة في مدينة بنغازي. حرصنا على إعداد برنامج علمي متوازن يلبي تطلعات المشاركين، ويواكب التطورات الحديثة في التخصص، إضافةً إلى تنظيم ورش عمل لإجراء عمليات جراحية بمشاركة جميع الأطباء الليبيين، بما يعزز الجانب التطبيقي للمؤتمر.

نأمل أن يكون لهذا الحدث أثر ملموس في الارتقاء بالممارسة الجراحية للأطفال في ليبيا

This conference is held as part of ongoing efforts to strengthen regional and international scientific cooperation in the field of pediatric surgery. It represents the culmination of intensive organizational and academic efforts, and it is being held for the first time in the city of Benghazi. We made sure to develop a balanced scientific program that meets the expectations of participants and reflects the latest advancements in the field, in addition to organizing hands-on surgical workshops involving all Libyan doctors, to enhance the practical value of the conference.

We hope this event will contribute meaningfully to improving pediatric surgical practices in libya.

الدكتورة فدوى الفايدي

رئيسة اللجنة التحضيرية للمؤتمر

It is with immense pleasure and honor that I welcome you to the 18th biannual International Meeting of the Arab Association of Pediatric Surgeons (AAPS). This year marks a truly historic occasion as we gather for the first time in the vibrant city of Benghazi, Libya, a testament to the growing spirit of collaboration and advancement in pediatric surgery across our region.

Our commitment to fostering excellence in pediatric surgical care is reflected in this meticulously curated program. The conference officially commences on July 25, 2025, but we have thoughtfully arranged enriching pre-congress activities. These include a specialized workshop on July 23, focusing on ARM, MIS, and Urology with live transmissions from Dar Al Hekma Hospital, followed by a social program on July 24. Furthermore, on the morning of July 25, a crucial Masterclass Trauma Course will be held, targeting young doctors to enhance their practical skills.

We extend our deepest gratitude to our hosts in Libya for their exceptional efforts in organizing this meeting. The tremendous work and support by the representative of Libyan government, and the board of Libyan association of pediatric surgery to bring this event to light is really appreciated.

I am confident that the scientific discourse, exchange of knowledge, and networking opportunities over the coming days will prove invaluable for all participants.

Welcome to Benghazi, and I wish you a most productive and memorable conference.

دكتور عصام الحلبي
رئيس الرابطة العربية لجراحي الاطفال

دكتور يوسف اكريم
رئيس الجمعية الليبية لجراحة الأطفال

Pre-Congress Workshop Day 1 - July 23, 2025

Venue Dar Al Hekma Hospital (with Live transmission)

Workshop coordinators: Dr. Essam Elhalaby *(Egypt)* **- Dr. Adel Al Junaibi** *(U.A.E)*

Main Topic : ARM - MIS – Urology

08:00 - 08:15

Case Presentation Case 1

08:15 - 08:30

Case Presentation Case 2

08:30 - 11:00

Live Surgery Case 1

08:30 - 11:00

Live Surgery Case 2

12:00 - 13:00

Lunch Break

13:00 - 13:15

Case Presentation Case 3

13:15 - 13:30

Case Presentation Case 4

13:30 - 16:00

Live Surgery Case 3

13:30 - 16:00

Live Surgery Case 4

Day 2 - July 24, 2025

Pre-Congress Exciting social program

Morning

Social Program Details to be announced

July 25, 2025

Masterclass

Trauma Course : Target (Young doctors –Limited number -Registration Mandatory)

Venue:Dar Al Hekma Hospital Auditorium **Time :9-00 to 12-00**

Coordinators: Dr Hanene Al Obaidi *(Lybia)* **- Dr Amani Al Ansari** *(Qatar)*

Chairpersons:Dr Ayman Al Bagdadi *(Egypt)* **-Dr Sherif Kaddah** *(Egypt)*

Lunch at the Hotels

Conference Day 1 - July 25, 2025

RAZ Conference Center

15:00 - 15:15

Registration

15:15 - 15:45

Welcome Notes

Dr Fadwa El Faidy*(Libya) (President of the organizing comitee)*,**Dr. Essam Elhalaby***(Egypt)*, **Dr. Youssef Kryem***(Libya),* **Dr. Mohamed Sassi***(Libya),* **Dr. Abdelkader Shahine***(Libya),* **Dr. Oussama Hammed** *(Libya)*

15:45 - 16:45

Session 1

Oral presentations (5+1)

Chairpersons: **Dr. Abdelhakim Glia***(Libya)*, **Dr. Mohamed sassi***(Libya)*, **Dr. Rachid Ouslim***(Algeria)*, **Dr. Hassan karim Gatea***(Iraq)*, **Dr. Bouaguila Al Gaied** *(Libya)*

1- Transition of Care for Patients with Cloacal Malformations
Amel Hashish, Esam Elhalaby, Ismaeal Elhalaby

2- Comparison between Muscle Complex Saving Anorectoplasty and Posterior Sagittal Anorectoplasty in Treatment of High Anorectal Anomalies
Ayman Ahmed Albaghdady, Wael Ahmed Ghanem; Ayman Mostafa Allam; Mostafa Mohamed Elghandour; Marwa Sayed Mousa; Mohamed Salah Mohamed Elshafey

3- Conservative Management of Acute Appendicitis: Latest Research and Emerging Trends
Hussein Naji, Fatemah Akbarpour

4- Establishing Dedicated Pediatric Colorectal Care in Resource Constrained Settings: Systemic Challenges and Context-Driven Strategies
Ismael Elhalaby, Essam Elhalaby

5- Management Strategies and Outcomes of Pediatric Anorectal Injury Including Child Abuse: A Single-Center Retrospective Case Series
Hanan Yousef & Safaa Al-Atrash

6- Sphincter-Sparing Posterior Sagittal Anorectoplasty for Rectourethral Fistulas: A Potential Refinement to Consider?
Ismael Elhalaby, Essam Elhalaby

7- Non Operative Treatment of acute appendicitis: What we have learned after 10 years experience
Samira Sinacer, Meriem Attalah, Karima Lalaoui1, Samah Nedjar,Samah Touabti

8- Outcome of Conservative Management of Appendicular Mass in Pediatric Age Group in Benghazi Children Hospital One Center Study from January 2018 to January 2024
Dr. Amna Abd elrahman

16:45 - 17:15

Presidential address

Dr. Essam Elhalaby *(Egypt)*

Arab association of pediatric surgeons: Past, Present and Future

Chairpersons: Dr. Adnane Hussaimi *(Syria)*, **Dr. Youssef Kryem** *(Libya)*, **Dr. Amer Ejrish** *(Iraq)*, **Dr. Amine Ksia** *(Tunisia)*, **Dr. Adel Aljunaibi** *(U.A.E)*

17:15- 18:00

Panel Discussion (1) Gastro esophageal reflux

Coordinator: Dr. Mohamed El Debeky*(Egypt)*

Panelist: Dr. Hamed seleim*(Egypt),* **Dr. Samir Delibegovic***(Bosnia),* **Dr. Fawzi Chetouane***(Libya),* **Dr. Amal AL Araby***(Libya),* **Dr. Mohamed Al Barbary***(Egypt)*

18:00 - 18:30

Plenary session (15 minutes each)

Chairpersons: Dr. Amer Ejrish *(Iraq)*, **Dr. Aymen Bagdadi** *(Egypt),* **Dr.Adel Salama** *(Libya),* **Dr. Adham alsaeed** *(Egypt),* **Dr. Mohamed Al Maghrabi***(Libya)*, **Dr Khaled Al Ramali***(Libya)*

Dr. Hussain Najji *(Iraq),* **Dr. Michaela Dellmark***(Sweeden)*

A Quality of Life (QOL) questionnaire in standard Arabic for children born with Esophageal Atresia-Tracheoesophageal fistula

Dr. Stuart Hosie*(Germany)*

Clinical decisions and advances in anorectal malformations

18:30-19:00

Plenary session (15 minutes each)

Chairpersons: Dr. Kenan karavdic*(Bosnia)*, **Dr. Sabri Demir***(Turkey)*, **Dr. Rahim Sinani***(Algeria)*, **Dr. Khaled Kadder***(Libya)* ,**Dr. Mohamed Elsawaf***(Egypt)*

Dr. Samir Delibegovic *(Bosnia)*

Keynote lecture: In Vivo measurement of Appendiceal base: implications on pediatric laparoscopic appendectomy

Dr Omar khamag *(Libyal South Africa)*

Keynote lecture: Portal Hypertension in children Shunt and non-shunt surgery

19:00 - 20:00

Video session 6 (8+2)

Chairpersons: **Dr. Soliman Mohamed Soliman***(Egypt)*, **Dr. Ahmad Kane***(Mauritania)*, **Dr. Ba Mehrez***(Yemen)*, **Dr. Mahmoud El Fiky***(Egypt),*Dr Mohamed Al Surimi*(Yemen)*

Dr. Adel Aljneibi*(U.A.E)* **Fetoscopic repair of MMC**

Dr. Adham Elsaeed*(Egypt)* **Thoracoscopic excision of thymic tumor**

Dr. Mohamed Abdel Aziz*(Egypt)*: **Choledochal cyst**

Dr. Mansoor Nasyrov*(Uzbakistan)* **Lap biliary atresia**

Dr. Mohamed Al Surimi*(Yemen)*: **Liver mass**

Dr. Mohamed Elsawaf*(Egypt):* **Thoracoscopic lobectomy How I do it?**

20:00- 20:30

Posters Walk (2 Minutes each poster)

Chairpersons:

Session 1 screen 1: **Dr. Amin ElGohary***(Egypt)*, **Dr. Amel Hashish***(Egypt)*, **Dr Moataz Ettayeb***(Egypt)*

Session 1 screnn 2: Dr. Adnan Hossami*(Syria)*, **Dr. Mohamed Elsawaf***(Egypt)*

GALA DINNER

Conference Day 2 - July 26, 2025

RAZ Conference Center

09:30 - 10:30

Chairpersons: Dr. Stuart Hosie *(Germany)*, **Dr Mansoor Nasyrov***(Uzbekistan)*, **Dr. Mohamed Al Barbary***(Egypt)*, **Dr. Sherif Kaddah***(Egypt),* **Dr. Hussain Najji** *(Iraq)*, **Dr Amani Al Ansari** *(Qatar)*

Video Session

1- **Dr. Mohamed Al Barbary***(Egypt)*: **Thoracoscopic repair of TEF**
2- **Dr. Hamed Selim***(Egypt):* **Left sided thoracoscopic redo esophageal anastomosis for intractable post EA repair**
3- **Dr. Radhouane BenSalah***(Tunisia)*: **Pancreatic mass**
4- **Dr. Thamer Ashraf***(Egypt):* **Laparoscopic Ladd's procedure**
5- **Dr. Amine Al Gohary***(Egypt/U.A.E):* **Impalpable testis**
6- **Dr. Essam Elhalaby***(Egypt):* **Feminizing genitoplasty, How I do it**

10:30- 11:30

Session 2

Oral Presentations (5+1)

Chairpersons: Dr. Hassan Badi*(Libya)*, **Dr. Reda Zbaida***(Libya)*, **Dr. Sobhi Rezgallah***(Libya),* **Dr. Mohamed Abdelaziz***(Egypt),* **Dr. Farid Allaghi** *(Libya)*, **Dr, Mohamed AbdelBaky***(Egypt)*

9- Evaluation of Effect of Sleeve Gastrectomy on Metabolic Parameters and Inflammatory Markers in Obese Adolescents
Ayman Ahmed Albaghdady, Tamer Abdu Mohammed Megahed, Rasha Tarif Hamza, Mohamed Hisham Ahmed, Shady Sherin Shokry, Hany Mohamed Abd-Allah Embaby

10- Experience in Splenic Trauma and Accuracy of FAST Scan in Paediatric
Dr.Mahmoud AL Ashqar, Dr.Hanan Yousef

11- Laparoscopic Kasai Portoenterostomy for Biliary Atresia: First 37 Cases from Uzbekistan – Feasibility, Outcomes, and Challenges
Mansur Nasirov, Konstantin Syomash, Timur Djanbekov, Ayimgul Khudaybergenova

12- Colonic Derotation "Deloyers Procedure" For Long Segment Hirschsprung Disease
Ismael Elhalaby, Essam Elhalaby

13- Red Cross War Memorial Children's Hospital: A Leading Global Center for Pediatric Hepatobiliary Surgery Training and High-Volume Surgical Care
Omar Khamag, Thozama Siyotula

14- Outcomes of primary anastomosis versus enterostomy in treating jejunoileal atresia
Fatima Elfeituri, Dr.Moussa Elhagein

15- Papillary thyroid cancer in pediatric age: a diagnostic and therapeutic challenge in developing countries.
Christian País, Juan Andrés Guerrero

16- The longterm outcome of abdominal wall defects
Nageia Younis, Abeir Tejani

17- Thoracoscopic treatment of pulmonary hydatid disease in children
Qadir Mohammed Salih Qadir, Ayad Ahmad Mohammed

18- HYDATID DISEASE AMONG THE PEDIATRIC AGE GROUP
Ranaa N. Bazzoiee*, Majid Kh. Ali**, Mohammed Sh. Khayyat**

19- Has the term Mesenteric Cyst become outdated five centuries after its first use?
Mulham Jarjanazi, Mohamed Morjan, Hiba Malahifji

11:30- 12:15

Plenary session 2 (15 minutes each)

Chairpersons: Dr. Mohamed El Debeky*(Egypt)*, **Dr. Ehtiouch Faraj***(Libya)*, **Dr. Qadir Salah***(Iraq)*, **Dr. Amine Al Gohary** *(Egypt),* **Dr Moataz Ettayeb** *(Egypt)*

Dr. Mohamed Abdelbaky(Egypt)

complications of male circumcision

Dr. Peter Vajda *(Hungary)*

Modern therapy for bladder exstrophy

Dr. Kenan Karavdic *(Bosnia)*

Laparoscopic Palomo procedure in the treatment of adolescent varicocele using ligasure vessel sealing system

12:15 - 12:45

Panel Discussion (2)Hypospadias
Coordinator: Dr. Amine ksia*(Tunisia)*

Panelist: Dr. Peter Vajda*(Hungary),* **Dr Thamer Achraf***(Egypt),*
Dr. Ahmad AbdelKader, *(Libya)***Dr. Ridha Dhaoui***(Tunisia),***Dr Mahmoud El Fiky***(Egypt)*

12:45 – 13:30

Panel Discussion 3:

Paediatric Surgery Training: UK, Europe and Global Versus the Arab World.

Moderator: Dr. Mohamed Sameh Shalaby *(Egypt/UK)*

Panelist: Dr. Abdelkader Chahine*(Libya)*, **Dr. Adnene Al hussaimi***(Syria)*, **Dr. Amine Ksia***(Tunisia)*, **Dr. Amer Ejrish***(Iraq)*

13:30 – 14:30

Plenary session (15 minutes each)

Chairpersons: Dr. Abdel Majid Al Osta*(Libya),* **Dr. Aws Al Hamadani***(Iraq)*, **Dr. Amer Touati***(Libya),* **Dr. Wissem salah***(Iraq)*, **Dr moussa al Khadi***(Libya),* **Dr Abdelmenem Ehmid(Libya)**

Dr. Amel Hashish*(Egypt)*

Artificial Intelligence in Pediatric Colorectal Surgery: Revolutionizing Diagnosis and Management

Dr Amani N. Alansari *(Qatar)*

Burnout Among Pediatric Surgeons Worldwide: A Systematic Review and Meta-Analysis

Dr. Sabri Demir*(Turkey)*

Initial management of pediatric burns

Dr. Penka Stephanova*(Bulgaria)*

Complicated abdominal trauma in children (online)

14:30 - 15:15

Panel Discussion 4

Pediatric surgery in War conditions

Moderator: Dr Reda Zbeida *(Libya)*

Panelist: Dr. Nasser Al Moflah*(Syria),* **Dr. Christian Pais***(Ecuador),* **Dr. Mohamed Al surimi***(yemen),* **Dr. Ahmad saeed***(Libya)*

15:15 - 16:15

Session 3

Oral presentations (5+1)

Chairpersons: Dr. Elsadiq Corina*(Soudan)*, **Dr. Mohamed Sameh Shalaby***(Egypt)*, **Dr. Bouchaour***(Algeria),* **Dr. Si Nacer***(Algeria)*, **Dr Mefteh Al Chouihdi***(Libya)*

20-Handheld vs Desktop ultrasound in neonatal venous acces Early comparative data on first puncture success and outcomes
Hany Embaby, Ahmed Maher Teaching hospital Egypt

21- Endourology in children; the minimally invasive revolution in pediatric urology
SAMIRA SINACER, SOUHEM TOUABTI, ZINEEDDINE SOUALILI

22- Primary Adhesive Small Bowel Obstruction in Familial Mediterranean Fever: A Case Series and Literature Review
Naser El-Mefleh, Mulham Jarjanazi

23- SHEHATA technique in the management of non-palpable testis in Nouakchott, preliminary study
Elhadj A, M Moukhtar, Naji S M , Elweli B, Sghair Y, Kane A

24- Should the child be raised as male or female? Case reports on ambiguous genitalia in children
Malak Saleem Al Balushi, Salma Amur Al Khanjari, Ravi prakash kanojia, Mohammed jaffer al sajwani

25- Utilization of nanotechnology for pediatric surgery : Their prospects and challenges.
Ibrahim Almabrouk Mohammed, Mahmoud Jumaa Ibrahim, Mohammed Alamin Belkhier

26-Thoracoscopic repair of esophageal atresia in long gap and overlapping pouch variants
Hany Embaby Ahmed Maher Teaching hospital Egypt

27- Evaluating Chromosomal Microdeletions And Duplications: Ethical Considerations In Life Expectancy For Pediatric Bilateral Cryptorchidism – A Local Community Perspective
Wissam Saleh, Mohammed Aboud ،Manal Kadhim

28- DISTAL HYPOSPADIAS: INSIGHTS FROM A NOVICE SURGEON
Imane amroune, Fairouz Amroune, Souhem Touabti

16:15- 16:45

Posters walk 2 (2 minutes each poster)

Chairpersons:

Session 2 screen 1:Dr. Nasser Al Hassi*(Libya)*, **Dr. Nizar Tarawah***(Palestine)*, **Dr. Salah Al Amami***(Libya)*, **Dr Imane Amroune***(Algeria)*

Session 2 screen 2: Dr. Hussein Al Chaib*(Libya)*, **Dr. Ali Kalai***(Libya)*, **Dr. Tamer Achraf***(Egypt)*, **Dr. Olivier Ngaringuem***(Tchad),* **Dr Hanene Al Obaidi***(Libya)*

END OF THE MEETING…

E- posters List

Session 1 Day 1 Screen 1

P1- Waugh Syndrome: A Rare Coexistence of Intussusception and Intestinal Malrotation; A Case Report
Hind Kh M Mohamed ; Nageia Younis
Pediatric surgery Benghazi university

P2- Sirenomelia or The Mermaid Syndrome: about a case
Bouchaour Abderrahmane Raouf, Ouslim Rachid
faculty of medicine oran 1 university

P3- A rare case of extrarenal Wilms' Tumor: a diagnostic challenge and a management dilemma
Ben Salah Radhouene, Baccouche.A, Belhassen.S, Masseoud.M, Sfar.S, Benyoussef.S, Ben Fredj.M, Kechiche.N, Laamiri.R , Ksia.A, Krichene.I, Mekki.M, Belghith.M, Sahnoun.L
Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P4- A rare case of hepatopulmonary fusion associated with a right congenital diaphragmatic hernia: Case report and review of the literature
Khaled Alomar, Linah Kaf Alghazal , Maher Alloun , Methad Dawarah , Ghuroub Alkhayer , Mohammed Abd Alkader
surgery Damascus university

P5- A Single center experience with laparoscopic renal biopsy in children
Belhassen Samia, Basma Haggui , Marwa Messaoud, Sana Mosbahi, Chakroun Sawsen, Ben Mansour Maha, Mongi Mekki, Lassaad Sahnoun
Pediatric surgery department of Monastir- Department of pediatric surgery of Sidi Bouzid- Department of Pediatric Anesthesia Monastir Tunisia UNIVERSITY OF MONASTIR / UNVERSITY OF SOUSSE

P6- Accessory scrotum in neonate: A rare congenital scrotal anomaly
Naser El-Mefleh, Linah kaf alghazal Hassan Al-Hussein c , Ebrahem Othman d , Hasan Darwish d , Mohammad Alsaleh e
Pediatric Surgery department Aleppo University hospital-Damascus University

P7- Amyands` Hernia in infaint " inflamed appendix"
Huda Almesmari, Hanan Youssif
pediatric surgery Arab medical university

P8- Anal Canal Duplication in a four-year-old boy: a case report.
imane amroune, Fairouz Amroune, Djelloul Achouri, Souhem Touabti
medecine ferhat abbas university of setif

P9- Antenatal diagnosis of a fetal heart tumor: rhabdomyoma
Mohamed Raouf Benabdessalam, Basma Haggui, Riadh Ncibi, Wathek Thajaoui
department of gynecology/ department of pediatric surgery of sidi bouzid-Tunisa UNIVERSITY OF SOUSSE

P10- Antenatal Diagnosis of anal Imperforation: Case report
Mohamed Raouf Ben Abdessalem, Basma Haggui, Riadh Ncibi, Samia Meherzi, Hatem Rouag, Wathek Thaljaoui
department of gynecology -Department of pediatric surgery sidi bouzid Tunisia University of Sousse

P11- Antenatal diagnosis of cerebral hematoma
Mohamed Raouf Benabdessalam, Basma Haggui, Riadh Ncibi, Wathek Thajaoui
Department of gynecology/ Deparetment of pediatric surgery of sidi bouzid Tunisia University of sousse

P12- Antenatal diagnosis of duodenal atresia: case report
Mohamed Raouf BenAbdessalam, Basma Haggui, Riadh Ncibi, Hatem Rouag, Samia Meherzi, Wathek Thaljaoui
Department of gynecology/ Department of pediatric surgery of Sidi Bouzid University of sousse

P13- Antenatal diagnosis of Joubert syndrome: case report
Mohamed Raouf Benabdessalam, Basma Haggui, Riadh Ncibi, Samia Meherzi, Hatem Rouag, Wathek Thaljaoui
Deparment of gynecology- Department of pediatric surgery of sidi bouzid University of Sousse

P14- Antenatal diagnosis of polycystic kidney disease: case report
Basma Haggui, Mohamed Raouf BenAbdessalam, Riadh Ncibi, Wathek Thaljaoui
department of gynecology/ Department of pediatric surgery of sidi bouzid Tunisia University of sousse

P15- Antenatal diagnosis of pulmonary sequestration: about a case
Basma Haggui, Mohamed Raouf Benabdessalam, Riadh Ncibi, Hatem Rouag, Samia Meherzi, Wathek Thajaoui
department of gynecology/ Department of pediatric surgery University of sousse

P16- Association between feeding type and idiopathic acute intussusception in infants under 24 months : a retrospective study of 187 cases
Bouchaour Abderrahmane Raouf, Ouslim Rachid
Faculty of Medicine Oran 1 university

P17- Atrésie des voie biliaires à révélation néonatale
Ons Kchaou
Neonatolgy Sfax University of Medecine of Sfax , Tunisia

P18- Aware case of enteric duplication cyst in ileocecum valve of a 1year old child as case report
Abair Bakar, Abdqader Shaheen , Khaled Dawood
Pediatric surgery Bengazi

P19- Bilateral postaxial polydactyly in 4 year old girl: surgical management and outcomes.
Bouchaour Abderrahmane Raouf, Ouslim Rachid
faculty of medicine oran 1 university

P20- Bilio-duodenal anastomosis in minimally invasive surgery for congenital cystic dilatation of the main bile duct.
Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P21- Biological Glue Injection in the Treatment of Esophageal Diverticulum: A Case Report
Belhassen Samia, Hagui Besma, Landolsi Rihab , Marwa Messaoud, Chakroun Sawsen, Ben Mansour Maha, Mongi Mekki,Lassaad Sahnoun
Department of Pediatric Surgery Monastir Tunisia/ Department of pediatric surgery of sidi bouzid/ Department of Pediatric Anesthesia Monastir Tunisia University of Monastir/ University of Sousse

P22- Case study of 10-year-old boy with recurrent hernias children in Nouakchott
Hadya Tandia, Abdallahi Doukouré, Sidi Mohamed Naji, Elhadj Ada, El weli Elwaled1, Yacoub Mohamed Sghair, Ahmed Kane
Service de Chirurgie Pédiatrique du Centre Hospitalier Mère Enfant Service de Chirurgie Pédiatrique du Centre Hospitalier Mère Enfant

Session 1 Day 1 Screen 2

P23- Compressive Sacrococcygeal Tumor in a Newborn: A Case Report
Ghernoub Dounya, Merazi Nassima, Kentouri Toufik, Chergui Abdelhakim, Bouguermouh Dania
Medicine Faculty of medicine of Algiers

P24- Congenital Bands: A Rare Cause of Acute Abdominal Pain in Children
Belhassen Samia, Basma Haggui, Zouabi Nedra , Marwa Messaoud, Chakroun Sawsen, Ben Mansour Maha, Ksiaa Amine, Mongi Mekki ,Lassaad Sahnoun
Department of Pediatric Surgery Monastir Tunisia / Department of pediatric surgery of sidi bouzid/ Department of Pediatric Anesthesia Monastir Tunisia University of Monastir / University of Sousse

P25- Congenital dislocation of knee (A cas report)
El-Ali Ahmed, Chergui Abdelhakim
Pediatric Surgery Eph ibn sina ADRAR-Algeria-

P26- Cricopharyngeal achalasia in children: a rare cause of dysphagia
Besma Haggui, Messaoud.M, Belhassen.S, Jarboui.O, Chakroun.S, Ben Mansour.M, Ksia.A, Mekki.M, Belguith.M, Sahnoun.L
Pediatric Surgery Sidi Bouzid Hospital

P27- Du trouble psychiatrique à l'urgence chirurgicale : trichobézoard pédiatrique : a propos d'un cas
AR. Bouchaour, I.benmaghnia /N.blaha/M.bensouna /R.ouslim
Département de médecine Service de chirurgie pédiatrique ,chu oran

P28- Duodenal Diaphragm with Ileal Pancreatic Heterotopia in a 2-Year-Old Girl
Ben Salah Radhouene, Belhassen.S, Baccouche.A; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L
Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P29- Early Management for Complicated Posterior Urethral Valves : The Role of Antenatal Detection

Besma Haggui, Messaoud.M, Belhassen.S, Jarboui.O, Ksia.A, Mekki.M, Belguith.M, Sahnoun.L
Pediatric Surgery Sidi Bouzid Hospital

P30- Esophageal strictures in children with epidermolysis bullosa

Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L
Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P31- Extraperitoneal rectal perforation simulating rectal duplication; A case report & Review of literature

Elhadj A, Elweli B , Naji S M , Sghair Y, Kane A
Pediatric surgery CHN Nouakchott Faculty of medicine Nouakchott

P32- Forme osseuse de l'hydatidose chez l'enfant : une localisation rare à ne pas méconnaitre

AR.Bouchaour, I.Benmaghnia, N.Blaha, A.Saddek, M.Bensouna, R.Ouslim
Faculté de médecine d'Oran service de chirurgie pédiatrique chu oran Université Ahmed ben bella oran service de chirurgie pédiatrique chu oran

P33- Giant Retroperitoneal Lipoma in an Infant: A Case Report

Bebana Elweli, Teguedi Isselmou,Deih Didi,Baaini Abdelmalek ,Haji Mhamdi,Hadiya Tandia,Yacoub Med Sgheir
surgery University of Nouakchott

P34- Hydrostatic reduction of acute intestinal intussusception in infants: experience of the Oran University hospital regarding 156 cases.

Bouchaour Abderrahmane Raouf, Ouslim rachid
faculty of medicine Oran 1 university

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Imane Amroune, Fairouz Amroune, Djeloul Achouri
medecine ferhat abbas university of setif

P36- Infantil hypertrophic pyloric stenosis in first weak of life

Aisha Ali Abdewaed, Saleh Algomati
Peditric surgery Qaryounis

P37- Infantile Ovarian Dysgerminoma: Diagnostic and Therapeutic Challenges

Besma Haggui, Messaoud.M, Ben Frej.M, Belhassen.S, Jarboui.O, Ben Youssef.S, Ksia.A, Mekki.M, Belguith.M, Sahnoun.L
Pediatric Surgery Sidi Bouzid Hospital

P38- Juvenile Granulosa Cell Tumor of the Ovary: An Unusual Presentation

País Cedeño Pedro Cristian, Mena Paredes David , Rosales Terán Pedro, Manzano Moscoso Daniel.
Department of Pediatric Surgery Hospital de Especialidades de las Fuerzas Armadas N.° 1

P39- Laparoscopic Bilio-Duodenal Diversion for Congenital Cystic Dilatation of the Main Bile Duct

Basma Haggui, Belhassen Samia, Afef Toumi , Marwa Messaoud, Chakroun Sawsen, Ben Mansour Maha,Ksiaa Amine, Mongi Mekki,Lassaad Sahnoun

Department of Pediatric Surgery Monastir Tunisia/ Departmnent of pediatric surgery of Sidi Bouzid/Department of Pediatric Anesthesia Monastir Tunisia UNiversity of Monastir/ University of Sousse

P40- Lipoblastoma in Children: Clinical and Therapeutic Features

Ben Salah Radhouene, Belhassen.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

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Ben Salah Radhouene, Kechiche.N, Belhassen.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P42- Management of congenital isolated tracheo-oesophageal fistula.

Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

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Aisha Ali, Fawzi Bin Shatwan ..Aziza Abdelmoneam

Pediatric surgery Arab medical university

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Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

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Ghernoub Dounya, Raouraoua Chafika, Chergui Abdelhakim

Medicine Faculty of medicine of Algiers

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Bouchaour Abderrahmane Raouf, Ousli Rachid

faculty of medicine Oran 1 university

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Pediatric surgery Eph Ibn Sina -ADRAR-ALGERIA

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Sara Ali Ateeqa, Tehrani Shniger, Mahmoud Alashqar, Khaled Soaity, Osama Almajbery
pediatric surgery Benghazi Children's Hospital, Libya

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Imane Amroune, Fairouz Amroune, Djelloul Achouri, Souhem Touabti
medecine Ferhat Abbas University of Setif

P50- Perivascular epithelioid cell tumor (PEComa): a rare tumour that should be known.
Ben Salah Radhouene, Belhassen.S; Toumi.A; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L
Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P51- Phrenic rhabdomyosarcoma: a rare site with an unpredictable evolution
Ben Salah Radhouene, Sfar.S; Meddeb.S; Belhassen.S, Ben Masseoud.M, BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L
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Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

P53- Postnatal diagnosis of Mermaid syndrome
Mohamed Raouf Benabdessalem, Basma Haggui, Riadh Ncibi, Hatem Rouag, Wathek Thaljaoui
Department of gynecology -Department of pediatric surgery of sidi bouzid University of sousse

P54- Primary repair of gastroschisis
Rabeeah ahmed, Hind khalil
Pediatric surgery Benghazi

P55- LAPAROSCOPIC LIVER ECHINOCOCECTOMY
Jamshid Shamsiyev, Shokhzod Shamsiev
Pediatric surgery Samarkand center for pediatric surgery

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Jamshid Shamsiyev, Shokhzod Shamsiev
Pediatric surgery Samarkand center for pediatric surgery

P57- Surgical management of esophageal atresia from birth to childhood
Besma Haggui, Messaoud.M, Belhassen.S, Jarboui.O, Chakroun.S, Ben Mansour.M, Ksia.A, Mekki.M, Belguith.M, Sahnoun.L
Pediatric Surgery Sidi Bouzid Hospital

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Wissam Saleh Hakim, Ali Saleh Aljanabi
pediatric surgery Al-Qadissiyah university/ college of medicine

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Basma Hagui, Samia Belhassen, Basma Hagui, Marwa Messaoud, Sabrine Ben Youssef, Meriem Ben Fredj, Amine Ksia, Imed krichen, Mongi Mekki, Mohsen Belguith, Lassaad Sahnoun
pediatric surgery of Monastir University of Monastir

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Basma Hagui, Samia Belhassen, Marwa Messaoud, Nedra Zouabi, Meriem Ben Fredj, Amine Ksia1, Imed krichen, Mongi Mekki, Mohsen Belguith, Lassaad Sahnoun
Department of pediatric surgery university of Monastir

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AR. Bouchaour, I.Benmaghnia, N.Blaha, M.Bensouna, R.Ouslim
Faculté de médecine oran Université Ahmed ben bella oran service de chirurgie pédiatrique chu oran

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Ben Salah Radhouene, Toumi.A; Belhassen.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L
Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

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Ali Farooq Al-Mayoof, Muhamed Jassim Fadhle
Surgery Mustansiriya University/Faculty of Medicine

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Akram Albreky, Naser Alhasy
Pediatric surgery University of Benghazi

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Asmaa Mustafa, Kholoud Almagerhi
pediatric surgery Tripoli medical university

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Guemoula Abla, Smart Zeidan
Besançon University of Franche-Comte UFPC France

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Ismael Elhalaby, Essam Elhalaby
Pediatric Surgery Department Faculty of Medicine, Tanta University

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Elweli Bebana, B Abedlmalek, SM Naji, E Adda, D Didi, I Teguedi, H Tandia, Y Med Sgheir, K Ahmed
Faculty of Medicine, Pharmacy and Dentistry Nouakchott

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Shamous Abdella, Abdalla AlAbbar, Ola Abu Kwail, Hania Aloshaibi.
Pediatric Surgery Benghazi's Children's Hospital

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Naser El-Mefleh, Mulham Jarjanazi
Shafaq Hospital's Department of Pediatric Surgery and Aleppo University Hospital's Department of Pediatric Surgery Shafaq Hospital for Women and Children (Author El-Mefleh) and Aleppo University Hospital (Author Jarjanazi)

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Majda Alamame, Najia albadre
Pediatric surgery Arab medical university

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Nageia Younis, Majda Alamame
Surgery University of Benghazi

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Mona Alogaly., Abeer Altijani, Anwar Kasibat, Entesar Alakori.
Benghazi children hospital surgical department Benghazi University

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Huda Almesmari, Hanan Youssif
pediatric surgery Arab medical university

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Nageia Younis, Amna Abd elrahman
Surgery University of Benghazi

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El Sharif Faez F Khalil
Surgery Albyda medical center

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Safaa Al- Atrash, Saleh Elgomati
Pediatric surgery Benghazi Children's Hospital

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Rabiaa Ben Abdallah, F Chaabouni, A Ben Younes, C. Saadi, A. Jabloun, F. Trabelsi, A. Daib, Y. Hellal
Paediatric Surgery Department, Hospital Habib Thameur, Tunisia Faculty of Medicine of Tunis, Tunisia

P79- Primary Peritonitis Revealed by Status Epilepticus: A Case Study
Mousa Mohamed Yousif, Hind Kh M Mohamed .
Pediatric surgery Benghazi university

P80- Rare and Life-Threatening Presentations of Paediatric Burkitt Lymphoma: A Case Series of Intestinal Obstruction and Mesenteric Infarction with Literature Review
Naser El-Mefleh, Linah kaf alghazal
Pediatric Surgery department, pediatruc surgery department Aleppo University hospital- children's hospital in damascus

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Pediatric Surgery department Aleppo University hospital- Damascus University

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Naser El-Mefleh, Linah kaf alghazam
Pediatric Surgery department Aleppo University hospital- Damascus University

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Mosa Alhageen, Hind Kh M Mohamed
Pediatric surgery Benghazi university

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Mohamed Abdelmalak, Mohamed Mansy, Hazem Khafaga, Yasmine Ghazaly, Reem Saeed, Nada Yakout, Mostafa Zain And Saber Waheeb
colorectal and pelvic reconstruction Nile of Hope hospital

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Bechouni Kilani
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Shamous Abdella, Abdalla AlAbbar, Aisha Ali
Pediatric Surgery Benghazi's Children's hospital

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Mussa alhagen, Tahani shniger
Pediatric surgery Benghazi medical center

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Mohamed Benkhayal, Hesham Benkhaya
Thoracic surgery Tripoli university hospital

Abstracts

O1- Transition of Care for Pediatric Surgical Patients with Complex Urogenital Malformations

Amel Hashish, MD, CT, JMHPE, DHM, SDFD, FAIMER f, Esam Elhalaby, MD, CT, SDFD
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Abstract :

most of the Pediatric surgical patients with complex urogenital malformations, such as cloaca, disorders of sex development (DSD), and Müllerian duct anomalies, require reconstructive surgeries in childhood. These interventions usually improve early functional outcomes, But the lifelong nature of their conditions necessitates a structured and effective transition of care from pediatric to adult medical services. Without appropriate planning, these young adults can face significant risks of follow-up loss, medical morbidity, psychosocial challenges, and diminished quality of life.

This presentation aims to highlight the unique challenges and best practices in facilitating seamless transition for this vulnerable population.

The successful transition process extends beyond a single transfer event, requiring a multidisciplinary, patient-centered approach initiated during early adolescence. Key components include comprehensive patient and family education, fostering self-management skills, and meticulous preparation for the adult healthcare model. For patients with cloacal malformations, transition focuses on optimizing lifelong urinary and bowel continence management, renal function preservation, and gynecological/reproductive health. In DSD, emphasis is placed on hormone replacement therapy, gonadal surveillance, psychosocial support for gender identity and sexual health, and fertility counseling. Patients with Müllerian duct anomalies require ongoing gynecological follow-up for menstrual outflow, sexual function, and high-risk pregnancy management, alongside vigilance for associated renal anomalies. Critical challenges include the paucity of adult specialists experienced in congenital conditions, patient readiness for independent care, and systemic barriers between pediatric and adult healthcare systems.

Effective transition of care for pediatric surgical patients with complex urogenital malformations is paramount for ensuring sustained optimal health, functional independence, and psychosocial well-being into adulthood. Pediatric surgeons play a pivotal role in initiating this process early, collaborating with adult specialists, and empowering patients and families to navigate their lifelong medical journey. Implementing formal transition programs, dedicated coordinators, and robust communication protocols are essential strategies to bridge the care gap and secure a healthier future for these complex patients.

O2- Comparison between Muscle Complex Saving Anorectoplasty and Posterior Sagittal Anorectoplasty in Treatment of High Anorectal Anomalies

Ayman Ahmed Albaghdady, Wael Ahmed Ghanem; Ayman Mostafa Allam; Mostafa Mohamed Elghandour; Marwa Sayed Mousa; Mohamed Salah Mohamed Elshafey

Pediatric Surgery Department Ain Shams University

Abstract :

Anorectal malformations (ARMs) are among the most common major malformations that pediatric surgeons encounter, The optimal goal of ARMs correction is to anatomically reconstruct this malformation and to treat its functional sequelae, Pena and De Vries introduced posterior sagittal anorectoplasty that most pediatric surgeons have found it easy to repair, Despite performing a technically "perfect" operation, there are a population of children that require significant lifelong bowel management for constipation or incontinence, Muscle Complex Saving-Posterior Sagittal Anorectoplasty (MCS-PSARP), which is a less invasive technique that consists of keeping this funnel-shaped muscle complex completely intact and not divided, and pulling the rectum through this funnel, toward fixing the new anus to the skin. Aimed to compare between muscle complex saving anorectoplasty & posterior sagittal anorectoplasty procedures in terms of anatomical parameters of surgical outcomes and related complications. Prospective Comparative study between Posterior Sagittal Anorectoplasty and Muscle complex saving anorectoplasty included twenty four male patients with colostomized anorectal malformations dating from May 2021 and February 2024, patients were divided into two groups undergo repaier , 1st group with posterior sagittal anorectoplasty and 2nd group with muscle complex saving anorectoplasty , two groups were evaluated postoperative with pelvic MRI to evaluate the anatomical parameters of surgical outcome and anal EMG to evaluate the anatomical and functional parameters of the surgical outcome through external anal sphincter amplitude.

In our study there is no statistically significance between two operations according pelvic MRI finding unless in pelvic hiatus there was a statistically significant increase mean in muscle complex saving anorectoplasty group compared to posterior sagittal anorectoplasty group in recto bulbar fistula patients , with p-value (P=0.032), according anal sphincter EMG There was no statistically significant difference between groups according to mean MUPs in each type of fistula (recto bulbar and recto membranous), also overall patients, with p value (P>0.05).

Both MCS-ARP and PSARP are effective surgical techniques for the correction of high ARMs. The potential advantages of MCS-ARP in preserving muscle integrity and reducing excessive perirectal fat suggest that it may offer superior long-term functional outcomes

O3- Conservative Management of Acute Appendicitis: Latest Research and Emerging Trends

Hussein Naji, Fatemah Akbarpour
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Abstract :

Acute appendicitis is one of the most common surgical emergencies in children, traditionally managed with laparoscopic appendectomy. However, the role of antibiotic therapy as a conservative treatment remains a topic of debate.

This presentation aims to explore the feasibility of conservative (antibiotic-based) treatment for acute appendicitis.
Findings from four research projects will be discussed, covering:

1. The effectiveness of conservative antibiotic treatment.
2. The bacterial profile in appendicitis cases.
3. The management of complicated appendicitis.
4. Recurrence rates following conservative treatment.

Antibiotic therapy is a viable option for managing acute appendicitis in selected cases. However, recurrence rates are significantly higher when appendicolith is present, which may influence treatment decisions.

O4- Establishing Dedicated Pediatric Colorectal Care in Resource Constrained Settings: Systemic Challenges and Context-Driven Strategies

Ismael Elhalaby, Essam Elhalaby
Pediatric Surgery Department Faculty of Medicine, Tanta University

Abstract :

Pediatric colorectal care in resource-constrained settings faces systemic challenges, including fragmented data systems, sociocultural misconceptions, financial limitations, and workforce shortages. These barriers hinder effective management of conditions requiring lifelong care, such as anorectal malformations and Hirschsprung disease.

This abstract outlines context-driven strategies to address systemic challenges and establish sustainable pediatric colorectal care in resource-constrained settings, focusing on the region's mixed urban-rural healthcare environment.

Systematic audits identified local suppliers for glycerin repackaging and subsidized dilator procurement. A prospective-retrospective database standardized documentation for 300+ patients since 2019. In-hospital bowel management programs reduced follow-up travel burdens via low-cost 3–5-day stays. Culturally adapted Arabic educational materials addressed health literacy gaps and misconceptions. A hybrid nurse-led model combined a dedicated scheduler, structured follow-up registry, and telehealth coordination to reduce attrition (historically exceeding 50%).

Sustainable pediatric colorectal care in resource-limited contexts relies on local partnerships, repurposed supply chains, culturally tailored education, and hybrid follow-up systems. These strategies offer a replicable blueprint for balancing surgical expertise with patient-related barriers, advancing equitable care globally.

O5- Management Strategies and Outcomes of Pediatric Anorectal Injury Including Child Abuse: A Single-Center Retrospective Case Series

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Abstract :

Anorectal injuries (ARI) are uncommon in children .The mechanisms of injury vary; however, in developed countries, sexual abuse and firearm injuries are among the most common causes .ARI is a challenging in the absence of standardized therapeutic approach

This study aims to analyze management strategies and outcomes of pediatric anorectal injuries, including cases related to child abuse, based on two cases managed at Benghazi Medical Center. The study also highlights challenges related to conservative soci

This retrospective case series reviewed pediatric patients with ARIs treated at Benghazi Medical Center from January 2020 to April 2025. Data were collected on patient demographics, injury mechanisms, clinical findings, management strategies, and outcomes. All patients underwent examination under general anesthesia and were managed by a multidisciplinary team. Treatment decisions were based on injury grade, patient stability, and presence of contamination or associated injuries.

Two female patients, all aged 3 years, were included. All sustained Grade III ARIs—one following suspected sexual abuse and one due to accidental trauma. Associated injuries included vaginal and bladder tears and orthopedic trauma. All patients underwent primary repair without colostomy. Antibiotic therapy and supportive care in the pediatric intensive care unit were provided in all cases. No postoperative wound infections or major complications were observed. One family declined forensic evaluation in the suspected abuse case, limiting further legal intervention.

Anorectal injury can be a life-threatening and surgically challenging condition . A standardized treatment protocol is essential to optimizing outcomes and minimizing complications. Primary repair without colostomy is recommended for stable patients with low-grade injuries and early intervention, while colostomy is reserved for higher-grade or unstable cases. Sociocultural factors strongly influence case reporting and management of abuse-related injuries. Further prospective research is necessary to refine guidelines and address the sociocultural challenges in pediatric anorectal trauma care.

O6- Sphincter-Sparing Posterior Sagittal Anorectoplasty for Rectourethral Fistulas: A Potential Refinement to Consider?

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Pediatric Surgery Department Faculty of Medicine, Tanta University

Abstract :

Posterior Sagittal Anorectoplasty (PSARP) revolutionized the management of anorectal malformations (ARMs) but continues to be associated with fecal incontinence and soiling. Historical critiques questioned the necessity of dividing the entire sphincter complex during PSARP, suggesting that muscle preservation might enhance functional outcomes. Despite these insights, sphincter-sparing adaptations have not been widely adopted

To explore the feasibility of Sphincter-Sparing PSARP (SS-PSARP) as a potential refinement to traditional PSARP. The objective is to evaluate whether preserving the sphincter complex during rectourethral fistula repair could mitigate postoperative inconti

SS-PSARP adheres to PSARP principles but modifies key steps to spare the sphincter complex. The procedure involves prone positioning, electrical stimulation to map the sphincter complex, and a limited posterior sagittal incision. After rectal mobilization and fistula division, a central tunnel is created through muscle splitting within the preserved sphincter complex. The rectum is pulled through this tunnel, followed by levator repair and anoplasty. The technique parallels concepts from laparoscopic-assisted anorectoplasty but emphasizes sphincter preservation under direct visualization.

SS-PSARP represents a promising refinement to PSARP by prioritizing sphincter complex preservation. Its theoretical benefits align with longstanding concerns about muscle division in traditional techniques. However, comprehensive functional assessments and long-term studies are essential to confirm its efficacy in improving continence outcomes.

O7- Non Operative Treatment of acute appendicitis: What we have learned after 10 years experience

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Abstract :

Introduction: Acute appendicitis continues to be the first emergency in the world,it is still one of the most common indication for emergency abdominal surgery in children, despite the fact that the appendectomy procedure is not without risk and the risk of post-operative complications can reach up to 30% according to some studies, despite this, appendectomy by conventional surgery or laparoscopic surgery is still the only treatment for acute appendicitis in several centers, our study aims to show the effectiveness of medical treatment provided that patients are well selected.

The aim of this study was to show the effectiveness of non-operative treatment, which is as effective as surgical treatment with very low morbidity.

Materials and methods: We conducted a retrospective and prospective study in the pediatric surgery department of the CHU of Sétif over a period of 10 years from 2015 to 2025. All children admitted to our department for the diagnosis of uncomplicated acute appendicitis were included in this study.

Résults: the distribution of acute appendicitis cases based on gender, age group, and type of treatment during the study shows a male predominance (up to 70%) the most found age group was the age between 9-13 years, the rate of surgical treatment proposed as first-line treatment decreased from 54% between 2015 and 2017 to 30% after 2017.

Conclusion : Studies have shown that non-operative treatment has its place in the treatment of uncomplicated acute appendicitis and that the percentages will probably be improved thanks to more suitable algorithms, depending on our resources. The discussion and the information of the parents is a decisive and important element to propose our attitude and that makes it possible to decrease the rate of the acute appendicitis treated surgically in the departments of pediatric surgery

O8- Outcome of Conservative Management of Appendicular Mass in Pediatric Age Group in Benghazi Children Hospital One Center Study from January 2018 to January 2024

Dr. Amna Abd elrahman, \
pediatric surgery Al Arab Medical University

Abstract :

Acute appendicitis is the most common cause of acute abdomen in pediatric age group.

Appendicular mass is one of its complication, which is occur in 2 to 7% of cases of complicated appendicitis, different data exist concerning optimal treatment of these patients with early versus delayed appendectomy This research aimed to studying our experience in conservative management of appendicular mass. Method : Retrospective review of all patients diagnostic as appendicular mass in Benghazi Children Hospital over 6years period from 2018 to 2024.

Result : 76 children below age of 14 years with mean +_ SD 7.92+_ 3.62, minimum age was 2 years and maximum age 13 years. Male to female ratio 1:1 treated conservative with nill per mouth, intravenous fluid, intra venous antibiotics with close observation. Conservative management success in 67 patients with percentage of 88%, and failed in 9 cases in which we do early appendectomy within 48 hours of admission with percentage of 11% .the number of cases which re admitted due to recurrent of symptoms was 8 cases. The number of cases which came back to do elective appendectomy in the scheduled date after success of conservative management is 19 cases (28%) and other 48 cases (72%) never came back. In patients presenting with appendicular mass conservative management should be the treatment of choice with delayed appendectomy only in patients who develop recurrent of symptoms .

O9- Evaluation of Effect of Sleeve Gastrectomy on Metabolic Parameters and Inflammatory Markers in Obese Adolescents

Ayman Ahmed Albaghdady, Tamer Abdu Mohammed Megahed, Rasha Tarif Hamza, Mohamed Hisham Ahmed, Shady Sherin Shokry, Hany Mohamed Abd-Allah Embaby,
Pediatric Surgery Department Ain Shams University

Abstract :

Obesity especially in adolescents, resulting in dire health; type 2 diabetes, hypertension, and dyslipidemia. (Elhag, W., & Ansari, W. E. (2021)). Typical treatment regimens are unsatisfactory. Bariatric surgery offers a solution to severely obese adolescents. laparoscopic sleeve gastrectomy is one of the most widely performed due to its effectiveness and safety. Researchers such as Iossa A. et al. (2017) and Franco R. R. et al. (2017) indicated that patients undergoing LSG have improved adolescent obesity-related conditions. This research seeks to determine how effective sleeve gastrectomy is in treating comorbid obesity conditions among adolescents for six months

This study was an uncontrolled interventional study designed to evaluate the effects of sleeve gastrectomy on metabolic parameters and inflammatory markers in obese adolescents. A total of 30 participants, aged between 12 and 19, were included in the study, which was conducted over one year, from August 2022 to August 2023 at the Pediatric Hospital, Ain Shams University, and Ahmed Maher Teaching Hospital.

All participant had an high insulin resistance (HOMA-IR level higher than 2.9). Post-operative, 26.7% did progress to moderate insulin resistance (HOMA-IR 2-2.9). The pre diabetic population declined from 53.3% to 20%, while the normal fasting glucose levels rose from 40% to 80%. HbA1c parameters with normal levels (<5.6%) improving from 66.7% to 93.3%

Risk before undergoing the procedure was at a high cardiovascular risk level (HS-CRP > 3 mg/L). After the operation, 10% of them were able to bring their cardiovascular risk down to the average (HS-CRP 1-3 mg/L).

Cholesterol levels improved, as the number of patients in the ideal range (<200 mg/dL cholesterol) increased to 26.7% compared to the initial 0%. Patients with borderline levels decreased from 90% to 73.3%. LDL levels improved, with the acceptable range of 100-129 mg/dL in patients increasing from 90% to 93.3%. Desirable levels of LDL (<100 mg/dL) also improved, rising from 0% to 20%. HDL cholesterol also improved, with patients in the ideal range >60mg/DL rising from 0% to 53.3%. But 90% of patients had increased triglyceride levels (>200 mg/dL) before the operation, but 86.7% of patients now have low (desirable) triglycerides (<150mg/dL). The data emphasizes improvement in lipid metabolism.

Sleeve gastrectomy is an effective surgical intervention for managing severe adolescent obesity, resulting in significant weight and metabolic improvements

O10- Experience in Splenic Trauma and Accuracy of FAST Scan in Paediatric

Dr.Mahmoud AL Ashqar, Dr.Hanan Yousef
Pediatric surgery Benghazi Medical Center

Abstract :

Background: Splenic trauma in children is a common consequence of blunt abdominal injuries, often requiring rapid and accurate assessment to guide management decisions.

The Focused Assessment with Sonography for Trauma (FAST) has become a widely used tool in the initial evaluation of such injuries.

This study aims to evaluate clinical experience in managing splenic trauma and outcomes of blunt splenic injury and to assess the diagnostic accuracy of FAST in detecting splenic injuries of varying severity. "To evaluate clinical experience in managing splenic trauma and outcomes of blunt splenic injury, and to assess the diagnostic accuracy of FAST in detecting splenic injuries of varying severity.". Methods: A retrospective analysis was conducted on patients presenting with splenic trauma at a tertiary care trauma center.

All patients underwent FAST as part of the initial evaluation, followed by confirmatory imaging with contrast-enhanced computed tomography (CT).

The sensitivity , specificity, positive predictive value (PPV), and negative predictive value (NPV) of FAST were calculated in relation to CT findings, which served as the gold standard.

Results: Among the patients included, FAST detected splenic injuries with an overall sensitivity of 78 % , specificity of 95 %, PPV of 92 %, and NPV of 85 %.

FAST showed higher accuracy in identifying moderate to severe splenic injuries (Grade III-V) compared to lower-grade injuries (Grade I-II).

Missed diagnoses were mostly associated with minimal hemoperitoneum or isolated parenchymal lacerations without free fluid.

The findings indicated that nonoperative management was successful in many cases, even among patients with high-grade injiries, but factors such as hemodynamic instability and need for blood transfusion increased the likelihood of operative management.

Conclusion: FAST is a valuable and rapid screening tool for the initial assessment of splenic trauma, particularly effective in detecting high-grade injuries with significant hemoperitoneum.

However, its limitations in identifying low-grade injuries highlight the importance of supplementary imaging, especially in hemodynamically stable patients.

Continued evaluation and training are essential to enhance FAST’s diagnostic yield in trauma care.

Nonoperative management was predominant treatment modality, with a low mortality rate observed.

O11- Laparoscopic Kasai Portoenterostomy for Biliary Atresia: First 37 Cases from Uzbekistan – Feasibility, Outcomes, and Challenges

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Abstract :

Biliary atresia (BA) is a life-threatening condition and the leading cause of pediatric liver transplantation worldwide. In countries like Uzbekistan, where infant liver transplantation remains unavailable, Kasai portoenterostomy is the only hope for survival. We present our early experience with laparoscopic Kasai portoenterostomy (LKPE) as a minimally invasive alternative.

To evaluate the feasibility, surgical outcomes, and learning curve of laparoscopic Kasai portoenterostomy (LKPE) in infants with biliary atresia in a resource-limited setting, and to assess the impact of postoperative cholangitis on native liver survival.

The median operative time was 240 minutes, showing a decline with increased experience. Conversion to open surgery was required in only one case (3%). Postoperative cholangitis occurred in 51.5% of patients and was associated with a 3.6-fold increased risk of native liver loss ($p = 0.051$). At the study's conclusion, the native liver survival rate was 54.5%, with an overall mortality of 33.3%. The learning curve plateaued after 16–17 cases, indicating increasing procedural efficiency over time.

LKPE is a feasible and promising alternative to open Kasai in resource-limited settings. However, high rates of postoperative cholangitis remain a major challenge. Our findings emphasize the need to improve perioperative management protocols and develop pediatric liver transplantation programs in developing countries to improve long-term outcomes for children with BA.

O13- Red Cross War Memorial Children's Hospital: A Leading Global Center for Pediatric Hepatobiliary Surgery Training and High-Volume Surgical Care

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Abstract :

Extrahepatic portal vein thrombosis (EHPVT) is a major cause of paediatric non-cirrhotic portal hypertension, leading to recurrent variceal bleeding. The distal splenorenal shunt (DSRS) is a well-established surgical approach; however, it does not effectively decompress all gastroesophageal varices, particularly those draining via the left gastric vein (LGV).

Persistent varices often lead to continued bleeding despite a patent shunt, necessitating an alternative surgical strategy.

We describe a novel dual-shunt technique, integrating DSRS with a left gastric vein-to-left renal vein (LGV-LRV) shunt, to achieve comprehensive decompression of gastroesophageal varices. This approach was applied in a 3-year-old child (10 kg) with EHPVT,

Methods

The procedure involved:

1. DSRS: Splenic vein-to-left renal vein anastomosis, reducing portal pressure from 23 mmHg to 12 mmHg intraoperatively.

2. LGV-LRV Shunt: Novel redirection of LGV drainage to the left renal vein, addressing residual esophageal varices.

Results

Postoperative Doppler ultrasound confirmed shunt patency, and the patient remained bleeding-free at follow-up. This technique eliminated persistent varices, demonstrating effective dual pathway decompression.

This is the first reported case of an LGV-LRV shunt, offering a paradigm shift in paediatric portal hypertension surgery. The technique enhances hemodynamic control, warrants further investigation, and could be a new standard for refractory cases

O14- Outcomes of primary anastomosis versus enterostomy in treating jejunoileal atresia

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Abstract :

Jejunoileal atresia and stenosis are major causes of neonatal intestinal obstruction occurs in approximately 1 in 5000 live births.

The pathophysiology of jejunoileal atresia has not yet been completely elucidated, currently the most accepted theory for jejunoileal atresia is secondary to a localized intrauterine vascular accident with ischemic necrosis of the bowel and subsequent reab-sorption of the affected necrotic segment.

Early diagnosis and management are important to avoid subsequent complications such as intestinal perforation, volvulus, and intestinal ischemia.

The operative management in small intestine atresias is based on the location of the lesion , anatomic findings , associated conditions noted in operation

and the length of the remaining intestine.

We usually treat jejunoileal atresia either by primary anastomosis or (a temporary) double barrelled enterostomy.

The purpose of this study is to compare the outcomes following treatment of jejunoileal atresia either by primary anastomosis or enterostomy

A systematic review search was conducted using Pubmed and Google Scholar to identify studies that focused on comparing outcomes including (mortality rate, length of stay in hospital, time to reach enteral feeding ,surgical site infection, stoma related complication , and anstomosis related complications) of primary anastomosis and enterostomy in treating jejunoileal atresia.

The systematic review included 3 studies involving a total of 403 patient of whom 294 (73%) underwent primary anastomosis and 109 (27%) underwent enterostomy.

Of patients underwent primary anastomosis 255 patients (86.7%) survived, while 39 patients (13.27%) died.

Of patients underwent enterostomy 89 patients (81.7%) survived , while 20 (27.1%) died.

Primary anastomosis was associated with shorter length of stay , with less time to reach full enteral feeding and with less surgical site infection, while associated with more anastomtic stenosis and anastomotic leakage.

Enterostomy was associated with more surgical site infections, wound dehiscence ,short-bowel syndrome, and adhesive bowel obstruction.

In addition to stoma related complications such as high-output enterostomy.

Mortality rate in both primary anastomosis and enterostomy was high , but complications was worse in enterostomy.

This systematic review support primary anastomosis in jejunoileal atresia if the anatomical configuration encountered allows , this however there will always be neonates where enterostomy formation is required.

In the developing countries prognosis is still poor due to late presentation and diagnosis, lack of perenteral nutritional support and inadequate neonatal intensive care support.

O15- PAPILLARY THYROID CANCER IN PEDIATRIC AGE: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE IN DEVELOPING COUNTRIES.

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Abstract :

Papillary thyroid cancer is a common endocrine pathology in pediatric age. It has a variety of complex and multidisciplinary symptoms and approaches, ranging from total thyroidectomy with or without lymph node dissection of the central compartment. Followed by iodotherapy. We present the case of a 14-year-old female patient with no pathological or surgical history; an adult relative of first degree of consanguinity with an undifferentiated epithelial neoplasm of adult onset is reported

KEY WORDS: Papillary Thyroid Cancer, Thyroidectomy, Pediatrics, Surgical Oncology, Lymph Nodes
Specific Objetives

1. To describe the clinical, histopathological, and surgical characteristics of papillary thyroid cancer in pediatric patients, based on a case study of a 14-year-old female patient treated in Ecuador.
2. To evaluate the effectiveness a

Case report

Results:

Importantly, papillary thyroid cancer is rare in the pediatric population, which has limited the availability of prospective studies and robust data specific to this population. Despite this paucity of information, pediatric cases of papillary thyroid cancer appear to share similar clinical and pathologic features to adult cases. However, more comprehensive investigations are needed to fully understand the nature and behavior of this disease in children. The American Thyroid Association recommends a multidisciplinary approach in differentiated thyroid cancer, in centers dedicated to this pathology. This means that ita must have surgeons, endocrinologists, oncologists, nuclear physicians and radiologists specialized in this pathology. The formal recommendation given in the management of differentiated thyroid cancer is total thyroidectomy in children. Among the advantages that this offers are: it significantly decreases the risk of recurrence, thyroglobulin can be used as a marker of recurrence after resection and the use of radioactive iodine both in imaging and for subsequent treatment. There are other factors that should be discussed in the treatment of papillary thyroid cancer and that generate controversy, such as the emptying of the central compartment, known as level VI. This has been shown to decrease local recurrence and disease-free survival in some patients. However, they entail greater surgeon expertise, a more equipped health facility and a potentially increased risk of recurrent laryngeal nerve injury (0 to 24%) and parathyroid gland injury. The involvement of lymph nodes at that level and the characteristics of the adenopathies (malignant), indicated formal central emptying. The previous cytology indicated that it was an undifferentiated neoplasm, which is also decisive in the management of the dissection of the central compartment(5). The choice between total thyroidectomy and other therapeutic options such as partial thyroidectomy, radioactive iodine therapy (1-131), active observation and follow-up, and target therapies should be based on a thorough evaluation of individual patient factors. including size, tumor extent, risk of recurrence, thyroid function, age, and the overall health status of the individual patient. Decision-making should be shared between the medical team, the patient and his or her family members, and consideration should be given to the long-term quality of life and potential side effects of each treatment

In conclusion, the lack of solid epidemiological data in Ecuador highlights the urgenta need for detailed investigations to understand relapse and remission rates in papillary thyroid cancer. The implementation of protocols adapted to pediatric patients is essentiala to improve the control and management of this disease. Total thyroidectomy remains the preferred definitive therapy, but its application should be considered with caution to balance eradication of the cancer with preservation of thyroid function and long-terma quality of life. These collaborative advances are crucial to improving clinical outcomes in the pediatric population affected by this pathology

O16- The longterm outcome of abdominal wall defects

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Abstract :

Anterior abdominal wall defects are congenital anomalies that occur when the abdominal contents herniate through an abnormal opening in the abdominal wall due to incomplete closure during embryonic development. These defects typically arise between the 4th and 10th weeks of gestation and are associated with variable degrees of morbidity depending on the type and associated anomalies.

Common types include:

1. Omphalocele:

Herniation of abdominal organs through the umbilical ring.

Covered by a membranous sac (amnion and peritoneum).

Frequently associated with chromosomal abnormalities (e.g., trisomies 13, 18, 21) and other congenital anomalies.

2. Gastroschisis:

Herniation of bowel loops through a defect (usually right) of the umbilicus.

Not covered by a sac, leading to exposure of intestines to amniotic fluid.

Typically isolated with a lower association with chromosomal defects but increased risk of bowel damage.

To examine the natural history and detailed outcome of diagnosed cases of abdominal wall defects that admitted to The Children`s Hospital at Westmead

This was A retrospective single centre study of all cases of abdominal wall defects admitted between the 1st of October 1998 and the 1st of January 2007 to The Children`s Hospital at Westmead. The study had been conducted through a retrospective review of the neonatal, pediatric surgery records and subsequent follow-up information of all cases of Omphalocele and Gastroschisis diagnosed in a 10-year period in The Children`s Hospital at Westmead.

Results Ninety-one cases with anterior abdominal wall defects were admitted. Majority of the cases were born at Westmead Hospital. There were 55 neonates with Gastroschisis and (27females, 28males) 36 neonates with Exomphalos (16 females, 20males). Eighty-one neonates had prenatal ultrasound diagnosis. Some neonates had associated congenital anomalies which results in 4 deaths (3 Exomphalos, 1 Gastroschisis). Post operative complications were common and the postoperative hospital stay was often lengthy. More than fifty percent of patients required reoperations, most for abdominal wall hernias. long-term outcome was favourable in majority of cases with abdominal wall defects and mortality substantially happened in neonates with associated congenital anomalies. Reoperations were necessary in those patients who had postoperative hernias

O17- Thoracoscopic treatment of pulmonary hydatid disease in children

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Abstract :

Hydatid diseases still remain an important health problem in some countries including Iraq.

The primary choice of treatment has been long accepted as surgical treatment including cystectomy/cystotomy with or without capitonnage .

The most important principal for pulmonary hydatid surgery is to preserve as much parenchyma as possible.

The optimal procedure is determined on an individualized basis and requires a careful preoperative evaluation

To evaluate the effectiveness, safety, early and late post operative complications of the Thoracoscopic treatment of pulmonary hydatid cyst in children

Methods:

From March 2023 to March 2025 twenty seven cases were operated.
Age 5-9 years, nineteen boys and eight girls.
23 cases were unilateral and four cases bilateral .
All cases were non complicated hydatid cyst.
All were operated in the same center and by the same surgical staff.
Three port were used size 5 mm.
In 4th or 5th intercostal space.
Pressure (3-5)mmHg.
No DLT is used by anaesthesiologist.
Aspiration of the cystic fluid.
No instillation of scolicidal agents.
Removal of the germinative membrane.
Closure of the bronchial openings by 4:0 vicryl
No capitonnage were done

Results:

Blood transfusion in two cases, one case required admission to intensive care unit because of respiratory distress in one case conversion to open thoracotomy in, shorter chest tube and hospital stay (3-5) days, two cases developed air for more than 10 days resolved spontaneously, less pain, no lung atelectasis post operatively,

Thoracoscopic surgery for the treatment of pulmonary hydatid cyst in children is effective, safe and with less early and late post operative complications if done by experienced surgeon and well selected patients.

O18- HYDATID DISEASE AMONG THE PEDIATRIC AGE GROU

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Abstract :

Background: Hydatid disease is a parasitic infection caused by Echinococcus granulosus larvae, affecting herbivorous animals and humans. It's a major health issue in endemic areas, with asymptomatic diagnosis and nonspecific laboratory tests. Laparoscopic evacuation of hydatid cysts was the common treatment. Aim: to examine hydatid disease in children, focusing on clinical and epidemiological aspects, geographical distributions, presentations, common sites, and surgical techniques.

Patients and Methods: A study of 50 patients with hydatid

disease in Al-Mosul General Hospitals from 2020 to 2023. The patients aged four to fifteen and were referred from northern Iraq. The study collected data on patient demographics, operative findings, postoperative complications, and follow-up. Management was based on cyst site, with lung cysts operated through thoracotomy and hepatic cysts explored using subcostal or paramedian incisions. Postoperative antihelmenthic drugs were used in cases of cyst rupture or multiple cysts. Results: The study examined 50 patients with hydatid disease, predominantly females from rural areas with a history of animal contact. Symptoms ranged from 10 days to 1 year, with leading symptoms being anorexia and weight loss in lung and liver hydatid disease. Most patients had lung involvement, with cysts mostly in the lower lobes. Only 14% underwent surgery, with common complications being bronchopleural fistula, fever, prolonged air leak, and wound infection.

Conclusion: Pulmonary hydatid disease, a common issue in rural areas, affects females, weight loss and anorexia found to be significant presentation regardless of the site of involvement. Surgical challenge in lung hydatid is to remove the cyst unruptured.

O19- Has the term Mesenteric Cyst become outdated five centuries after its first use?

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Abstract :

The first recorded use of the term mesenteric cyst dates back to a 16th-century autopsy report of an 8-year-old boy performed by the famous Florentine anatomist Antonio Benevieni, published in 1507 as part of the book De Abditis Morborum Causis (The Hidden Causes of Disease), a collection of Benevieni's works published posthumously, and considered one of the first works in the science of pathology.

Ever since, the term mesenteric cyst has been used in the literature as an umbrella term descriptive of the location and gross appearance of any cyst that arises in the mesentery, when in fact it comprises many different histological entities, and can occur due to many different pathophysiologies.

Highlight the intraoperative and histopathological diversity of cysts located in the mesentery.

A case report of a very large multilocular cyst arising from the jejunal mesentery. The mass was excised and sent to the pathology laboratory. CD31 and CD34 are endothelial markers that test positive in lymphatic cysts such as cystic lymphangiomas, while cytokeratins are present in epithelial cells. Because endothelial cells line up lymphatic vessels, mesenteric cysts that test positive for any of these markers point toward mesenteric cystic lymphangiomas. In our case, CD34, CD31, Wt1, and Calretinin markers were negative, while Pan-Cytokeratin (CK) was positive, establishing the diagnosis of a simple mesothelial cyst.

A review of the literature was performed. In the pediatric surgery literature, authors have been using the term mesenteric cyst interchangeably with both the mesothelium-lined PSMC and endothelium-lined cystic lymphangioma, and sometimes only with cystic lymphangioma. Some authors claim that all mesenteric, omental, and retroperitoneal cysts are of lymphatic origin, suggesting that the term “cystic lymphatic malformations” can be used to describe them, ignoring the rich histopathological diversity of MCs including types that do not have any endothelium lining at all, such as mesothelial-lined PSMCs, and types that are lined with epithelium, such as enteric duplication cysts (EDC), and types that have no cellular lining at all, such as nonpancreatic pseudocysts. M de Perrot and colleagues divided cysts located in the mesentery into six groups: (1) lymphatic (simple lymphatic cyst and lymphangioma); (2) mesothelial (simple mesothelial cyst, benign cystic mesothelioma, and malignant cystic mesothelioma); (3) enteric (enteric cyst and enteric duplication cyst); (4) urogenital; (5) mature cystic teratoma (dermoid cysts), and (6) pseudocysts (infectious and traumatic cysts). Losanoff and colleagues, on the other hand, divided cysts located in the mesentery into four types: (1) pedicled cysts that can be removed without risk of compromising the intestinal blood supply; (2) sessile cysts that reach the mesenteric boundaries requiring bowel resection; (3) cysts with retroperitoneal extension that could reach vital structures making complete resection impossible, and (4) multicentric cysts that require complex management.

Figures for the CT scan, the cyst originating from the jejunal mesentery, the cyst after excision, and a histopathological slide are available.

The term mesenteric cyst may still be used as a general preoperative term, but once the surgery is over, the cyst should be defined using accurate intraoperative and histopathological descriptions. Having a meaningful and accurate terminology that is unified among surgeons, radiologists, and pathologists alike will undoubtedly improve the scientific quality of the published medical literature in this area.

O21- endourology in children; the minimally invasive revolution in pediatric urology

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Abstract :

Introduction: Endourology represents minimally invasive surgery par excellence, and it has currently become a procedure of choice in the management of urological pathology, not only in adults but also in children. We report here the experience of a pediatric surgery department in a developing country in adopting endoscopic techniques in the treatment of various lower urinary tract pathologies. The objective of this study is to demonstrate the effectiveness of endourological techniques in the management of urological conditions of the lower urinary tract, even in developing countries. This is a prospective, descriptive, observational, single-center study involving 77 cystourethroscopies performed for diagnostic or therapeutic purposes for various lower urinary tract pathologies in children. It spanned a period of 3.5 years, from March 2020 to October 2023. It included all children and adolescents aged between one day and 18 years who presented with a congenital or acquired lower urinary tract disorder.

Results: The overall mean age of our population was 44 months (7 days - 15 years and 4 months). The overall sex ratio was 3, with a clear male predominance. 22% of our patients had a prenatal diagnosis. 24.6% of the procedures were exploratory, and 72.7% were interventional. The procedure was complication-free in 83% of cases, and the endoscopic procedure was successful in most of our patients. The improvement in operating time was remarkable, with an average duration for all pathologies combined of around 21.25 +/- 26.07 minutes, as well as a reduction in hospital stay, which decreased to an average of 2.3 +/- 5 days.

The benefits of endourological techniques are undeniable, as they provide a safe and effective approach to both the diagnosis and treatment of lower urinary tract uropathies in children.

O22- Primary Adhesive Small Bowel Obstruction in Familial Mediterranean Fever: A Case Series and Literature Review

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Shafaq Hospital for Women and Children (Author El-Mefleh) and Aleppo University Hospital (Author Jarjanazi)

Abstract :

Familial Mediterranean Fever (FMF) is an autosomal recessive auto-inflammatory disorder prevalent among Turkish, Arab, Armenian, and Jewish populations. In 90% of cases, the first attack occurs before age 20. The hallmark presentation includes recurrent fever and serositis, with peritoneal inflammation being the most common manifestation (90% of patients). While typical FMF attacks resolve within 72 hours with anti-inflammatory treatment, recurrent peritoneal inflammation can lead to primary adhesions without prior surgery—a rare but serious complication that may cause bowel obstruction (BO) and even bowel necrosis. The diagnosis of FMF is clinically supported by ethnic origin and family history. The genetic testing is just to confirm the diagnosis and exclude other diseases that mimic FMF. A long-term complication is secondary amyloidosis, which is a major cause of morbidity. This case series highlights three pediatric FMF patients who developed PASBO, emphasizing the need for early diagnosis and surgical intervention when conservative management fails.

This case series highlights three pediatric FMF patients who developed PASBO, emphasizing the need for early diagnosis and surgical intervention when conservative management fails

CASE 1:

A 10-year-old boy with known FMF (on colchicine) presented with acute abdominal pain and signs of bowel obstruction suggestive of appendicitis. Initial laparoscopy revealed omental appendiceal adhesions, but symptoms persisted post-appendectomy. Re-exploration showed diffuse adhesions, most severe at the ileum and splenic flexure. Adhesiolysis was performed, and he remained asymptomatic at 15-month follow-up.

CASE 2:

A 6-year-old girl presented with an acute BO and past history of recurrent abdominal pain over two years without a clear diagnosis with (Fig. 1). Upon laparotomy, the appendix was not inflamed and during an investigation of Meckel's diverticulum, severe adhesions appeared that required widening the wound, but due to the severity and large number of adhesions over the entire small intestine (Fig. 1), damage occurred in the mesentery of the intestinal loop of the ileum (Fig. 1). The decision was not to remove the loop, and she was discharged on the fifth day. But after two weeks, the vomiting returned, and there was no weight gain. We had to reopen it two weeks later to reveal a narrowing of the loop, which damaged mesentery, along with adhesions along the entire intestine, especially the first 2 meters after Trietz. The adhesionlysis was done, and the narrowed segment was resected with anastomosis. After a week, she was discharged. After 6 months of follow-up, they gained weight well, and symptoms resolved completely. By linking the medical history and PASBO, FMF was diagnosed.

CASE 3:

A 7-year-old girl (family history of FMF, on colchicine) presented with proximal SBO (Fig. 2). Laparotomy revealed adhesive bands near the ligament of Treitz (the first 1 meter of jejunum), which were lysed. She recovered uneventfully. Follow up for 6 months was without symptoms.

We reviewed 11 cases (1958–2024), highlighting that PASBO in FMF is increasingly recognized even in non-endemic regions due to migration [23-29]. Eight of them during the last 18 years, 5 articles from areas where FMF is common and 3 ones where it is not common, as in France, Germany, and Kuwait, and this demonstrates the increasing importance and frequency of this association and its early diagnosis throughout the world, not just the areas where it is common. Due to travel, tourism, and immigration movements, some cases were diagnosed in areas with a low FMF prevalence. The small sample size, retrospective design, and single-center data limit generalizability. This work has been reported in line with the PROCESS criteria for reporting surgical case series

PASBO is a rare but critical complication of FMF that requires high clinical suspicion. Early diagnosis and timely surgical intervention can prevent catastrophic outcomes. Larger studies are needed to define PASBO incidence and preventive strategies.

O23- SHEHATA technique in the management of non-palpable testis in Nouakchott, preliminary study

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Abstract :

Introduction :

- The non-palpable testis is any undescended testis that is not palpable in its inguinal and scrotal course.

Laparoscopy has become the gold standard in the management of non-palpable intra-abdominal testis.

-The Shahata technique is known as laparoscopic traction-orchidopexy, and is based on lengthening the testicular vessels without cutting them.

Evaluation of the short-term results of the SHEHATA technique in the management of non-palpable testicles.

This was a monocentric retrospective study, carried out in the paediatric surgery department of the Nouakchott national hospital from January 2024 to January 2025, on all non-palpable testis operated on using the Shehata technique.

16 patients were operated on laparoscopically, the average age was 8.7 years, the laparoscopic findings were: 2 testicles in the deep inguinal orifice (14.28%), 2 agenesic (14.28%), 16 intra-abdominal testis (71.42%), 14 of which were of normal size and 2 was atrophic, all the intra-abdominal testicles had benefited from fixation using the Shahata technique. the second stage was carried out after 2 months: 12 cases had spermatic cords long enough to be lowered;2 cases of testicular slippage into the abdominal cavity required release prior to lowering;evaluation after an average follow-up of 3 months: No testicular atrophy;scrotal testicular location in all cases

In our preliminary work, the Shahata technique gives significant results in the management of a non-palpable testicle.

O24- Should the child be raised as male or female? Case reports on ambiguous genitalia in children

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Abstract :

Diagnosing, managing and assigning gender for different causes of ambiguous genitalia in children can be challenging. This article will discuss about the types, diagnosis and treatment of disorders of sex development including congenital adrenal hyperplasia, 46 XY mixed gonadal dysgenesis and 46XY ovotesticular disorder of sex development. This article reports about 3 cases of disorders of sex development.

Disorders of sex development are classified into three main categories based on the karyotype, XX, XY and sex chromosome other than XX and XY. Laboratory investigations, karyotype, genetic analysis, imaging, surgery and tissue biopsy, all aid in diagnosin

The first case is about a three-year-old girl who was diagnosed with congenital adrenal hyperplasia, genital examination revealed clitoromegaly and a single urogenital sinus; she was managed medically and surgically. The second case is about a one-month-old child with 46XY karyotype, genital examination revealed penoscrotal hypospadias with right palpable and left impalpable gonads. The patient underwent diagnostic laparoscopy in which both female and male internal organs were found; based on these results a diagnosis of 46XY ovotesticular disorder of sex development was made. The third case is about a 3-month-old child with 46XY karyotype, genital examination revealed hypospadias with bilateral impalpable gonads. Diagnostic laparoscopy showed a uterus with a bilateral ovary-looking gonad; histopathology of the bilateral ovary-looking gonads was consistent with testicular tissue.

Following up three cases of DVD and ensuring they get the best possible decision for the child to reduce internal conflict about their sexuality and gender identity.

25- Utilization of nanotechnology for pediatric surgery : Their prospects and challenges.

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Abstract :

Background: Nanotechnology is one of the leading innovations of the modern era, Revolutionizing many fields, Especially in the medical sector. In medicine, nanotechnology is used in multiple areas such as precision diagnostics, Targeted disease treatment through targeted drug therapy, And correction of genetic disorders through targeted gene therapy. In the field of surgery, this technology has contributed to the development of precision surgical tools and improved surgical procedures, leading to fewer complications and faster recovery. In pediatric surgery, According research study, Its meaning, Nanotechnology holds promise in pediatric surgery as in pediatric neurosurgery. Ganjeh Qazvini, H.R. et al. (2024). Nanotechnology Applications to Pediatric Neurosurgery. In: Kateb, B., Heiss, J.D., Yu, J.S., Hsieh, M. (eds) The Textbook of Nanoneuroscience and Nanoneurosurgery. Springer, Cham. https://doi.org/10.1007/978-3-030-80662-0_36

Aims:

1-Development of pediatric surgery science, Particularly in relation to clinical practice.

2-Elevate surgeons technical skills.

3-Facilitate dealing complex surgical interventions.

4-Maximize of efficiency, Efficacy, Safety and precision.

5-Minimize

Methodology:

The most appropriate study for this research is prospective study, Because, It expresses for futuristic event depends on apply of two steps of trials, The 1st in vivo trials or Pre-Clinical related to animal's models, And the 2nd in vitro trials or Clinical related to human being, That targets 100 cases of pediatric ages category (0-17yrs) According to WHO age classification, And according to certain criteria they dividing them into two default groups :-

-Inclusion group: Defines as pediatric age group (0-17yrs), Their numbers 20 cases, They complain of mild systemic illnesses, So Classifies according to ASA (I-II).

-Exclusion group: Defines as pediatric age group (0-17yrs), Their numbers 80 cases, They complain of moderate to severe systemic illnesses, So Classifies according to ASA (III-V).

Results:

This study is expected to resume after obtaining the necessary ethical and regulatory approvals from the relevant authorities, such as the National Research Ethics Committee , The World Health Organization, The International Council on Harmonization, The European Clinical Trials Regulation, The US Food and Drug Administration, and. The results of this study are expected to contribute to enhance accuracy, Efficacy, and safety in pediatric surgery, With a focus on integrity, Efficiency, And ethical considerations.

Conclusion:

In general, Employment of nanotechnology in surgery particularly pediatric surgery, Is of important, positioning it at forefront of another surgical specialties.

O27- Evaluating Chromosomal Microdeletions And Duplications: Ethical Considerations In Life Expectancy For Pediatric Bilateral Cryptorchidism – A Local Community Perspective

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Abstract :

Cryptorchidism is one of the most frequent congenital birth defects in male children and is present in 2–4% of full-term male births.

The study aims to validate the associated genomic information to pick up and catalog life expectations with our community's associated syndromes and pathologies

The study was carried out between the 1st of June 2014 and the end of December 2018. G-banding of metaphase chromosomes and high-resolution karyotype analysis was performed in all patients using 5 DNA probes, ordered in the deletion intervals, and correlated with the cytogenetic map of the chromosome and sequence tagged size (STS) in the molecular study of microdeletion and microduplication using fluorescence in situ hybridization (FISH). The data were translated to the Statistical Package for Social Science (SPSS) version 22, Excel 2016

Genomic information and screening are recommended for bilateral cryptorchidism as the chromosomal microdeletions and microduplications have been associated with a spectrum of pathologies, considering this with a catalog of the multidisciplinary team and complete disease network to follow up the clinical pictures after surgery.

O28- DISTAL HYPOSPADIAS: INSIGHTS FROM A NOVICE SURGEON

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medecine ferhar abbas university of setif

Abstract :

All distal hypospadias are not alike. There are several anatomic varieties, hence the importance of pre-operative classification to predict peri-operative and post-operative complications. In my series, the aesthetic and functional results of TIPU in the repair of distal hypospadias are very encouraging. Using a single simple technique, mentorship from experienced surgeons, and adaptation of the surgical technique to the anatomic variety are crucial in minimizing complications and optimizing outcomes.

This study aims to evaluate the early experiences, challenges, and outcomes encountered by a novice surgeon during the first 15 hypospadias repair surgeries.

Methods : A retrospective monocentric analysis was conducted on the first 15 distal hypospadias primary repair cases performed by a single novice surgeon between March 5, 2018, and January 14, 2020.. All patints were operated on using the tubilirised incised urethroplasty technique « TIPU » under the

guidence of experienced mentor in the two first cases. Data collected included anatomic hypospadias variety, intra and post operative complications and follow-up outcoms.

Results : The patient cohort consisted of 15 male children aged from 15 months to 13 years, with a mean age at surgery of 4.5 years. The average follow-up was 32 months (20-41 months). Complications included stenosis, residual kinking, uncontrolled erection and no fistula. Results were assessed

according to the HOPE score and were acceptable: 12out of 15 were scored at 16. Mastery of the operating technique and the anatomical particularities of each variety of distal hypospadias can replace the need for extensive experience. The idea that performing more than 40 hypospadias surgeries guarantees success is a myth and not a reality. Further studies with larger sample sizes and longer follow-up periods are warranted to evaluate these findings and support novice surgeons in their practice.

P1- Waugh Syndrome: A Rare Coexistence of Intussusception and Intestinal Malrotation; A Case Report

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Pediatric surgery Benghazi university

Abstract :

We present a rare case of Waugh syndrome, a coexistence of intussusception and intestinal malrotation, in a 10-month-old female child who presented with bloody diarrhea and vomiting. Physical examination revealed a palpable mass in the left iliac fossa and suprapubic area, and a "red currant jelly" appearance on rectal examination.

Imaging studies confirmed intussusception, Waugh's syndrome, characterized by the concurrent presence of acute intussusception and intestinal malrotation, it's a rare condition. The relationship between both is not well-explored, and the true incidence is not reported yet . This study important in highlighting the rare incidence between both conditions surgical exploration revealed ileocolic intussusception and malrotation. The patient underwent simple reduction, Ladd's procedure, and appendectomy.

This case highlights the importance of considering Waugh syndrome in the differential diagnosis of intussusception and intestinal obstruction in pediatric patients , especially if the mass at left side .

A call for prospective studies to know the actual incidence of intussusception in intestinal malrotation and to determine the optimal management .

P2- Sirenomelia or The Mermaid Syndrome: about a case

Bouchaour Abderrahmane Raouf, Ouslim Rachid
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Abstract :

Syrenomelia is a rare form of caudal dysgenesis first described by Rocheus in 1542. It is characterised by a varying degree of fusion of the lower limbs. More than 50% of patients die in utero, and those who are born alive usually die within the first 48 hours of life due to the severe renal malformations frequently associated with this sequence. Very few cases have been reported in Africa. We report here what seems to be the first case of syrenomelia reported in Algeria.

to describe the exceptional case of sirenomelia in a newborn at the Oran university hospital It is a newborn of two hours of life, from a non-blood couple, a Glpl mother with no particular history. No notion of diabetes or malformations is found in his family. She was correctly followed by antenatal ultrasounds that speak of an IUGR and renal anamnios.

The clinical examination finds a newborn in bradycardia a 80 btm/mn dyspnoea under 4 litres of 02, birth weight 3090 grams and he is 47 cm tall and 33 cm of cranial circumference, a short neck, ears and low hair implanted, Absence of external genital organs with a 7 mm long bud that appears to be a penis, anal imperforation and lower limbs fused from their base to the feet and their external palpation gave the impression of probably having two femurs and two tibias.

The two feet were connected by their plants with 9 toes spread over two lines. The newborn had the appearance of a "mermaid".

A radiological assessment was carried out for management: a thoraco-abdominal X-ray with a normal passage of the nasogastric tube, a cardiac evaluation was without anomaly, and an abdominopelvic ultrasound objectiving a distension of the digestive loops with a total agenesis of the two kidneys and the bladder

Unfortunately, the newborn is decided after 3 hours of life because of his severe malformations, including the agenesis of his urinary tract.
it seems that there is a complex, polygenic genetic basis in the pathogenesis of sirenomely and it remains a rare and fatal congenital malformation.

P3- A rare case of extrarenal Wilms' Tumor: a diagnostic challenge and a management dilemma

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Abstract :

Wilms' tumours are the most common solid malignancies in childhood, but extrarenal Wilms' tumours are rare entities. These tumors can arise from other neoplasms, generally teratomas, or they can present without any associated teratomatous elements.

We report the case of an infant with an intra-abdominal extrarenal nephroblastoma.

A 21 month old boy, with no prior history, presents with an abdominal mass that has been evolving for the past two weeks, noticed by the mother, without any associated symptoms.

The examination showed a subumbilical mass, laterally located on the left, mobile, firm, well-defined, and painless on palpation.

An abdominal CT scan was performed and showed a midline abdominopelvic mass, solid-cystic with a calcification and an intra-cystic tissue component. There is no fatty component. It measures 65 x 63 x 46 mm in size, with no signs of extension to adjacent organs.

The patient underwent surgery. Preoperative findings revealed a well-defined 7 cm mass embedded in the left mesocolon, appearing to be vascularized by a vessel from the left colic artery. No associated lymphadenopathy. Complete resection of the mass was performed.

The patient recovered with no postoperative complications and was discharged 2 days later.

The pathology report concluded to mature extra-gonadal teratoma with a majority component in the form of an extra-renal triphasic nephroblastoma.

The child underwent postoperative chemotherapy.

Due to its rarity, extra-renal nephroblastoma often poses a diagnostic challenge, and its origin remains elusive. Timely diagnosis and appropriate treatment offer a good prognosis, highlighting the need for awareness and prompt action in managing such rare neoplastic conditions.

P4- A rare case of hepatopulmonary fusion associated with a right congenital diaphragmatic hernia: Case report and review of the literature

Khaled Alomar, Linah Kaf Alghazal , Maher Alloun , Methad Dawarah , Ghuroub Alkhayer , Mohammed Abd Alkader
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Abstract :

Hepatopulmonary fusion (HPF) is a very rare anomaly that commonly occurs with right congenital diaphragmatic hernia (CDH).

There are no definitive diagnostic tools before surgery, and the anomaly is often discovered intraoperatively.

It is characterized by tissue adhesion between the liver and lung, complicating surgical intervention, and is associated with vascular anomalies and a high mortality rate.

To present a rare case of a newborn with hepatopulmonary fusion (HPF) associated with a right congenital diaphragmatic hernia, along with a review of the medical literature to better understand this rare condition, its complications, and surgical management approaches.

A case was reported of a newborn delivered by cesarean section, who showed respiratory distress from birth and was later diagnosed with a right diaphragmatic hernia.

During surgery, hepatopulmonary fusion was discovered.

The fused tissues were manually separated using delicate surgical instruments and electrocautery, and the hernia was repaired with a synthetic patch.

Despite technical surgical success, the infant died on postoperative day 15 due to respiratory complications. Hepatopulmonary fusion is a rare condition with difficult diagnosis and complex clinical course.

There is no confirmed preoperative diagnostic method, so it should be suspected in cases of right diaphragmatic hernia.

Surgical preparation should consider all possible complexities, and magnetic resonance imaging is preferred for preoperative evaluation.

P5- A single center experience with LAPAROSCOPIC RENAL BIOPSY in children

Belhassen Samia, Basma Haggui , Marwa Messaoud, Sana Mosbahi, Chakroun Sawsen, Ben Mansour Maha, Mongi Mekki, Lassaad Sahnoun

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Abstract :

Renal histological evaluation is an essential element in defining the etiology, the treatment and the prognosis of various kidney and systemic diseases.

Despite the progression of percutaneous renal biopsy indications, we still defend the laparoscopic approach in children with more accessibility safety and acceptance

Reporting our experience with this procedure studying 95 children who underwent laparoscopic biopsy A retrospective study was conducted in the department of pediatric surgery of Monastir between January 2002 and April 2023. We reviewed the epidemiological factors, the indications, outcome and complications of laparoscopic renal biopsy.

A register of 95 children were included in this study aged between 23 days and 18 years (mean age 38 months). The sex ratio was 0.7 with 42% females and 48% males. The indications for renal biopsy were nephrotic syndrome (45%), and then asymptomatic hematuria (23%) followed by proteinuria (17%) then acute (7%) and chronic preterminal kidney injury (8%). In the case of nephritic syndrome (NS): 17.5% had a frequent relapsing NS, 20% had an atypical age of presentation, 15% had a steroid-dependent syndrome and 47.5% had a steroid-resistant syndrome. In 78% of cases the biopsy involved the leff kidney. Mainly a single port was used (63%). The biopsy was retroperitoneal in 95 cases. The 6 remaining cases had a simultaneous procedure programmed such as drainage, placing a peritoneal dialysis catheter and liver biopsy.

AIL fragments were ad equally removed and studied. Most commonly the glomerulonephritis (34.5%) then glomerulosclerosis (10.5%) and Finnish type congenital NS (5.2%). The specimen was normal in 52% of cases.

Only two complications occurred. It was a peritoneal breach. No bleeding complication was noted Laparoscopie kidney biopsy is a safe choice that prevents the complications from a percutaneous approach and with less contraindication and allows a less invasive approach with a direct vision of the kidney.

P6- Accessory scrotum in neonate: A rare congenital scrotal anomaly

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Abstract :

Accessory scrotum is a unique entity that poses diagnostic and management challenges The aim is to present the diagnosis and management of a rare case of scrotal duplication in a newborn. A full-term male neonate, born via vaginal delivery with no significant antenatal findings, presented with a soft non-tender scrotum-like perineal mass posterior to the original scrotum, the penis, testes and primary scrotum appeared normal, No associated anorectal or urogenital malformations were observed Accessory scrotum is a rare congenital anomaly. Although benign, proper evaluation and surgical excision are warranted to confirm the diagnosis. This case highlights the importance of surgical intervention for optimal outcomes.

P7- Amyands` Hernia in infaint " inflamed appendix"

Huda Almesmari, Hanan Youssif
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Abstract :

Amyands` hernia is rare condition characterized by inguinal hernia containing the appendix whether normal or inflamed; it is more common in children than adult ;may mistaken for other condition like :strangulated hernia ;orchitis;epididymitis;or testicular torsion.

Incidence the inflamed appendix within hernial sac rare is about 0.08% to 0.1% wheres` normal appendix range about 0.5%to 1% of hernial sac cases

Amyand's hernia is rare and difficult to diagnose a condition, which represents a surgical emergency

and timely diagnosis of Amyand's hernia, thus avoiding complications from delayed surgery. The baby underwent surgery and it was found that large hernial sac containing of cecum & terminal ileum with inflamed appendix ; 'during the operation appendectomy was done and reduction the cecum and repair the hernia .

Amyands` hernia is rare clinical condiation ;cases of definitive preoperative diagnosis are rare and diagnosis is generally made during surgery.

The surgical treatment of inflamed appendix involves an appendectomy and hernial repair.

P8- Anal Canal Duplication in a four-year-old boy: a case report.

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medecine ferhat abbas university of setif

Abstract :

Anal duplication is an uncommon developmental malformation of the hindgut, typically presenting in early childhood with a secondary perianal orifice. Although often asymptomatic, timely recognition is crucial to avoid long-term complications.

Report a case of an "anal canal duplication" in a child which is a rare anomaly

A four-year-old boy presented with a second orifice located posterior to the true anus, associated with mucous discharge. The condition had been diagnosed at birth but was neglected by the parents. Fistulography revealed a 19 mm long tract ending in a presacral cyst. The entire duplication was excised via a perineal approach. Histological examination confirmed the diagnosis. The postoperative course was uneventful, with preserved anal continence.

Anal canal duplication (ACD) is a very rare congenital malformation usually detected early in the life. Surgical excision is requisite with excellent outcomes, to prevent inflamatory complications and malignant changes.

P9- Antenatal diagnosis of a fetal heart tumor: rhabdomyoma

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Abstract :

Rhabdomyoma constitutes more than half of all cardiac tumors diagnosed during intrauterine life and postnatal age. It appears on ultrasound as a multiple, nodular, more rarely single, hyperechoic, well-defined, oval-shaped lesion.

To evaluate the role of fetal cardiac ultrasound in the early prenatal diagnosis of cardiac neoplasms,

Observation: She is Mrs. FG, 31 years old, A positive blood group, with no notable pathological history, G1P0, with a well-monitored pregnancy of normal course. The patient consulted our department as part of a routine morphological ultrasound at a term of 23 weeks.

Morphological ultrasound found the presence in the left ventricular heart cavity of a hyperechoic focus, which appears to control the oblong current and measures 2.5 cm.

At birth, instrumental examinations confirmed the ultrasound results and the genetic test for tuberous sclerosis confirmed the suspected diagnosis. The heart damage regressed spontaneously. The study of fetal cardiac ultrasound allowed an early prenatal diagnosis of cardiac neoplasms, making it possible to control their development and their association with other lesions that then actually appeared in suspicion of a genetic disease much more complex than tuberous sclerosis.

P10- Antenatal Diagnosis of anal Imperforation: Case report

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Abstract :

Anorectal malformations are common malformations whose prevalence is estimated at about 1/1500-2000 births with a male predominance. They are associated with other malformations in about 70% of cases, mainly urinary and spinal. They are very rarely diagnosed in the prenatal period. This pathology is a neonatal surgical emergency whose main challenge is to establish a diagnosis and an etiological assessment. The aim of this study is to underscore the importance of prenatal diagnosis and early postnatal surgical management of anal imperforation,

This is Mrs. RH, A positive blood group, with no significant pathological history, G1P0, whose pregnancy was regularly monitored and well conducted. During the morphological ultrasound, performed at 23 weeks, the existence of a retro-vesical image, pure anechoic, oblong, and with trans-sound content suggestive of rectal dilation, was discovered. The rest of the morphological ultrasound assessment was unremarkable.

An amniocentesis and a fetal karyotype with culture was performed at 24 weeks of gestation, which did not show chromosomal abnormalities. The etiological assessment was extensive, and a fetal MRI was requested at 32 weeks, and did not show any fetal abnormalities.

Pregnancy follow-up continued regularly, with regular ultrasound monitoring in the presence of the persistence of the retrovesical pelvic image, until the patient entered labour spontaneously at 39 weeks of gestation and the vaginal delivery of a female newborn, birth weight 3500g, Apgar at 9-10-10.

The examination in the delivery room had objectified the presence of three perineal orifices, with a blind anal orifice without evidence of meconiuria or perineal fistula.

The rest of the examination did not reveal any obvious malformations, including facial dysmorphia or esophageal atresia. The fontanelles were normally taut and the choanae were permeable.

The newborn was transferred to the neonatology department, packaged, infused with the insertion of a gastric suction tube and transferred to the pediatric surgery department for additional care. Anal imperforation is a common malformation of prenatal diagnosis that is very difficult when it is isolated. The possibility of an anorectal malformation must be considered prenatally in the case of a combination of spinal and urinary abnormalities, especially since there is dilation of the digestive loops. A prenatal MRI must then be performed.

The treatment is surgical, urgent and must be carried out in the first days of life.

P11- Antenatal diagnosis of cerebral hematoma

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Department of pediatric surgery of Sidi Bouzid-Tunisa University Of Sousse

Abstract :

Intracerebral hemorrhage is rare in term newborns. Fetal and neonatal brain injuries related to secondary hemorrhage require accurate evaluation to allow for better neonatal management. To emphasize the importance of accurate evaluation of fetal and neonatal brain injuries associated with secondary hemorrhage in order to optimize neonatal management and outcomes. This is a descriptive case study and a review of literature.

Presentation of the case: We report here the case of a fetus at 33 weeks of amenorrhea with a 6 cm frontal-parietal cerebral hematoma in the left cerebral hemisphere, suspected on ultrasound and confirmed by fetal MRI in a patient whose pregnancy is well monitored and has progressed so far without notable incidents.

Fetal MRI showed a large compressive left frontal-parietal hematoma with subfalcorial involvement and dilation of the right lateral ventricle without detectable vascular malformation.

Given the advanced term of pregnancy, our conduct was expectant with close ultrasound monitoring until 37 weeks of amenorrhea.

The course was marked by spontaneous labour and delivery by the caesarean section due to the large size of the head circumference.

Diagnosis, parental and family genetic counselling and management of subsequent pregnancies should prevent the occurrence of fetal hemorrhages.

P12- Antenatal diagnosis of duodenal atresia: case report

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Abstract :

Duodenal atresia is one of the most common abnormalities in newborns, accounting for nearly half of all cases of neonatal bowel obstruction.

It is an abnormality that responds well to surgical treatment.

To highlight the importance of antenatal ultrasound in the early diagnosis of duodenal atresia, enabling timely postnatal surgical management and improved neonatal outcomes.

Observation:

She is Mrs. AC, 27 years old, blood group O negative, with no significant pathological history, G1P0, pregnancy not followed.

The patient consulted the maternity emergency room at 32 weeks, for the discovery of a fetal hydramnios following her first consultation with a general practitioner. The physical examination of the parturient was unremarkable. Obstetric ultrasound had objectified a progressive mono-fetal pregnancy, a biometry in accordance with term, gastric distension with a "double bubble" appearance, a true hydramnios with a large cistern measured at 12 cm and an amniotic fluid index measured at 27 cm.

A gestational diabetes was eliminated. The patient delivered a female newborn at 37 weeks, with a birth weight of 2900g, Apgar score at birth 9-10-10. The newborn was admitted to the neonatology department and was operated on during the week in a pediatric surgery department with a good clinical course. Duodenal atresia is certainly a rare pathology, the management of which is surgical, postnatal and must be planned.

Through this observation, we want to emphasize the importance of obstetric ultrasound, which should not ignore this pathology which presents itself in the form of gastric distension and the 'double bubble' aspect.

P13- Antenatal diagnosis of Joubert syndrome: case report

Mohamed Raouf Benabdessalam, Basma Haggui, Riadh Ncibi, Samia Meherzi, Hatem Rouag, Wathek Thaljaoui

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Abstract :

Joubert's syndrome, also called cerebellar vermis agenesis or cerebello-oculo-renal syndrome, is a rare congenital polymalformative syndrome with poor prognosis and possible antenatal diagnosis. The Aam of the Study is to describe the clinical, radiological, and prognostic characteristics of Joubert's syndrome

Observation: This is Mrs. CE, 34 years old, O positive blood group, with no significant pathological history, married for 3 years, consanguineous marriage, G1 P0.

The course of the pregnancy was unremarkable, the prenatal check-up was without abnormalities, the first trimester ultrasound performed at 12 weeks showed a nuchal translucency of 1 mm without detectable morphological abnormalities. Serum markers in the first trimester did not show a particular risk of trisomy 13, 18 and 21. The morphological ultrasound of the second trimester was not done.

The patient presented us at a term of 34 weeks for a routine third trimester ultrasound. The ultrasound had objectified a typical appearance of the 4th ventricle: the sign of the "molar tooth", a pathognomonic sign of Joubert's syndrome, associated with agenesis of the cerebellar vermis, growth retardation < the 3rd percentile.

A fetal MRI was completed which confirmed the appearance of the molar tooth and vermian agenesis with a strong suspicion of Joubert's syndrome.

The pregnancy was carried spontaneously to term with vaginal delivery of a male newborn, 2900g, Apgar 8-9 with an initial examination in the delivery room showing no gross abnormalities. Vermis agenesis is a rare birth defect with a poor prognosis.

Antenatal diagnosis is accessible and essential for care.

P14- Antenatal diagnosis of polycystic kidney disease: case report

Basma Haggui, Mohamed Raouf BenAbdessalam, Riadh Ncibi, Wathek Thaljaoui
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Department of pediatric surgery of Sidi Bouzid-Tunisa University Of Sousse

Abstract :

Polycystic kidney disease is an uncommon genetic disease. Two forms have been described according to the mode of transmission. The autosomal recessive form can manifest itself from birth and even during fetal life.
To illustrate the role of antenatal ultrasound in the early detection and diagnosis of autosomal recessive polycystic kidney disease, through the presentation of a clinical case.

Observation: The case of Mrs. AC, 33 years old, with no notable pathological history, positive blood group, married to her cousin for 6 years, G4 P1 A2, is reported. The first pregnancy was complicated by gestational diabetes, well balanced under diet, and carried to term, with a vaginal delivery of a male newborn, with a birth weight of 3700 g, in an apparent good state of health. The next two pregnancies resulted in two spontaneous miscarriages in the first trimester of pregnancy.

The fourth pregnancy is the current pregnancy. It is a spontaneous pregnancy, complicated by gestational diabetes and put on a diet. The patient was regularly monitored in our outpatient consultations and the prenatal work-up was free of abnormalities. The first trimester ultrasound was performed at 12 weeks of gestation, with a nuchal translucency of 1.2 mm. The triple test had objectified a low risk of trisomy 13, 18 and 21. A second-trimester ultrasound performed at 23 weeks of pregnancy had objectified a male fetus, eutrophic in relation to term, with kidneys slightly enlarged, hyperechoic with good cortico-medullary differentiation. The pregnancy was continued without incident and a routine ultrasound of the third trimester, performed at 34 weeks, had objectified: a eutrophic fetus, an oligoamnios, two large hypertrophied hypermicrocystic kidneys, the right kidney measured 8 cm and the left kidney 7 cm. The pyelocalicial cavities were slightly dilated and the bladder was not visualized along the ultrasound examination. Pulmonary hypoplasia, cardiomegaly and a pericardial effusion of low abundance were also reported. The spontaneous evolution of the pregnancy had led to the full-term delivery of a male newborn, PN at 3500g, who died at H4 of life due to multi-organ failure. A fetological examination confirmed the diagnosis of polycystic kidney disease with associated cardiac involvement.

Autosomal recessive polycystic kidney disease is a severe renal malformation, accessible to antenatal diagnosis but with a poor prognosis and requires further genetic study.

P15- Antenatal diagnosis of pulmonary sequestration: about a case

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Abstract :

Cystic adenomatoid lung malformation and pulmonary sequestration are the most common fetal lung malformations.

They are increasingly diagnosed in the antenatal period thanks to the contribution of ultrasound, thus allowing better obstetric and neonatal care.

To highlight the role of prenatal imaging in the diagnosis of lung sequestration,

Observation:

It is Mrs. CS, 34 years old, blood type: A positive blood group, G1P1.

The current pregnancy is a poorly monitored pregnancy. The first antenatal consultation and ultrasound were done at 24 weeks of amenorrhea.

The ultrasound had objectified: a hyperechoic left lung, a left deviation of the apex of the heart and a hydramnios. The rest of the ultrasound was without other morphological abnormalities.

The Doppler ultrasound visualized a vessel from an anterior branch of the aorta, which supplied the mass. The diagnosis of pulmonary sequestration was therefore retained.

Amniocentesis was completed which revealed a normal male karyotype.

The patient gave birth spontaneously at a term of 36 weeks of a male newborn, weighing 2200 g, with an Apgar score of 7 at 1 minute of life and 8 at 5 minutes.

He then developed respiratory distress, was intubated, and died within 24 hours of giving birth. Lung sequestration is one of the most common fetal lung pathologies and is increasingly being diagnosed thanks to technological advances in ultrasound.

In some cases, like ours, ultrasound alone can confirm the diagnosis. In other cases, fetal MRI is essential and is of considerable help.

P16- Association between feeding type and idiopathic acute intussusception in infants under 24 months : a retrospective study of 187 cases

Bouchaour Abderrahmane Raouf, Ouslim Rachid
Faculty of Medicine Oran 1 university

Abstract :

Idiopathic acute intussusception (IAI)represents the most common abdominal emergency in children under 24 months .while viral triggers and anatomical factors have been implicated,the potential influence of infant feeding practices (breastfeeding.formula feeding or mixed feeding) remains insufficiency explored in the literature
To investigate the potential association between different feeding modalities and the occurrence of IAI in infants under 24 months .

We conducted a retrospective single-center study analysing 187 cases of IAI in infants under 24 months admitted between 2017 and 2023 . Detailed feeding history was collected from medical records. Statistical analysis included multivariate logistic regression to control for potential confounders (age , sex , vaccination status).In our cohort (11+_6 months) , the distribution of feeding types was : exclusive breastfeeding (17,6%) , formula feeding (41,2%), and mixed feeding (41,2%) ; preliminary analysis revealed a significant association between feeding and IAI occurrence (adjusted OR=6 , 95% IC , P=0,05), while exclusive breastfeeding showed a protective trend (adjusted OR=2,3 , 95% IC , P=0,05). No significant difference was observed In disease severity (need for surgical reduction) across feeding groups
Our finding suggest that infant feeding practices may influence the risk of developing IAI with formula feeding potentially increasing susceptibility .these results underscore the importance of breastfeeding promotion in infant's health strategies.further perspective studies are needed to confirm these observation and elucidate potential biological mechanisms.

P17- Atrésie des voie biliaires à révélation néonatale

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Abstract :

Biliary atresia (BA) is the leading cause of cholestasis in newborns. It results in the obstruction of both intrahepatic and extrahepatic bile ducts. It is a diagnostic and therapeutic emergency. Report the clinical, biological, and evolutionary presentation of biliary atresia (BA). This is a female newborn, born at 36 weeks of gestation via cesarean section, with a birth weight of 1100g, presenting with severe, symmetric intrauterine growth restriction. On day 3 of life, cholestatic jaundice was observed, leading to a Kasai procedure. However, on day 10 postoperatively, the patient developed cholangitis, and the Kasai procedure failed. Despite appropriate antibiotic therapy and adequate resuscitation, the patient passed away on day 58 of life. The clinical course was marked by hepatomegaly and persistent discoloration of the stools.

Investigations revealed a negative TORCH serology, negative CMV PCR in blood and urine, and normal thyroid function tests and cortisol levels. Abdominal ultrasound showed no abnormalities, with visualization of the gallbladder, while transthoracic ultrasound and spine radiography were normal. An exploratory laparotomy with peroperative cholangiography and biopsy was performed on day 28 of life, confirming the diagnosis of biliary atresia, type III.

Confirming the diagnosis of biliary atresia (BA) can present a challenge for the clinician. A normal ultrasound does not rule out the diagnosis, and peroperative exploration may prove necessary.

P18- Aware case of enteric duplication cyst in ileocecum valve of a 1year old child as case report

Abair Bakar, Abdqader Shaheen, Khaled Dawood
Pediatric surgery Bengazi

Abstract :

Enteric duplication an uncommon congenital malformation incidence of 10_20per 10000 live birth .has various clinical presentation according to location

A rare presentation of duplication cyst

A6 month old boy admitted to our hospital as case of abdominal distension and diarrhea uss done showed feature of a cystic lesion.Errect abdominal X ray done show air fluid level.laparotomy surgery was performed cystic lesions found at ileocecum valve resection done histologic finding confirmed the diagnosis of enteric duplication cyst at ileo colic region.

Intestinal duplication quite rare. It's clinical manifestation are non specific

P19- Bilateral postaxial polydactyly in 4 year old girl: surgical management and outcomes.

Bouchaour Abderrahmane Raouf, Ouslim rachid
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Abstract :

Polydactyly (1 in 700 live births) is a common congenital hand anomaly in pediatric surgery. We present a case of bilateral postaxial polydactyly in a 4 year old girl with surgical management and 1 year follow-up to describe the rare case of complex polydactyly in a 4 years old girl.

Patient: 4 year old girl, no family history

Examination findings:
Bilateral postaxial extra digits (right and left hand)
Limited mobility of right 5th finger
No associated anomalies (normal feet, unremarkable exam)

Imaging:
Extra digit articulated with 5th finger proximal phalanx
No underlying bone abnormality

Management
Surgical treatment (age 4 years): extra digit excision with ligament reconstruction
Modified Bilhaut-Cloquet procedure (right hand)
Simple excision (left hand)

Procedure care: uneventful wound healing
Early mobility rehabilitation
Isolated postaxial polydactyly has excellent prognosis after surgical correction
Surgical approach should be tailored
Long term follow-up ensures harmonious growth

Keywords: polydactyly, pediatric surgery, digit reconstruction, Bilhaut-Cloquet, congenital hand anomaly

P20- Bilio-duodenal anastomosis in minimally invasive surgery for congenital cystic dilatation of the main bile duct.

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Abstract :

Congenital cystic dilatation of the common bile duct (CCDCBD) is a rare paediatric biliary disorder. Excision of the extrahepatic cyst, suppression of pancreatic reflux and restoration of bilio-digestive continuity by a hepatico-duodenal (HDD) or hepatico-jejunal (HJJ) anastomosis is the standard treatment. HJJ has long been considered the gold standard for biliodigestive reconstruction. In fact, HDD has been accused of exposing the patient to the risk of stenosis or angiocholitis due to reflux of gastric fluid into the common bile duct (CBD). On the other hand, it is recognised as being easier and more accessible to endoscopic examination at a later date.

We present here the observations of three patients operated on in September 2019 for CCDCBD by laparoscopic approach who had a hepatico-duodenal anastomosis as well as their subsequent evolutions. Our patients were aged 2, 4 and 9 years respectively. CCDCBD was discovered following episodes of acute pancreatitis and/or angiocholitis. Bili-MRI confirmed the diagnosis and showed Todani type IV cystic dilatation in all three patients. The patients underwent cholecystectomy, resection of the cystic dilatation of the common bile duct and laparoscopic choledochodenal anastomosis.

All patients had a good outcome with a follow-up of 4 years. None of our patients had any early or late postoperative complications

Laparoscopic hepaticoduodenal anastomosis is a safe alternative treatment for CCDCBD

P21- Biological Glue Injection in the Treatment of Esophageal Diverticulum: A Case Report

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Abstract :

Esophageal atresia is a common congenital condition requiring surgical management. Rarely, this can be complicated by an esophageal diverticulum, defined as a pouch developing from one or more tunics of the esophageal wall, communicating with the lumen via a neck. Clinical presentation is often non-specific. The aim of this study is to evaluate the efficacy and safety of biological glue injection as a minimally invasive therapeutic option for the treatment of esophageal diverticulum

We present the case of a 10-month-old patient with a history of VACTERL syndrome diagnosed neonatally, combining type 3 esophageal atresia and an anorectal malformation. On day 1 of life, the patient underwent an esophago-esophageal anastomosis with a high sigmoid colostomy. The patient subsequently experienced recurrent pneumonias.

A delayed upper gastrointestinal series (UGIS) was performed, revealing a diverticulum in the middle third of the esophagus, on its postero-lateral wall. The patient then underwent a colo-anal pull-through procedure and was readmitted for colostomy closure. Intraoperative upper digestive endoscopy showed an esophageal ostium feeding the diverticulum at 20 cm, located postero-laterally to the right. The patient received a biological glue injection into the diverticulum after guidance with a wire. Postoperative recovery was uncomplicated, and the patient was discharged on postoperative day 5, currently asymptomatic, no recurrence of the diverticulum

Esophageal diverticulum is an underrecognized pathology due to its rarity and often asymptomatic nature, presenting with non-specific clinical signs. It can result from either a pulsion or traction mechanism. While surgical treatment is the standard, biological glue injection may offer an alternative.

P22- Case study of 10-year-old boy with recurrent hernias children in Nouakchott

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Abstract :

Hurler syndrome (severe Mucopolysaccharidosis type I, MPS I) is a lysosomal storage disorder caused by deficient (alpha-L-iduronidase) activity, leading to systemic accumulation of glycosaminoglycans (GAGs). This results in progressive multiorgan damage, including skeletal deformities, cardiorespiratory compromise, and characteristic facies. A hallmark early manifestation (within the first year of life) is the development of umbilical and inguinal hernias.These hernias are not only common presenting features but also pose significant surgical challenges due to inherent tissue fragility from GAG deposition, poor wound healing, and an exceptionally high risk of recurrenceand postoperative complications.
To highlight the unique surgical complexities associated with hernia repair in Hurler syndrome (severe MPS I), emphasizing the high recurrence risk and propensity for severe postoperative complication, and to underscore the critical need for specialized perioperative management strategies in this population.
A 10-year-old boy from a non-consanguineous couple with modest socioeconomic status, residing in a rural region. He is the third of four siblings (all unaffected), with a mother confirmed as a carrier of the same syndrome. Referred to pediatric surgery for management of an umbilical swelling and right inguinal swelling.

Physical Examination Revealed:
- Failure to thrive (growth retardation) ;Short neck
- Characteristic facial features: hypertelorism, macroglossia, tonsillar hypertrophy
- Typical musculoskeletal deformities
- Large umbilical hernia and voluminous right inguinal hernia ;Hepatosplenomegaly

Cardiac Ultrasound Findings: moderate mitral regurgitation with preserved systolic function.

Surgical Decision:
The surgical team debated: Simple inguinal hernia repair?
We proceeded with surgery.
Operative Technique: Under général anesthesia with uneventful orotracheal intubation. A right inguinotomy was performed. followed by simple closure of the inguinal hernia .
Postoperative Course: Complicated by significant painful scrotal swelling (firm on palpation) and microcytic anemia (Hb: 5 g/dL; baseline: 11 g/dL).
Scrotal Ultrasound Findings: Voluminous bilateral inguino-scrotal hernia containing hypoperistaltic bowel loops. Testicles with normal echotexture but reduced vascularity on Doppler, associated with hydrocele.
Hurler syndrome (severe MPS I) manifests clinically within the first year of life, including umbilical/inguinal hernias. Recurrence risk and complications pose significant surgical challenges.

P23- Compressive Sacrococcygeal Tumor in a Newborn: A Case Report

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Abstract :

Sacrococcygeal teratoma (SCT) is the most common neonatal tumor. Although often benign, it can cause significant morbidity due the compression of pelvic structures. Early antenatal diagnosis is critical to guide appropriate monitoring and perinatal management.

To report a case of entirely cystic sacrococcygeal teratoma with compression of the digestive and urinary tracts, associated with sever renal failure at birth, highlighting the crucial role of antenatal diagnosis We report the case of a full-term female newborn presenting at birth with a large sacrococcygeal mass, marked abdominal distension, vomiting, respiratory distress, and anuria. Postnatal imaging, including ultrasound and CT scan, revealed a purely cystic lesion causing significant compression of the rectum and a severely distended bladder. Laboratory workup showed severe renal failure, and tumor markers (AFP, β-HCG) were negative. Surgical excision of the mass, including coccygectomy, was performed on day 1 of life. Histopathological examination confirmed a mature cystic teratoma with no malignant features. Despite early surgical intervention and decompression, the newborn remained anuric with progressive metabolic deterioration. The outcome was unfavorable, with death occurring in the early postoperative period due to end-stage renal failure.

Cystic sacrococcygeal teratoma can lead to significant morbidity when it causes intrauterine compression of the digestive and urinary systems. The presence of anuria and severe renal failure at birth is a poor prognostic factor and may be irreversible despite early surgical intervention. This underscores the crucial importance of antenatal diagnosis to optimize prenatal monitoring, plan perinatal care, and improve outcomes.

P24- Congenital Bands: A Rare Cause of Acute Abdominal Pain in Children

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Abstract :

A congenital band is a rare anomaly characterized by the presence of fibrous tissue, which can present with varied clinical manifestations. Diagnosis is most often guided by findings from abdominal ultrasound and computed tomography (CT). Treatment is usually surgical. Early management is essential to prevent complicated forms.The aim of this study is to highlight the diagnostic challenges and therapeutic management of congenital intestinal bands in children through the presentation of a rare case.

We present the case of an 11-year-old female patient who presented with abdominal pain evolving over one week, without associated vomiting, fever, or bowel habit disturbances. On clinical examination, the patient was afebrile with tenderness and a palpable mass in the right iliac fossa. Laboratory tests showed no biological inflammatory syndrome.

An abdominopelvic CT scan, previously performed in the city, concluded with an appearance suggestive of an appendicular phlegmon. The patient was started on triple antibiotic therapy. An abdominal ultrasound performed at our hospital suggested an internal hernia or a segmental volvulus.

Exploration via a McBurney incision revealed a normally positioned cecum and a normal-appearing appendix. A loose congenital band was found compressing the small bowel loops, which appeared inflamed but without signs of compromise. The patient underwent section of the band and lysis of adhesions with an appendectomy. The patient was hospitalized for three days post-operatively with an uncomplicated course. Although rare, congenital intestinal bands should be considered in the differential diagnosis of abdominal pain and symptoms of intestinal obstruction in children. This ensures appropriate management and helps prevent severe gastrointestinal complications.

P25- Congenital dislocation of knee (A cas report)

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Abstract :

Congenital Dislocation of the Knee (CDK) is a rare musculoskeletal anomaly with an incidence of approximately 1 in 100,000 births. It is characterized by hyperextension and anterior displacement of the tibia relative to the femur. CDK may occur in isolation or be associated with conditions such as clubfoot or congenital hip dislocation. Early diagnosis and prompt treatment are critical to preventing long-term joint dysfunction.
To present a rare case of CDK and discuss its diagnosis, management, and outcome

We report a case of a 2-day-old female newborn presenting with extreme hyperextension of the right knee and irreducible dislocation. Radiographic evaluation confirmed anterior tibial dislocation. The patient underwent orthopedic treatment with serial casting. A six-month follow-up revealed a stable and normal knee position.

CDK, though rare, can be effectively managed through early orthopedic intervention. Serial casting remains a minimally invasive, first-line treatment for reducible cases, avoiding the need for surgical correction. Early detection and prompt treatment play a vital role in achieving normal knee function and preventing long-term disability.

P26- Cricopharyngeal achalasia in children: a rare cause of dysphagia

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Abstract :

Cricopharyngeal achalasia (CPA) is a rare clinical entity in which upper esophageal sphincter (cricopharyngeus) does not open adequately during swallowing leading to dysphagia To report small series of cricopharyngeal achalasia cases which was managed with balloon dilatation. Methods: We conducted a retrospective study about children suffering from CPA which managed in our department.

Results: Six children were diagnosed with primary CPA. Their age range was 1-12 months (median: 4 months). The patients complained of dysphagia in all cases, associated with food regurgitation, nasal reflux, hypersialorrhea, and bronchial congestion in three cases. Diagnosis was established by barium swallow. After the evaluation of upper esophageal sphincter with endoscopy, dilatation was performed. All patients underwent endoscopic balloon dilatation. Four patients had a resolution of CPA and were symptom-free with 1-5 sessions (median 2 sessions) at an average interval of 2 months. Dysphagia recurred in one child, after 3 years, and he was successfully treated with balloon dilatation. Two other babies, one-month-old, who were unresponsive to dilatation therapy, died on follow-up.

Diagnosis of achalasia is obtained by upper gastrointestinal series, and thanks to a high index of clinical suspicion. The use of endoscopic dilatation is the first option because it is not an invasive technique, but it usually requires several sessions.

P27- Du trouble psychiatrique à l'urgence chirurgicale : trichobézoard pédiatrique : a propos d'un cas

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Abstract :

Le trichobézoard est une masse intraluminale composée de cheveux, résultant de la trichophagie, souvent associée à des troubles du comportement comme la trichotillomanie. Il touche majoritairement les enfants et adolescents, en particulier les filles. Dans certains cas rares, le trichobézoard dépasse le pylore et s'étend dans l'intestin grêle, constituant alors le syndrome de Rapunzel. Ce tableau clinique atypique peut entraîner des complications graves comme l'occlusion intestinale, la perforation .

Présenter un cas rare de trichobézoard gastrique avec extension grelique chez un enfant en mettant en évidence les particularité clinique ,modalités diagnostiques et les aspects thérapeutiques
Il s'agit d'un garçon agé de 15 ans scolarisé consulte pour des douleurs abdominales de siège épigastrique à type de torsion a l'interogatoire le patient est anxieux avec notion de trichophagie depuis 3 ans cliniquement il ya une sensibilité abdominale accentuée au niveau de l'épigastre

Un abdomen sans préparation objectivant un pneumopéritoine unilatéral doit le malade est admis au bloc opératoire bénéficiant d'une extraction d'un trichobézoard gastrique par gastrotomie et un autre grélique par entérotomie
Les suites opératoires sont simples
Une prise en charge psychiatrique a été éffectuée

Discussion : le trichobézoard gastrique est une affection rare qui affecte les jeunes enfants perturbés par des désordres psychologiques souvent de siège gastrique mais peur s'étendre à l'intestin gréle

Le trichobézoard peut rester asymptomatique pendant longtemps ou se manifester par des douleurs abdominales ou un complication qui peut être le mode de révélation comme une hémorragie digestive ,une perforation gastrique ,une occlusion intestinale

Une exérèse chirurgicale est le traitement de choix ,un suivi psychiatrique est recommandé .
Le trichobézoard est une pathologie rare le diagnostic est confirmé par la fibroscopie oesogastroduodénale l'exploration radiologique notamment par le scanner est primordiale pour mettre en évidence les autres localisations le traitement de choix est la chirurgie , cela ne doit pas occulter la prise en charge psychiatrique

P28- Duodenal Diaphragm with Ileal Pancreatic Heterotopia in a 2-Year-Old Girl

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Abstract :

Duodenal stenosis in pediatric patients is a rare but significant condition that can present with nonspecific symptoms such as vomiting and abdominal distension. The condition may result from congenital anomalies, such as duodenal diaphragms or Ladd's bands, which can obstruct normal gastrointestinal transit. To assess the clinical, radiological and surgical findings of a child operated on for a duodenal stenosis in our department.

A 2-year-and-4-month-old girl presented with a history of vomiting, without associated transit disturbances, fever, or other significant symptoms.

On physical examination, the patient was afebrile, with a soft and depressible abdomen.

Initial abdominal ultrasound revealed significant distension of the stomach and duodenum. The possibility of a Ladd’s band or duodenal diaphragm could not be excluded.

A contrast-enhanced upper gastrointestinal series (UGI) showed gastric and proximal duodenal distension, with a transit block at the second part of the duodenum (D2) and reduced passage of contrast into the small intestine.

Abdominal CT scan demonstrated mild distension of the stomach and duodenum in the first (D1) and second (D2) portions, with a caliber disparity observed in the right upper quadrant, suggesting a possible obstruction.

The patient was taken to surgery, where intraoperative exploration revealed an incomplete diaphragm between D1 and D2. Additionally, a 35 mm ileal nodule was found just proximal to the ileocecal valve. Surgical procedures included resection of the diaphragm, wedge resection of the ileal nodule, and closure of the enteric defect.

The postoperative recovery was uncomplicated, and the patient was discharged without further issues.

The histopathological examination of the resected ileal nodule revealed features consistent with pancreatic heterotopia.

Duodenal diaphragms are rare congenital anomalies that can cause obstruction by compressing the duodenum. The association with ileal pancreatic heterotopia, although uncommon, can lead to further complications. This case highlights the importance of early diagnosis using imaging techniques, followed by prompt surgical intervention to ensure favorable outcomes.

P29- Early Management for Complicated Posterior Urethral Valves : The Role of Antenatal Detection

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Abstract :

Posterior Urethral Valves (PUV) are obstructive congenital membrane folds and are the most common obstructive uropathy in boys. Their prognosis has improved over the past decades due to the development of antenatal diagnostic techniques, allowing for early diagnosis and management of complicated forms. To report a case series of complicated PUV with antenatal diagnosis

Materials and Methods :

This is a retrospective study of newborns with an antenatal diagnosis of complicated PUV, managed in the pediatric surgery department at Fattouma Bourguiba University Hospital in Monastir, between March 2007 and December 2024.

Results :
The study included 8 male newborns, born at an average gestational age of 37 weeks + 2 days, with an average birth weight of 3.1 kg. Diagnosis was made antenatally in all cases by morphological ultrasound, revealing urinary ascites in 5 cases and a urinoma in 3 cases. Bilateral upper urinary tract dilatation (UUTD) was present in 7 cases, and unilateral UUTD in one case. The average anteroposterior diameter (APD) was 9.5 mm on the right and 8.1 mm on the left. Oligohydramnios was present in 3 cases, with 1 case of anhydramnios. Postnatally, the diagnosis was confirmed by retrograde urethrography in all cases. Vesicoureteral reflux was noted in 3 cases (bilateral in 2 cases and unilateral in 1 case) with a multi-diverticular bladder appearance in 5 cases. Five patients presented with renal insufficiency. Treatment involved vesicostomy in 5 cases and endoscopic valve electroresection in 3 cases. Immediate outcomes were favorable in all cases.
PUV constitute a diagnostic and therapeutic emergency. Antenatal diagnosis of complicated forms has allowed for earlier management and better preservation of renal prognosis.

P30- Esophageal strictures in children with epidermolysis bullosa

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Abstract :

Esophageal stricture is a rare but often severe complication of recessive dystrophic epidermolysis bullosa in children. The purpose of this work is to review this digestive complication with emphasis on diagnostic modalities and therapeutic management.

We report six pediatric cases of esophageal stenosis that occurred during generalized recessive dystrophic epidermolysis bullosa of the HallopeauSiemens type.

The mean age of our patients was 8 years. Dysphagia was the main clinical symptom. Esophageal opacification led to the diagnosis of esophageal stenosis. None of the patients had received medical treatment. Pneumatic dilation was the treatment method that was advocated. Esophageal endoscopy showed the stenosis and helped guide the positioning of the balloon catheter. Balloon dilation has allowed the patients to have a more comfortable life with decreased dysphagia and a substantial improvement in nutritional status. However, this improvement was transient (one patient had symptomatic recurrence of stenosis after 3 years), which shows that monitoring of the patients and the resumption of dilatation sessions may be necessary.

Esophageal strictures in dystrophic epidermolysis bullosa of the Hallopeau-Simens type are severe and difficult to support. Pneumatic dilatation is the treatment of choice for the fragile esophagus. It gives satisfactory results and can be repeated without significant risk.

P31- Extraperitoneal rectal perforation simulating rectal duplication; A case report & Review of literature

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Abstract :

Extraperitoneal perforation of the rectum in the antenatal period is extremely rare. Fewer than thirty cases have been reported in the world literature (1,2). Its etiology and pathophysiology are poorly understood. Delayed diagnosis can lead to severe morbidity, underscoring the importance of early recognition through classic clinical signs and prompt intervention.

We report a case and provide recommendations for its management to enhance understanding and treatment strategies for this rare condition

This is a newborn male from a consanguineous marriage, the youngest of three living and healthy children. He was delivered vaginally at term from a single-fetus pregnancy, which was poorly monitored prenatally. At birth, his Apgar score was 10/10 and his weight 2.9kg, indicating excellent overall health.

Twelve hours after birth, a left buttock swelling was noted. The swelling was soft, poorly defined, and progressively enlarging. Application of a soft pressure on the swelling caused meconium to be expelled from the anus. No rectal examination or introduction of a rectal probe had been performed.

A pelvic MRI suggested a communicating rectal duplication. Both the laboratory assessment (blood count, urea, creatinine, glycemia, blood electrolyte panel, PT-aPTT) and additional malformation evaluations, including echocardiography and abdominal ultrasound, were unremarkable.

Ten days later, skin infiltration and inflammation developed around the swelling. We then decided to perform a diverting colostomy to avoid the potential need for a rectal resection with coloanal pull-through, which would be difficult for a newborn especially in our low-resource setting with not very efficient neonatal resuscitation.

After the colostomy, the swelling disappeared. A barium enema performed at three months of age was normal, showing no abnormal communication.

Due to suspicion of a non-communicating rectal duplication, surgical exploration was performed. The surgical approach was posterior, from the coccyx to the anal orifice, carefully preserving the sphincters. The rectum appeared completely normal, with no duplication, leading us to conclude retrospectively that it was an extraperitoneal rectal perforation and had healed spontaneously after colostomy. We closed the colostomy 4 months later and the child is passing normal stools through the anus.
The discovery of a meconium-stained buttock swelling in the presence of a normal anus during the first days of life is pathognomonic of an extraperitoneal rectal perforation. An emergency colostomy is recommended with or without drainage of the meconium collection, as well as careful monitoring of the buttock swelling and the appearance of peritoneal signs.

P32- Forme osseuse de l'hydatidose chez l'enfant : une localisation rare à ne pas méconnaitre

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Abstract :

L'hydatidose est une zoonose parasitaire due au développement de la forme larvaire d'Echinococcus granulosus. Elle touche principalement le foie et les poumons, mais des localisations atypiques sont possibles, notamment au niveau osseux. Le kyste hydatique osseux représente moins de 2 % des cas et constitue une forme grave de la maladie en raison de son évolution lente, destructive et souvent silencieuse. Chez l'enfant, cette localisation est exceptionnelle et peut mimer des pathologies infectieuses ou tumorales osseuses. Le diagnostic repose sur l'imagerie et la confirmation histologique, tandis que la prise en charge nécessite une approche chirurgicale et médicale combinée
Présenter un cas rare de kyste hydatique osseux chez un enfant, en soulignant les difficultés diagnostiques, les aspects radiologiques caractéristiques et les modalités thérapeutiques, afin de sensibiliser les praticiens à cette forme atypique d'hydatidose, particulièrement en zone endémique.
Patient et observation : Il s'agit d'un enfant âgé de 9 ans, sans antécédents pathologiques notables, qui a consulté aux urgences pédiatriques pour une boiterie non fébrile avec une tuméfaction douloureuse au niveau de la fosse iliaque droite, ayant progressivement augmenté de volume depuis un mois. L'examen clinique à l'admission trouvait un enfant stable sur le plan hémodynamique et respiratoire avec une masse au niveau de la fosse iliaque droite douloureuse, faisant environ 6 centimètres de grand axe, fixe par rapport au deux plans. L'examen de la hanche droite était sans particularité. L'enfant a bénéficié d'une radiographie standard du bassin de face qui a montré des images lacunaires de taille variable, mal délimitées, sans réaction périostée ; On a complété le bilan par une sérologie hydatique qui était positive et une tomodensitométrie abdominopelvienne qui a objectivée un os iliaque essoufflé avec une rupture de sa corticale antérieure. L'enfant a été admis au bloc opératoire avec un abord chirurgical large sur l'aile iliaque, on a procéder à un curetage aspiration, évacuation des collections et nettoyage abondant au sérum hypertonique. Les suites opératoires étaient bonnes

Discussion : Le kyste hydatique se localise préférentiellement au niveau pulmonaire (20 à 30%), et hépatique (60 à 70%) La contamination osseuse se fait essentiellement par voie hématogène mais une invasion osseuse secondaire à partir d'une atteinte primitive des parties molles est possible, l'ostéopathie hydatique est infiltrante, diffuse, lente et progressive avec de nombreuses microvésicules sans enkystement du parasite Ce cas de localisation iliaque que nous rapportons est certainement primitif. Les signes cliniques révélateurs de l'affection ne sont pas spécifiques et dépendent de la localisation. Ils sont dominés par la douleur et la tuméfaction, comme chez notre patient. Elle est de mauvais pronostic fonctionnel par l'extension à l'articulation coxo-fémorale et plus rarement au sacrum, Sur le plan paraclinique, la radiographie standard reste l'examen de référence pour le diagnostic. Elle montre le plus souvent des images lytiques aréolaires mal limitées sans réaction périostée ni décalcification régionale. L'intérêt de l'échographie est essentiellement pour explorer les parties molles à la recherche de l'abcès ossifluent. Elle contribue, de même que la radiographie du thorax, au bilan de la maladie hydatique, à la recherche de localisations viscérales associées pouvant orienter le diagnostic La TDM et l'IRM précisent l'atteinte osseuse, apprécient l'étendue locorégionale et constituent un excellent moyen de surveillance de l'évolution de la maladie
Le traitement actuel de l'échinococcose osseuse est médico chirurgical. Les buts du traitement médical sont la réduction de la taille des kystes, la stérilisation de leur contenu en préopératoire et en postopératoire pour traiter les petits kystes passes inaperçus. Le traitement chirurgical consiste en une exérèse « carcinologique » des lésions qu'on assimile à une véritable tumeur maligne avec ablation complète des lésions hydatiques, mais malgré les différentes méthodes thérapeutiques les taux de rechutes après exérèse partielle sont très importants
L'hydatidose osseuse, reste une localisation rare, même en zone endémique comme l'algérie Son tableau clinique pauvre et son évolution insidieuse sont responsable d'un retard diagnostic. L'imagerie médicale permet d'établir un bilan lésionnel précis pour planifier une large résection chirurgicale. Mais malgré tout les méthodes thérapeutiques l'éducation sanitaire dans les pays d'endémie restent les meilleures mesures permettant de limiter les dégâts considérables engendrés par cette parasitose

P33- Giant Retroperitoneal Lipoma in an Infant: A Case Report

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Abstract :

Retroperitoneal lipomas are extremely rare in pediatric patients, particularly in infants. These benign tumors originate from mature adipose tissue and are typically asymptomatic until they reach a considerable size, causing mass effect on adjacent structures. In children, the differential diagnosis includes lipoblastoma, liposarcoma, and other retroperitoneal masses. Due to their rarity and often nonspecific clinical presentation, diagnosis can be challenging and relies heavily on imaging, with definitive confirmation obtained via histopathology. Early surgical intervention is essential to avoid complications related to mass effect and to exclude malignancy.

To report a rare case of a giant retroperitoneal lipoma in an infant, describe its clinical, radiological, surgical, and histopathological features, and emphasize the importance of early diagnosis and complete excision. We report the case of an 18-month-old female infant with no significant medical history, admitted for progressive abdominal distension observed over 6 months. No trauma, fever, or deterioration of general condition was noted. Clinical examination revealed a soft, non-tender, poorly mobile mass in the epigastric and left hypochondrial regions.

Biological tests were unremarkable except for mild anemia (Hb: 9.7 g/dL). Tumor markers (AFP, CA-125, LDH) were negative.

Abdominal ultrasound showed a large, homogeneous, hyperechoic intra- and retroperitoneal mass suggestive of a fatty tumor. CT scan confirmed a retroperitoneal fatty mass displacing abdominal organs, in contact with the left kidney and surrounding the left renal pedicle and ovarian vein.

Surgical excision via a left transverse approach was performed. The well-defined 21 x 22 cm mass was completely removed; it was non-adherent and vascularized by a single mesenteric artery. Histological examination confirmed a mature lipoma with no signs of malignancy.

Retroperitoneal lipomas are exceptionally rare in infancy. This case illustrates the importance of imaging for diagnosis and confirms that complete surgical excision is the definitive treatment. The postoperative course was favorable, with no recurrence at one-month follow-up.

P34- Hydrostatic reduction of acute intestinal intussusception in infants: experience of the Oran University hospital regarding 156 cases.

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Abstract :

Acute intestinal invagination (AI) is the penetration of an upstream intestinal segment and its meso into the intestine

Downstream resulting in a mixed occlusion by an obstruction of the digestive lumen and a striction of the mesenteric vessels at the level of the collar. It is a therapeutic emergency because of its complications such as intestinal necrosis, perforation and septic shock. Several therapeutic methods have been used, including guided echo hydrostatic reduction, which is currently the most widely used method in the absence of complications.
to verify the effectiveness of hydrostatic reduction of acute intestinal invaginations in infants and compare our results with the world literature.

This is a retrospective study spread over a period of seven years January 2017 to December 2023 on 156 infants who have benefitted from a hydrostatic reduction in their acute intestinal invaginationsWe have identified 156 patients. The average age was 11.09 months with extremes of 02 months and 23 months. The sex ratio was 1.75. The majority of patients with acute intestinal invagination (AI) were admitted in winter and spring (53.46% of cases). Abdominal pain was present in all patients. Abdominal ultrasound made it possible to evoke the diagnosis of IIA in all patients, i.e. 100%. The invagination sausage was of right hypochondral seat, right flank and right iliac fossa in 49.18%. Hydrostatic reduction under ultrasound guidance was performed with a success rate of 82.69%.

Non-surgical treatment with hydrostatic enema has the advantage of being effective and rarely complicated. Hydrostatic reduction is a non-invasive, effective therapeutic method and has had a relatively high success rate at CHU Oran. It could be realised in all equipped health structures .

P35- Hypospadias and Bilateral Testicular Agenesis in a 46,XY Child With Nephrotic Syndrome: A Rare and Challenging Association

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Medecine Ferhat Abbas University Of Setif

Abstract :

The coexistence of hypospadias and bilateral impalpable testes in a 46,XY child raises suspicion for a disorder of sex development (DSD), especially in the presence of hormonal anomalies. When combined with a systemic condition such as nephrotic syndrome, multidisciplinary care becomes essential. To report a rare case of distal hypospadias associated with bilateral testicular agenesis and steroid-sensitive nephrotic syndrome in a 46,XY child, highlighting the diagnostic and surgical management. Methods:A male newborn presented with distal hypospadias, bilateral non-palpable testes, and a confirmed diagnosis of nephrotic syndrome managed effectively with corticosteroids. Hormonal evaluation showed markedly low anti-Müllerian hormone (AMH) and testosterone levels, with no significant response after β-HCG stimulation. Karyotyping revealed a normal 46,XY profile. Diagnostic laparoscopy was performed to explore the gonads and internal genital anatomy.

Laparoscopic assessment confirmed complete bilateral testicular agenesis, with no Müllerian remnants. No intra-abdominal or ectopic testes were found. A diagnosis of 46,XY testicular regression syndrome was established. Once the nephrotic syndrome was well controlled, distal hypospadias repair was performed at [X] months using a TIP (tubularized incised plate) urethroplasty. Postoperative evolution was uneventful, with no complications and satisfactory cosmetic and functional results.
This case illustrates the importance of a thorough diagnostic workup in 46,XY DSD, particularly when bilateral cryptorchidism and hormonal abnormalities are present. Laparoscopy remains the most reliable tool to confirm testicular agenesis. The presence of a controlled nephrotic syndrome did not interfere with surgical outcomes. Early multidisciplinary coordination is crucial to guide both medical and surgical decisions in such complex presentations.

P36- Infantil hypertrophic pyloric stenosis in first weak of life

Aisha Ali Abdewaed, Saleh algomati
Peditric surgery Qaryounis

Abstract :

Pyloric stenosis, also known as infantile hypertrophic pyloric stenosis (IHPS) is an uncommon condition in infants characterized by abnormal thickening of the pylorus muscles in the stomach leading to gastric outlet obstruction.
This is probably related to the rarity of the condition at birth and lack of diagnostic criteria. Therefore a high index of suspicion is required to diagnose hypertrophic pyloric stenosis. Some patients were diagnosed intraoperatively when the neonates presented with other congenital malformation that required early surgical intervention.

Case report:
Full term male normal vaginal delivery presented with history of vomiting since birth, baby started vomiting after first bottle feeding. The vomit was a large amount and white in colour. No history of delay in passing of meconium.
Antenatal history: Polyhydramnios (Gravida 3, Para 2, Abortus 0)
On examination patient was jaundiced, there was no dysmorphic features.
Abdomen was soft lax no distension.

Investigations:
Complete blood count: WBC 10x103
Haemoglobin 10x103
Serum sodium 136 mmol/L
Serum potassium 4.3 mmol/L
Serum chloride 90.8mmol/L
At admission Weight 3.345kg
At discharge 3.5kg
Blood group: A+
Hypertrophic pyloric stenosis is extremely rare in the first week of life it has been reported. This is probably related to the rarity of the condition at birth and lack of diagnostic criteria. Therefore a high index of suspicion is required to diagnose hypertrophic pyloric stenosis. Some patients were diagnosed intraoperatively when the neonates presented with other congenital malformation that required early surgical intervention.

P37- Infantile Ovarian Dysgerminoma: Diagnostic and Therapeutic Challenges

Besma Haggui, Messaoud.M, Ben Frej.M, Belhassen.S, Jarboui.O, Ben Youssef.S, Ksia.A, Mekki.M, Belguith.M, Sahnoun.L

Pediatric Surgery Sidi Bouzid Hospital

Abstract :

Malignant ovarian tumors are rare in children. Among them, dysgerminomas are rare germ cell tumors, representing the most common form of malignant ovarian germ cell tumors. We present three clinical cases illustrating the diagnostic, therapeutic, and evolutionary particularities of this pathology to illustrate, through a series of clinical cases, the diagnostic and therapeutic challenges of ovarian dysgerminomas in young patients, and to highlight the importance of a multidisciplinary approach to optimize prognosis

We report the cases of three girls aged 8, 10, and 14 years, who presented with abdominal pain associated with nausea and vomiting. Clinical examination revealed a fixed, ill-defined hypogastric mass in all three cases. Abdominal CT scans showed a lobulated, heterogeneous solid pelvic mass: multicystic in two cases and predominantly solid with calcifications in one case, measuring between 12, 14, and 25 cm in greatest dimension. Two patients underwent emergency surgery for suspected torsion of a mature teratoma, while the third benefited from a CT-guided biopsy due to diagnostic uncertainty. Intraoperative resection was difficult in all cases and incomplete for one patient due to multiple adhesions. Histopathological examination confirmed the diagnosis of ovarian dysgerminoma. All patients received chemotherapy: neoadjuvant for the biopsied patient and adjuvant for all three. Radiological follow-up showed no tumor recurrence in two cases, and no PET scan uptake in the residual tumor in the third case.

These cases highlight the diagnostic and therapeutic complexity of ovarian dysgerminomas in young patients. A multidisciplinary approach combining cross-sectional imaging, surgery, and chemotherapy optimizes the prognosis, with rigorous surveillance to prevent recurrence. The favorable outcome observed in these cases underscores the importance of appropriate and early treatment.

P38- Juvenile Granulosa Cell Tumor of the Ovary: An Unusual Presentation

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Abstract :

Juvenile granulosa cell tumors (JGCTs) are rare ovarian neoplasms, accounting for 1–2% of pediatric ovarian tumors. They produce excessive estrogen, which may cause signs of pseudoprecocious puberty and are often associated with abdominal pain and pelvic mass. Early diagnosis is essential due to their impact on pubertal development and reproductive health. Surgical removal is the primary treatment. To present an unusual case of a juvenile granulosa cell tumor in an 8-year-old girl, highlighting its clinical presentation, diagnostic workup, and favorable surgical outcome.

A female patient presented with a 2-year history of abdominal pain, constipation, and signs of pseudoprecocious puberty. Physical exam and Tanner staging revealed breast and pubic region at stage II. Imaging (ultrasound and CT scan) identified a 14x13x9 cm heterogeneous mass from the left ovary. Lab tests showed elevated inflammatory markers. A left salpingo-oophorectomy was performed. Histopathological and immunohistochemical analysis confirmed a juvenile granulosa cell tumor. Markers were positive for WT1, CKAE1/AE3, Ki-67, vimentin, and calretinin. Postoperative recovery was favorable, and the patient remains under clinical follow-up.

Juvenile granulosa cell tumors, although rare, should be considered in pediatric patients with abdominal mass and signs of hormonal activity. Prompt surgical intervention is often curative. Long-term follow-up is essential due to the potential risk of recurrence.

P39- Laparoscopic Bilio-Duodenal Diversion for Congenital Cystic Dilatation of the Main Bile Duct

Basma Haggui, Belhassen Samia, Afef Toumi , Marwa Messaoud, Chakroun Sawsen, Ben Mansour Maha, Ksiaa Amine, Mongi Mekki, Lassaad Sahnoun

Department of Pediatric Surgery Monastir Tunisia, UNiversity of Monastir

Departmnent of pediatric surgery of Sidi Bouzid Tunisia, University of Sousse

Department of Pediatric Anesthesia Monastir Tunisia, UNiversity of Monastir

Abstract :

Congenital cystic dilatation of the main bile duct (CCDBD) is a rare pathology. Historically, hepatico-jejunal anastomosis has long been considered the gold standard for bilio-digestive reconstruction. In contrast, hepatico-duodenal anastomosis (HDA) has been criticized for potentially exposing patients to the risk of stenosis or cholangitis.

This study aims to evaluate the results of the first cases treated in our department by laparoscopic HDA. We present the observations of three female patients operated on 2019 for CCDBD via laparoscopy, who underwent HDA, along with their subsequent evolutions.

Our patients were aged 2, 4, and 9 years, respectively. CCDBD was discovered following episodes of acute pancreatitis and/or cholangitis. Magnetic Resonance Cholangiopancreatography (MRCP) confirmed the diagnosis and showed Todani type IV cystic dilatation in all three patients. The patients underwent cholecystectomy, resection of the choledochal cystic dilatation, and choledochoduodenal anastomosis via laparoscopy. The evolution was favorable in all patients with a follow-up of 4 years. None of our patients experienced any early or late postoperative complications.

HDA is a safe and risk-free therapeutic alternative for CCDBD

P40- Lipoblastoma in Children: Clinical and Therapeutic Features

Ben Salah Radhouene, Belhassen.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

Abstract :

Lipoblastoma is a rare benign mesenchymal tumour of foetal adipose tissue arising from the continued proliferation of immature adipose cells postnatally. It is a ubiquitous tumour, with the trunk and extremities being the preferred sites. It can be worrying due to its large size and rapid progression. To detail the epidemiological, clinical and therapeutic aspects of this tumour. We collected 14 cases of lipoblastoma managed in our department during 18 years. There were 8 boys and 6 girls aged between 7 months and 9 years. The clinical finding was a soft mass in 12 patients and abdominal pain in 2 patients. The diagnosis was made on imaging and confirmed histologically. The lipoblastoma was located in different sites (mediastinum in one case, thighs in 2 cases, buttocks in 2 cases, inguinoscrotal region in 2 cases, greater omentum in 2 cases, latissimus dorsi in 3 cases, cervical in 1 case and left axilla in 1 case). The lesion measured between 5 and 15 cm. Excision was complete in all cases. Mean follow-up was 35 months, with no recurrence.

It is important to consider lipoblastoma as one of the causes of a rapidly progressive soft mass in children. Complete resection is the only therapeutic alternative. However, this tumour has a tendency to recur despite complete

P41- Longitudinal Intestinal Lengthening and Tailoring (LILT) procedure for short bowel syndrome.

Ben Salah Radhouene, Kechiche.N, Belhassen.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

Abstract :

Short bowel syndrome (SBS) is the principal cause of intestinal failure in infants and neonates causing a state of chronic intestinal malabsorption. The management of this condition remains difficult and complex specially without the possibility of performing intestinal transplantation.
To describe the clinical and the surgical outcomes of a case of SBS treated in our department
One neonate with prenatal diagnosis of omphalocele was admitted in our department three hours after birth. On examination there was a type I omphalocele. The abdominal wall defect measured four cm approximately. The neonate was operated and intraoperatively we discovered a congenital SBS associated with jejunal atresia and major duodenal dilation. We performed a resection of the atretic zone and end to end anstomosis. The small intestine measured about 25cm. Parenteral feeding was started three days after surgery. The patient continued to have bilious vomiting until 15 days after surgery. The enteral feeding was introduced progressively. The evolution was made by recurrent episodes of bilious vomiting. The patient was discharged at the age of one month. Another episode of vomiting happened leading to stage III dehydration. Parenteral feeding was then reintroduced in order to prepare the patient for intestinal lengthening. The abdominal X-Ray has always shown a dilated 'pouch' corresponding to the distended duodenum. After sufficient gaining weight the patient was operated. A longitudinal intestinal lengthening and tailoring (LILT) procedure of the duodenum by serial transverse enteroplasties was carried out ensuring a gain of nearly 15 cm. The patient has contracted a nosocomial infection resulting of the prolounged parenteral feeding through central venous catheter. Despite a well conducted and adapted antibiotherapy the patient died from septic shoc at the age of 3 months.

SBS remains a challenging condition of neonates and infants for surgeons and pediatricians. In our country, it is associated with a high rate of mortality. A promising area for future is the instauration of intestinal transplantation program.

P42- Management of congenital isolated tracheo-oesophageal fistula.

Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

Abstract :

Isolated tracheo-oesophageal fistula without associated oesophageal atresia is a rare congenital condition. Also called H-type tracheo-oesophageal fistula (H-TOF), it accounts for 4% to 5% of all congenital tracheo-oesophageal malformations. An early diagnosis is the key of further good prognosis. We report eleven cases of tracheo-oesophageal fistula, collected in the department of pediatric surgery of Monastir Hospital, during the period between January 2001 and November 2022. Eleven patients with congenital H-TOF were managed in our department. There were eight males and three females. No other associated congenital malformations were noted in this series. There was wide variation in age at presentation. The clinical presentation included chocking and coughing during feeds (three cases), recurrent chest infection (two cases), neonatal respiratory distress (four cases) and cyanosis (three cases). Esophagogram was performed in all cases and it has shown the fistula in eight cases. All patients underwent bronchoscopy which confirmed the diagnosis and guided the surgery. Treatment was surgical in ten cases and endoscopic in one case. Three patients died due to septic choc. Postoperative recovery was uneventful for the other patients.

Even if it is a rare malformation, the diagnosis of tracheo-oesophageal fistula should be evoked in front of respiratory symptoms occurring during the feeding since the neonatal period. If there is a doubt about the esophagogram, bronchoscopy should be the next diagnostic step. Any delay in surgery is generally due to delay in diagnosis rather than delay in presentation.

P43- Meckel's diverticulum perforating by a foreign body in pediatric

Aisha Ali, Fawzi bin shatwan ..Aziza abdelmoneam
Pediatric surgery Arab medical university

Abstract :

Meckel's diverticulum is congenital disorder that result from an incomplete obliteration of the vitelline duct ,most of the people remain asymptomatic during their life time, complication such as inflammation ,bleeding or obstruction ,but perforation of meckel's diverticulum is very rare and we present a case of perforation by ingestion head of screw driver

Meckel's diverticulum perforation by a foreign body is an extremely rare event and may have bad prognosis in case delayed management and careful for check the bowel in any abdomen surgery specially in child to identify any other causes of abdominal pain and discover other pathology.

Case report:

Libyan male child ,8 years old admitted to surgical department in Benghazi children hospital with history of acute abdominal pain since 2 days before admission , pain mainly in right iliac fosse ,on examination general condition stable ,but in pain , per abdomen was soft lax ,but tender in right iliac fosse ,rebound positive (sign of acute appendicitis)we decide to take child to operation room after routine investigation :wbc(15) \HGB(12.8)\PLT(283)\CRP(102.7)\BG(O)-

In operation we found inflamed appendix , appendectomy done , when we doing check for bowel we found meckel's diverticulum perforated at the tip by head of screw driver ,resection and side to side anastmosis done , post operation child recovered well , and was later seen as out patient and had fully recovered ,histopathology demonstrated a small bowel diverticulum with intramural foreign body and microscopic perforation

Conclusion :

Meckel's diverticulum perforation by a foreign body is an extremely rare event and may have bad prognosis in case delayed management and careful for check the bowel in any abdomen surgery specially in child to identify any other causes of abdominal pain and discover other pathology.

P44- Metanephric adenoma: a rare renal tumor

Ben Salah Radhouene, Belhassen.S; Meddeb.S; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

Abstract :

Metanephric adenoma of the kidney is a rare benign epithelial tumor. Its diagnosis is exclusively histological. The differential diagnosis mainly includes nephroblastoma and papillary renal cell carcinoma. We report the case of a 6-year-old patient who was hospitalized in our department for metanephric adenoma.

This is a 6-year-old girl who was admitted for investigation of a renal mass discovered following vague abdominal pain with no other associated signs. Ultrasound revealed a hyper-echoic cortical renal mass on the left kidney measuring 3630 mm. On CT scan, it appeared as a hypodense, weakly enhanced upper polar parenchymal mass with exophytic growth, measuring 3330*40 mm. The initial diagnosis was left-sided nephroblastoma. The girl underwent 4 cycles of neoadjuvant chemotherapy (Oncovin-Actinomycin). She subsequently had a left-sided extended ureteronephrectomy. The pathological examination concluded the diagnosis of a left metanephric adenoma.

Metanephric adenoma remains a rare tumor. However, it should be considered by the pediatric surgeon as a differential diagnosis of nephroblastoma, especially in the presence of clinical and/or radiological atypical features.

P45- Morgagni-Larrey Hernia Revealed by Chronic Cough in a 5-Year-Old Child with Down Syndrome and Congenital Heart Disease

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Medicine Faculty of medicine of Algiers

Abstract :

Morgagni-Larrey hernia is a rare congenital diaphragmatic defect, often asymptomatic or presenting with non-specific respiratory and gastrointestinal symptoms. It can be observed in children with Down syndrome, where associated comorbidities may obscure the diagnosis and delay appropriate management. To report a rare case of anterior diaphragmatic hernia(Morgagni-Larrey) diagnoses at the age of five in child with Down syndrome and congenital heart disease, and to highlight the diagnostic and therapeutic challenges in this contexte

We report the case of a 5-year-old boy with Down syndrome and a history of congenital heart disease, who consulted for persistent chronic cough, recurrent respiratory distress, and chronic constipation . Physical examination revealed signs of respiratory effort without acute abdominal findings. Chest radiography showed retrosternal hydro-aeric images suggestive of a diaphragmatic hernia. A thoracoabdominal CT scan confirmed a Morgagni-Larrey hernia containing digestive structures. During surgery, the herniated contents—stomach, small intestine, and transverse colon—were reduced into the abdominal cavity. The hernia sac was resected, and the large diaphragmatic defect was repaired using interrupted sutures. Postoperative recovery was complicated by a critical care-related issue during the ICU stay. Morgagni-Larrey hernia is a rare type of congenital diaphragmatic hernia that often presents with vague respiratory or digestive symptoms, which can delay diagnosis. Although it may be associated with Down syndrome and congenital heart disease, these conditions are not always present. Imaging—especially chest X-ray and CT scan—is essential for diagnosis. Surgery, including hernia reduction, sac removal, and closure of the defect, is the standard treatment. Close postoperative monitoring is important due to the risk of complications, particularly in patients with other medical conditions.

P46- Multidisciplinary Management of a Male Newborn with Type 2 Omphalocele and Single Ventricle Physiology: Topical Treatment Approach

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faculty of medicine Oran 1 university

Abstract :

Omphalocele, a congenital abdominal wall defect, is frequently associated with cardiac anomalies (7-50% of cases), significantly impacting neonatal outcomes. Complex cardiac malformations like single ventricle physiology require tailored management strategies.

We report the case of a male newborn with:

- Type 2 omphalocele (>4cm defect containing liver)

- Complex congenital heart disease (single ventricle physiology)

Initial management included:

- Topical treatment of the omphalocele to promote gradual reduction and prevent infection

- Priority cardiac stabilization with delayed surgical evaluation due to cardiac complexity
The topical treatment protocol achieved effective sac reduction without local complications. Cardiac status required intensive NICU monitoring, with planned staged palliation. The infant demonstrated stable respiratory and hemodynamic parameters with optimized medical therapy.

Key Discussion Points:

1. prenatal detection of associated anomalies proved crucial for postnatal care planning

2. Treatment prioritization: Cardiac status dictated surgical timing, consistent with current literature

3. Topical management served as effective bridge therapy in this high-risk patient
This case highlights:

- The critical role of multidisciplinary care in complex omphalocele cases

- The value of staged approaches for patients with severe comorbidities

- The effectiveness of non-operative topical management in selected cases

P47- Neglected Traumatic Hip Dislocation in a Child: A Case Report

El-Ali Ahmed, Bouzourine Aicha
Pediatric surgery Eph Ibn Sina -ADRAR-ALGERIA

Abstract :

Traumatic hip dislocation in children is a rare orthopedic emergency, commonly resulting from high-energy trauma. Prompt reduction is critical to prevent complications such as avascular necrosis (AVN) and post-traumatic osteoarthritis. Neglected traumatic hip dislocation (LNTH) is even rarer, often occurring due to delays in diagnosis or healthcare inaccessibility. Optimal management strategies remain debated in the literature.

The aim of this case report is to highlight the clinical presentation, diagnostic challenges, and management strategies for neglected traumatic hip dislocation (LNTH) in pediatric patients. This report emphasizes the importance of early recognition and timely intervention to prevent complications such as avascular necrosis (AVN), post-traumatic arthritis, and joint stiffness. Additionally, it aims to contribute to the limited body of literature on neglected pediatric hip dislocations, offering insights into the success rates of closed reduction techniques and alternative treatment approaches.

Case Presentation :

We report the case of a 7-year-old nomadic male with no prior medical history who presented with a neglected posterior hip dislocation three weeks after a fall from 3 meters. The patient exhibited total functional impairment of the left lower limb, limb shortening, and hip fixed in adduction and internal rotation, with no vascular or neurological deficits. Radiographic evaluation confirmed an isolated posterior hip dislocation, and computed tomography (CT) imaging revealed no associated fractures but evidence of gluteus medius tendon injury.

Intervention & Outcome :

Closed reduction under general anesthesia was attempted and successfully achieved on the third attempt following percutaneous adductor tenotomy. Post-reduction management included three weeks of bed traction, six weeks of thoraco-pelvi-pedic casting, and gradual weight-bearing with rehabilitation. At follow-up, the patient demonstrated progressive functional recovery, with no early radiographic signs of AVN or joint instability.

Timely recognition and reduction of traumatic hip dislocations are crucial to prevent long-term sequelae. Every hour of delay increases the likelihood of poor outcomes. This case highlights the importance of early diagnosis, appropriate reduction techniques, and structured rehabilitation in managing pediatric LNTH.

P48- Outcomes and Complications of Primary Anastomosis versus Stoma in Neonatal Intestinal Surgery: A Systematic Review and Meta-Analysis

Sara Ali Ateeqa, Tehrani Shniger, Mahmoud Alashqar, Khaled Soaity, Osama Almajbery
pediatric surgery Benghazi Children's Hospital, Libya

Abstract :

Neonatal intestinal surgical conditions—including necrotizing enterocolitis (NEC), intestinal atresia, and spontaneous bowel perforation—are critical emergencies that contribute substantially to neonatal morbidity and mortality. A major intraoperative decision centers on whether to perform a primary anastomosis or create a diverting stoma.

Primary anastomosis offers potential benefits, including fewer surgeries and faster return of bowel continuity, but may carry a higher risk of leakage in unstable patients. Conversely, stoma formation is often chosen for fragile neonates due to its perceived safety, though it prolongs hospitalization and requires reoperation.

In low-resource settings, this decision is further complicated by limited NICU capacity, inconsistent availability of total parenteral nutrition (TPN), and surgical staffing shortages. In such contexts, evidence-based guidance is lacking, and surgical choices are often influenced by clinical intuition and logistical constraints.
To compare short-term outcomes—including mortality and anastomotic complications—between primary anastomosis and stoma formation in neonates undergoing intestinal surgery, with relevance to both high- and low-resource settings.

Methods : A systematic review and meta-analysis were conducted using PubMed and Cochrane databases through May 2025. Thirteen studies involving 873 neonates were included. Outcomes assessed included mortality, anastomotic leak/stricture, and secondary complications. Pooled risk ratios (RRs) were calculated using a random-effects model. Study quality was evaluated using the ROBINS-I tool and the GRADE framework.

Results : Primary anastomosis was associated with a non-significant trend toward lower mortality (RR = 0.72; 95% CI: 0.41–1.26) and fewer anastomotic complications (RR = 0.65; 95% CI: 0.38–1.12). Heterogeneity was low ($I^2 < 30\%$) across studies. The overall certainty of evidence was graded as very low due to retrospective designs and small sample sizes. In low-resource environments, clinical decision-making was influenced by infrastructural limitations, including NICU availability and perioperative support. Primary anastomosis may be a feasible and safe option in carefully selected neonates, including those in resource-limited settings. While stoma formation remains essential for unstable patients, the findings support a broader, evidence-informed application of primary anastomosis where surgical conditions permit. Further multicenter and region-specific research is necessary to inform standardized guidelines and optimize outcomes in diverse healthcare contexts.

P49- pantaloon hernia: a case report.

Imane Amroune, Fairouz Amroune, Mahdi Benoui, Souhem Touabti
medecine Ferhat Abbas University of Setif

Abstract :

Pantaloon hernia is a combination of direct and indirect hernia in the same side. It is a rare anomaly. Report a case of in an infant with multiple inguinal hernia which is a rare and unknown anomaly.

It is one of the causes of failure of inguinal hernia surgical treatment.

A 15-month-old male infant with right inguinal hernia developing from birth without complications.

Surgical exploration revealed a patent processus vaginalis associated with two direct hernia sacs, both of which were larger and had wider necks than the processus vaginalis. The processus vaginalis and the two direct sacs, which shared a common wall, were transfixed and ligated, then reduced into the peritoneal cavity. The postoperative course was uneventful, and no recurrence was observed during a two-year follow-up

Multiple inguinal hernia is a very rare congenital malformation often discovered during surgical exploration. If not detected, it is a cause of recurrence after surgery.

P50- Perivascular epithelioid cell tumor (PEComa): a rare tumour that should be known.

Ben Salah Radhouene, Belhassen.S; Toumi.A; Ben Masseoud.M, Sfar.S; BenYoussef.S, Ben Fredj.M , , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

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Abstract :

Perivascular epithelioid cell neoplasms (PEComas) are formed as a rare group of related mesenchymal tumors composed of histologically and immunohistochimically distinctive perivascular cells, which expresses both myogenic and melanocytic markers. Many anatomic sites can be affected. Because of its rarity, little is known about these tumors.

The aim of this study is to describe the clinical, radiological and pathological findings of a patient with PEComa.

The patient was 10 years old and presented with abdominal pain developing since 4 days. The physical examination was unremarkable. Abdominal CT scan showed a well-defined oval interhepato gastric tissue mass that was spontaneously hypodense and homogeneous with moderate heterogeneous enhancement after iodine injection. This lesion was in contact with the gastric minor curvature without parietal invasion of the stomach. It also comes into contact with the abdominal muscular wall without any sign of invasion. No coeliomesenteric or hepatic adenomegaly were found. A fine-needle biopsy was performed, concluding to an inflammatory myofibroblastic tumour. The child underwent surgery, with macroscopically complete resection of the tumour. Pathological examination of the specimen concluded to a perivascular epithelioid cell tumour (PEComa) with uninvaded excisional margins. The tumor cells immunestained was positive for HMB-45. The patient was controlled by abdominal CT scan three months later which haven't shown any recurrence.

This kind of tumor is extremely rare and the natural history of PEComa is uncertain. Only after long term follow-up can we know whether the tumor is benign or malignant. It appears that longer clinical follow-up is necessary in all patients with PEComas.

P51- Phrenic rhabdomyosarcoma: a rare site with an unpredictable evolution

Ben Salah Radhouene, Sfar.S; Meddeb.S; Belhassen.S, Ben Masseoud.M, BenYoussef.S, Ben Fredj.M , Kechiche.N, Laamiri.R , Ksia:A , Mekki.M, Belghith.M; Sahnoun.L

Departement of Paediatric Surgery, Fattouma Bourguiba Hospital, Monastir, Tunisia University of Monastir, Tunisia

Abstract :

Rhabdomyosarcoma (RMS) accounts for 60-70% of mesenchymal tumours in children. The most common sites for RMS are the head and neck, the genitourinary system and the limbs. Several rare sites have been reported in the literature.

We report here two observations of RMS with a phrenic origin, with completely divergent evolutions.

First observation :This case involved a girl aged 6 years at the time of diagnosis, in whom the tumour was diagnosed following the appearance of an abdominal mass. The initial CT scan showed a large tumour measuring 14*10*11 cm, of which there was some doubt as to whether it was of hepatic or phrenic origin. Biopsy confirmed the diagnosis of RMS. The patient underwent neoadjuvant chemotherapy. A follow-up CT scan showed a tumour in the diaphragm invading the liver and pericardium, with segmental portal thrombosis II and III. The patient underwent surgery and had a macroscopically complete resection of the tumour at the cost of resection of the upper pole of the spleen, a pericardial flange, a diaphragmatic flange and a left lobectomy. Pathological examination showed healthy surgical margins of the resected specimen, but there were metastatic epiploic lymph nodes. The patient underwent adjuvant chemotherapy. The course was marked by metastatic recurrence of the retroperitoneal tumour enveloping both ureters. Subsequent treatment was palliative and the patient died after 1 year of surgery.

Second observation: This was a 5-year-old boy with a thoracoabdominal mass. The initial CT scan showed a polylobed thoracoabdominal tumour, hypodense and heterogeneous, measuring 12 cm in long axis, encompassing the IVC over 270° and exerting a mass effect on the right heart with consequent abundant pericardial, bilateral pleural and peritoneal effusion. The child underwent surgical biopsy of the tumour and pericardial drainage because of the compression of the right heart. Pathological examination concluded that the RMS was embryonal. After 4 courses of neoadjuvant chemotherapy, the tumour was completely regressed on the follow-up CT scan, with the persistence of a slight diaphragmatic thickening that could not be measured. The child is currently undergoing chemotherapy and surgery is out of the question for the time being.

Phrenic rhabdomyosarcoma presents a major therapeutic challenge because of its anatomical location. However, its evolution remains unpredictable and enigmatic.

P52- Polyorchidism in pediatric patients: what to do?

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Abstract :

Polyorchidism or testicular duplication is defined as the histologically confirmed presence of more than two testes.

We report the case of polyorchidism in an 11 year-old boy that initially presented with testicular cryptorchidism.

An 11-year-old boy with no medical history presents for left testicular ectopia. Upon examination, the left testicle is ectopic in the inguinal region, and the right testicle is in place. The examination did not show any other anomalies. The patient underwent surgery.

During the procedure, a normally appearing left testicle was found, associated with another small structure resembling a testicle with its own vas deferens. The structure was resected and sent for pathological examination.

The histopathological study results concluded that the structure was an epididymis associated with a vas deferens. the follow-up examination, a month later, showed no abnormalities

Polyorchidism is rare and is generally found during evaluation for other conditions such as inguinal hernia, undescended testis and testicular torsion. The risk of malignancy justifies the removal of an atrophic and ectopic testis in polyorchidism.

P53- Postnatal diagnosis of Mermaid syndrome

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Abstract :

Mermaid syndrome is a rare malformation that gives the fetus the appearance of a mermaid's tail by fusion of the two lower limbs. It is a fatal malformation due to its almost constant association with malformations of the urogenital tract and rectum.

We report here a case of mermaid syndrome reported after birth in a level 2 maternity center

We report the case of a 27-year-old patient, GS= O+, type 2 diabetic on insulin and hypertensive on treatment, non-consanguineous marriage, G2P1, uni-scarred uterus for fetal macrosomia, was referred to us by her GLP for the management of intrauterine growth restriction with severe oligoamnios at a term of pregnancy of 31 weeks.

It was a spontaneous pregnancy, planned in consultation with her endocrinologist with optimal blood glucose targets before conception. The pregnancy was poorly monitored; the first trimester ultrasound and aneuploidy screening were not carried out and the second trimester ultrasound did not objectify any morphological abnormalities.

On admission, the general condition was maintained, and the vital parameters were within normal limits. On obstetric examination, the uterine height was 22 cm, and Doppler auscultation noted a decrease in fetal heart sounds at 60 beats per minute. The fetus was in cephalic presentation, with the discovery of severe IUGR (< 3rd percentile) and anamnios. The vaginal examination revealed a long posterior and closed cervix. Emergency caesarean section was indicated with the extraction of a newborn weighing 1200 g, APGAR 7 (first minute) 5 (fifth minute) and died 30 minutes later. Physical examination of the dead baby showed a normal upper body with fused lower limbs. The external genitalia were not identifiable and anal imperforation was noted. No further investigation could be carried out because of the family's refusal and the diagnosis of mermaid syndrome was retained.

Mermaid syndrome is a rare and fatal malformation whose early diagnosis is possible thanks to an adequate morphological ultrasound study.

P54- Primary repair of gastroschisis

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Abstract :

Gastroschisis is a congenital abdominal wall defect that requires prompt surgical intervention.

We report acase of primary repair of gastroschisis in a newborn.

Primary repair of gastrischisis canbe in effective treatment option for selected cases, with excellent outcomes in terms of survival and long -term prognosis

Methods: the newborn underwent primary reduction and closure under general anaesthesia.

Result: the operation was successful and the newborn was discharged from the hospital 15 days post -operatively .

Follow-up showed good growth, normal feeding, and smooth bowel movements.
Primary repair of gastrischisis canbe in effective treatment option for selected cases, with excellent outcomes in terms of survival and long -term prognosis.

P55- LAPAROSCOPIC LIVER ECHINOCOCECTOMY

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Abstract :

SURGICAL TREATMENT OF LUNG ECHINOCOCCOSIS IN CHILDREN

Purpose of the study. Evaluation of the effectiveness of video-assisted thoracoscopic echinococcectomy. Materials and methods. We have experience in clinical observation of 36 patients with pulmonary echinococcosis in the department of thoracic surgery who were treated in 2018-2024. There were 22 (61.1%) male patients and 14 (38.9%) female patients. Localization of the hydatid cyst in the right lung in 19 (52.8%) patients, in the left lung - in 9 (25.0%) patients, bilateral lesions - in 5 (13.9%) patients, in 2 (5.6%) patients) cases, both the lungs and the liver were affected. In 1 (2.8%) case, echinococcal cysts were found in the lungs, liver, and abdominal cavity. When diagnosing echinococcosis, physical and laboratory examination data were taken into account; in all cases, ultrasound and x-ray examination methods turned out to be the most informative.

Results. All patients used the thoracoscopic technique of echinococcectomy using a thoracoscope and two working trocars. During the operation of the residual cavity, glycerin heated to 30°C was used, exposure time was up to 3 minutes. After discharge from the hospital, all patients were prescribed 3 courses of chemotherapy with albendazole. The average length of stay in bed was 8 days. Conclusions. Timely early diagnosis and the technique of video-assisted thoracoscopic echinococcectomy with the subsequent administration of chemotherapy with albendazole in patients with this pathology make it possible to provide qualified assistance, reduce the duration of the operation, reduce the number of preoperative complications, reduce postoperative pain, achieve a good cosmetic effect and reduce relapses of the disease.

P56- A successful outcome in the repair of esophageal atresia (EA) is associated with a high quality pediatric surgical centre and efficient postoperative management

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Pediatric surgery Samarkand center for pediatric surgery

Abstract :

Purpose of the study. Analysis of the results of laparoscopic liver echinococcectomy. Materials and methods. From 2017 to 2024, the clinic performed laparoscopic echinococcectomy of the liver in 78 patients. There were 34 boys (43.6%), 44 girls (56.4%). There were 16 (20.5%) children under 5 years old, 27 (34.6%) from 5 to 10 years old, 19 (24.4%) from 10-14 years old, 11 (14.4%) from 14-18 years old 1%), over 18 years old - 5 (6.4%). Ultrasound, CT and MRI were used to diagnose hydatid cysts. Single echinococcal liver cysts were observed in 49 (62.8%) patients, multiple (from 2 to 6 cysts) - in 29 (37.2%) patients.

Results. In 78 cases, laparoscopic echinococcectomy was successfully performed; in 3 (3.8%) patients, conversion occurred after completion of the operation through laparotomy. The reason for switching to laparotomy was multiple small daughter cysts.

Conclusions. Laparoscopic liver echinococcectomy is not inferior in quality to the immediate results of traditional laparotomy. A shorter period of hospital treatment, as well as the traditional advantages of early rehabilitation for laparoscopic operations and a good cosmetic effect, make a laparoscopic option for liver echinococcectomy.

P57- Surgical management of esophageal atresia from birth to childhood

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Abstract :

To report our experience with EA management during childhood

Methods: Medical records of infants with repaired EA for 14 years were retrospectively reviewed.

Results: A total of 285 infants were included. EA was type A in 10%, type B in 0.4%, type C in 88% and type D in 1.6% of cases. Associated congenital malformations were noted in 11%. Most patients underwent primary repair of their atresia; however, in long-gap EA (n = 37; 13%), gastrostomy with esophagostomy was performed in 3 cases, and gastrostomy with continuous upper pouch suction was used while awaiting surgery in other cases. Incidence of anastomotic leakage was 2%, recurrent fistula 0.4%, and anastomotic stricture 28%, which required balloon dilatation (mean: 2.8 sessions by patient). Five patients (1.7%) required esophageal replacement with colon interposition (3 cases of EA type A, 1 case of EA type B, and 1 case of EA type C with a long gap). Twenty-three patients (8%) were operated on for gastroesophageal reflux after failure of medical management

Esophageal atresia is a congenital malformation that has seen an evolution of its prognosis with the medical-surgical collaboration of the neonatal intake and the improvement of the diagnostic and therapeutic modality of the early and long-term outcomes.

P58- The Aperta type of neural tube defect: The relevant experience in a local community with the diversity of the presentation

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Abstract :

A series of birth defects known as neural tube defects (NTDs) appear when the neural tube fails to fully or partially close during fetal development. In nations without folic acid supplementation, their incidence ranges from 0.5 to 2 per 1,000 births

The purpose of our study is to estimate the prevalence of NTDs and define the workup for newborn infants with an open neural tube in Al-Qadissiyah, Iraq

This 18-year descriptive retrospective analysis included all babies with NTD diagnoses at the Maternity and Child Teaching Hospital in Al-Qadissiyah Governorate, Iraq. Over the research period, 187 cases of NTDs were evaluated

Rural locations with inadequate antenatal care lead to an increased incidence of affection of the fetus. We believe folate supplements are necessary to stop the recurrence of NTDs in infants of high-risk mothers. To determine the causal influence and the link between maternal and paternal factors, dietary factors, and NTDs, more research with a large sample size is required.

P59- The role of Endoscopic Retrograde Cholangiopancreatography in the management of intrabiliary rupture of hepatic hydatic cysts in Children: A Retrospective Study

Basma Hagui, Samia Belhassen, Basma Hagui, Marwa Messaoud, Sabrine Ben Youssef, Meriem Ben Fredj, Amine Ksia, Imed krichen, Mongi Mekki, Mohsen Belguith, Lassaad Sahnoun
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Abstract :

This study investigates the use of Endoscopic Retrograde Cholangiopancreatography (ERCP) for treating children with hepatic hydatid cysts (HHC) that have ruptured into the bile ducts. Traditionally, surgery was the standard treatment for this rare but severe complication. This retrospective study, conducted at Fattouma Bourguiba University Hospital in Monastir, Tunisia, analyzes the outcomes of eleven pediatric patients to assess ERCP's effectiveness and safety in managing this condition determine the role of Endoscopic Retrograde Cholangiopancreatography (ERCP) in the management of intrabiliary rupture of hepatic hydatid cysts (HHC) in children
This was a retrospective study of patients admitted with ruptured hepatic hydatid cysts into the biliary ducts at the Pediatric Surgery department of Fattouma Bourguiba University Hospital in Monastir.

Results : The study included eleven patients (five boys, six girls) with ruptured HHC into the biliary ducts, with an average age of 9 years. All patients presented with abdominal pain and jaundice. Four patients had fever, and nine exhibited a biological inflammatory syndrome. All patients had positive serology and underwent abdominal ultrasound, which revealed the presence of HHC, common bile duct (CBD) dilatation, and visualization of hydatid material within the CBD. Magnetic Resonance Cholangiopancreatography (MRCP) was performed in eight patients, confirming the diagnosis and providing a mapping of the intrahepatic biliary ducts (IHBD).

In ten patients, treatment involved endoscopic sphincterotomy with extraction of hydatid membranes. Only one patient underwent surgery due to resolution of jaundice and normalization of CBD dilatation on ultrasound. Postoperatively, four patients developed pancreatitis, and one patient experienced duodenal perforation. Six patients required resection of the protruding dome one month after endoscopic treatment. ERCP represents a feasible, safe, and effective approach for the management of patients with HHC ruptured into the biliary ducts. It can be successfully performed with high success rates. However, surgery still maintains its role in the treatment of complicated hepatic hydatid cysts.

P60- THE ROLE OF ENDOSCOPY IN PEDIATRIC FEMALE UROGENITAL DISORDERS

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Abstract :

Pediatric female patients present with various urogenital complaints, including congenital anomalies. Their reconstruction largely depends on accurate preoperative imaging. As a diagnostic technique, endoscopy provides a detailed description of the fundamental anatomy of these anomalies. This study aims to review the utility of endoscopy in female pediatric patients with urogenital malformations to clarify its role in diagnosis and in guiding subsequent therapeutic strategies. This was a retrospective review of all female patients under 15 years old who underwent endoscopy for urogenital anomalies in the pediatric surgery department between January 2010 and November 2023.

Results: Sixteen girls underwent endoscopic evaluation for urogenital malformations. All procedures were performed under general anesthesia in the dorsolithotomy position using a 3 mm endoscope. The mean age at the time of the procedure was 18 months.

Indications for endoscopy included:

- Disorders of sex development (DSD) in 8 cases. The mean age in this group was 14 months. Endoscopy was performed immediately before surgery to explore and guide dissection, allowing determination of the vaginal opening's level and catheter placement in all cases.

- Complete cloacal anomalies in 4 cases. Colostomy was initially performed for all these children. Endoscopy successfully located the confluence in 3 out of 4 cases. In the fourth patient, who underwent two endoscopic procedures, only the vaginal orifice was identified.

- Urogenital sinus in 3 cases. The length of the common channel was estimated in two cases (2/3). In one of these, it was estimated at 1 cm and showed two small blind diverticula corresponding to two vaginal cavities. In the third case, endoscopy revealed many findings of unclear significance.

- Caudal duplication in 1 case. Endoscopic findings included two communicating urinary orifices with a single urethra and a single bladder, and two communicating vaginal orifices with a single vaginal cavity.

Only two patients (12.5%) underwent more than one procedure, and no complications were noted. Among the various modalities used to delineate urogenital anomalies, endoscopy can add valuable information to the preoperative assessment before reconstruction of these challenging conditions. However, this technique requires considerable skill and experience

P61- Une malformation congénitale digestive : duplication intestinale révélée des les premiers mois de vie : a propos d'un cas

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Abstract :

Les duplications digestives sont des malformations congénitales rares, représentant environ 0,2 % des anomalies du tube digestif. Elles peuvent survenir à n'importe quel niveau, de la bouche à l'anus, et sont le plus souvent situées au niveau de l'iléon. Leur présentation clinique est variable : elles peuvent se manifester par une masse abdominale, des signes d'occlusion intestinale, des hémorragies digestives ou être découvertes fortuitement. Chez le nourrisson, leur diagnostic est souvent retardé en raison de la non-spécificité des symptômes. L'imagerie joue un rôle clé dans le diagnostic, et le traitement repose sur la résection chirurgicale Décrire un cas de duplication digestive chez un nourrisson, en insistant sur les particularités cliniques, les modalités diagnostiques et les options thérapeutiques, afin de sensibiliser les cliniciens à cette pathologie rare mais potentiellement grave

Il s'agit d'un nourrisson âgé de 1 mois sans antécédents pathologiques particuliers né par voie haute d'une mère G5P5 dont une échographie anténatale a été réalisée à 28 semaines d'aménorrhée qui a objectivé un mégacôlon L'accouchement s'est déroulé sans aucun incident puis il a été adressé à la consultation spécialisé de chirurgie pédiatrique pour prise en charge

L'examen clinique retrouve un état général conservé ; apyrétique

L'examen de l'abdomen retrouve un abdomen distendu ; souple à la palpation, le bilan biologique est revenu sans anomalies

Un scanner abdomino pelvien a été demandé revenant en faveur d'une volumineuse masse kystique homogène intra péritonéale médiane et para médiane droite mesurant 12cm/74cm étendue sur 8 cm refoulant latéralement et en avant les anses digestives, en contact avec le bord inferieur du foie pouvant correspondre à une duplication digestive ou un kyste mésenterique

alade a été admis au bloc opératoire à l'âge de 2 mois dont l'exploration a permis la découverte d' une duplication iléale d'environ 8 cm associé à un diverticule de Meckel ; le geste a consisté en une résection iléale emportant la masse et le diverticule d'environ 30 cm à 15 cm de la jonction iléo caecale avec anastomose Termino terminale

La pièce adressée pour étude anatomo pathologique objectivant une duplication iléale, les suites post opératoire bonnes

Discussion :

Les duplications digestives sont des malformations congénitales rares chez l'enfant mais non exceptionnelles, siégeant sur un segment du tube digestif de la cavité buccale à l'anus, chez notre patient elle est de siège iléale ; peuvent être tubulaire ou kystique, communicante ou pas avec la paroi du tube digestif comportant une paroi à double tunique musculaire tapissée d'une muqueuse de type digestif la cause exact n'est pas parfaitement connu , l'association à d'autres malformation est décrite

Le diagnostic peut être évoqué en anténatal grâce à l'échographie , en post natal certaines duplications peuvent rester asymptomatiques ; ou se manifestent par des douleurs abdominales , vomissements dans la première année de vie ; comme elles peuvent être révélées par une complication type occlusion , hémorragie ou perforation intestinale ; le diagnostic est fortement évoqué par les examens radiologique et confirmé par l'étude anatomopathologique ; le traitement est réservé aux formes symptomatiques si le diagnostic n'est pas posé en anténatal

La duplication digestive est une malformation congénitale rare du tube digestif peut être tubulaire ou kystique communicante ou non avec la paroi du tube digestif siège essentiellement au niveau du jéjunum et iléon les autres localisations sont rares le diagnostic anténatal est possible.

P62- Ureteropelvic Junction Obstruction in a Bifid Pelvis

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Abstract :

Duplications in the urinary collecting system and pyeloureteral junction obstruction (PUJO) are common, but the simultaneous presence of both anomalies is rarely encountered. In duplicate incomplete systems, PUJO usually affects the lower moiety of the kidney. We report the case of a 7-year-old boy with right bifid renal pelvis and obstruction of the pelviureteric junction of the lower moiety of the kidney, treated with Anderson Hynes pyeloplasty.

We report the case of one of our patients who was admitted for a PUJO and intraopiratively we discovered an incomplete duplicate system.

A 7-year-old boy was admitted with hydronephrosis on the right side detected on three screening ultrasounds before surgery. The pelvic dilatation was always the same: APD=24mm. MAG3 renal screening was made, in which was shown obstructive chart after giving diuretic with a relative function estimated at 52%. None of the ultrasounds or the MAG3 screenings was suggestive of duplication in the urinary system. We decided for an operative treatment. With right subcostal transverse incision through retroperitoneal space we accessed the right kidney. Two ureters were seen to be draining a right duplex kidney, with a PUJO of the lower moiety. The obstruction was not caused by an aberrant vessel. Intraoperatively it was shown that we have enough length for pyelo ureteral anastomosis between lower ureter and dilated pelvis after Anderson Hynes method and a double J stent was placed. Anastomosis was made with 6-0 interrupted Vicryl sutures.

Reconstructive options in incomplete duplicated urinary system can be different because of the wide anatomic variants. Individualized treatment on the basis of pre and intraoperative findings is mandatory to obtain effective treatment.

P63- Acute Appendicitis in Children in the Era of Covid-19

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Abstract :

Abdominal pain is a common complaint encountered by paediatric surgeons. This complaint could be related to surgical or non-surgical causes. With coronavirus disease 2019 (COVID-19), the incidence of abdominal pain has increased and mimicked acute appendicitis in paediatric patients.
The objective of this study was to assess the impact of the COVID-19 pandemic on paediatric acute appendicitis in terms of demographic data (age and sex), and operative findings, specifically, the complicated appendicitis and negative appendectomy rates.
This retrospective cohort study reviewed the records of children aged 5–15 years, who were diagnosed with acute appendicitis and underwent surgery between January 2018 and December 2021. The patients were divided into pre-pandemic and pandemic groups. Demographic, operative and histopathological findings were compared between the two groups.

Results : A significant increase in the incidence of acute abdominal pain amongst the admitted children (39.8% vs. 32.7%, P < 0.0001) and a significant decrease in the incidence of acute appendicitis (27% vs. 33%, P < 0.013) were observed in the pandemic group. An associated non-significant increase in the rates of complicated appendicitis (30% vs. 26%, P = 0.299) and negative appendectomy (5.8% vs. 3.8%, P = 0.359) was noted. During the pandemic period, no statistically significant differences were found between polymerase chain reaction (PCR)-positive and PCR-negative patients in complicated appendicitis or negative appendectomy rates (30% vs. 29.7%, P = 0.841, and 6.7% vs. 4.2%, P = 0.424, respectively). COVID-19 is associated with an increased incidence of acute abdominal pain in children but a decreased rate of acute appendicitis. The latter tends to present at a younger age than usual. The rates of complicated appendicitis and negative appendectomy increased but were not significantly affected by the pandemic or severe acute respiratory syndrome coronavirus 2 infection status.

P64- An 2-years -Old Child Suffering From Achalasia Cardia Successfully Treated With Heller operation : a case report

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Abstract :

Achalasia is a rare condition affecting esophageal motility in children. In a manner similar to the disease found in the adult population, children experience symptoms of dysphagia, regurgitation, and chest pain due to a failure of relaxation of the lower esophageal sphincter

The primary objective was to identify the various presentations of pediatric achalasia and the secondary objective was to evaluate the outcome of cardiomyotomy in children

A case report of pediatric Achalasia cardia

Although Achalasia in children is significantly rare, we suggest keeping it in the differential diagnosis of patients with a history of regurgitation of food and dysphagia. There are multiple treatment options available, including both invasive and noninvasive options. However, the choice depends mainly on the availability of that treatment and the patient's willingnes

P65- Challenging case; Failure of healing Perforated Gastric Ulcer

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Abstract :

Perforated gastric ulcer is a particularly rare cause of peritonitis in children, it considered as a serious emergency condition which can be leading to life-threatening consequences.

Case of a 12-year-old girl who presented with acute abdominal pain and signs of peritonitis. Post history of ingestion large dose NSAID “really extra” Surgical exploration found a gastric perforation on the anterior side of the antrum very adherent to gall bladder. Primary repair of the perforation was performed, but subsequent complication occurs leading to multiple exploration laparotomy

One of very known complication of ulcer repair is failure of healing, so the work up for identify the exact cause is mandatory to give the accurate treatment to facilitate healing and prevent recurrence, our patient was mal-nutrition and under wight, also she develops enterocutaneous fistula conservative management with octreotide should be considered as our pt was not fit for operation at certain time, and the trial was very helpful.
case presentation and how we manage this interesting case the rule of multidisciplinary team.

Case presentation: Gastro-duodenal ulcer perforation should be considered in the differential diagnosis in pediatric age group presenting with acute abdomen, especially when imaging showing pneumoperitoneum. And urgent management should be taken to prevent subsequent complication and decrease mortality and morbidity rate, and we should focus on the underlying cause to prevent recurrence.

P66- Clitoral Hair Tourniquet in a 5-Year-Old Girl: A Case Report and Literature Review

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Abstract :

Hair-thread tourniquet syndrome (HTTS) is an uncommon yet potentially serious condition where strands of hair or thread constrict an appendage, leading to pain, swelling, and possible ischemia. Although more commonly observed in digits, it can occasionally affect external genitalia, particularly in the pediatric population, where involvement of structures such as the clitoris or labia is especially rare. We aimed to present a rare occurrence of hair tourniquet syndrome around the clitoris in a 05 year old child treated by just an ablation of the hair tourniquet

We present a rare case of hair-thread tourniquet syndrome involving the clitoris in a 5-year-old girl. The condition was effectively managed by meticulous removal of the encircling hair, without the need for surgical intervention. Following the procedure, the clitoral anatomy and function returned to normal, with no signs of ischemia or tissue compromise. The patient had an uneventful postoperative course and was discharged on the same day.

Clinicians should remain vigilant for hair-thread tourniquet syndrome when evaluating unexplained swelling of appendages in pediatric patients. Prompt recognition and timely intervention are critical to avoid serious complications, including ischemia, necrosis, permanent tissue damage, or even amputation

P67- Colonic Derotation "Deloyers Procedure" For Long Segment Hirschsprung Disease

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Abstract :

Hirschsprung disease (HD) is a congenital disorder occurring in about 1 in 5,000 live births. In approximately 10 % of children affected with HD, the level of aganglionosis extends proximal to the splenic flexure. Many cases undergo initial diversion by colostomy or ileostomy during the neonatal period to relieve the obstruction. Colonic derotation also known as "Deloyers procedure", was reported in 1964 to achieve colorectal anastomosis following extended colonic resection

The operative technique for this maneuver involves a complete mobilization and anticlockwise rotation of the right colon to deliver the remaining colonic segment into the pelvis and achieve an isoperistaltic anastomosis. This technique is utilized by many adult surgeons owing to the wider potential for application in cases with colonic cancer, diverticulosis, and other left-side colonic pathologies. Conversely, not many pediatric surgeons have experience performing this technique owing to the paucity of long segment HD cases and lack for formal descriptions in the pediatric population.

The intended patient population is patients with long-segment HD which extends proximal to the splenic flexure. This includes patients who were diverted by stoma prior to the definitive pull-through procedure. In these cases, restoration of the bowel continuity after extended colectomy may be challenging since the length of the remaining colon may not be sufficient to establish a well-vascularized tension-free coloanal anastomosis.

Colonic derotation is a technically challenging procedure that requires experience and planning. This surgical technique video demonstrates the steps of colonic derotation in a one-year-old male operated among our cohort of patients with long segment HD. The patient had an uneventful recovery and an excellent postoperative outcome.

P68- Complicated Digestive Duplication with Perforation: A Case Report

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Abstract :

Digestive duplications are rare congenital malformations that develop during the embryonic formation of the gastrointestinal tract. Although often asymptomatic, these anomalies can lead to serious complications when associated with ulcerations or ectopic mucosa. Among these complications, the perforation of a digestive duplication constitutes a surgical emergency, often accompanied by acute peritonitis, which can result in severe intra-abdominal infection and pose a life-threatening risk to the patient. This case highlights the importance of early diagnosis and prompt surgical intervention in the management of perforated digestive duplications.

A 16-month-old infant was referred from Zouerate in critical condition. The patient presented with bilious vomiting and abdominal distension for 48 hours. He was febrile and severely dehydrated. On admission, clinical examination revealed an apathetic, pale, and dehydrated infant with a distended but soft abdomen, without any palpable mass. Digital rectal examination showed an empty rectal ampulla. Laboratory tests revealed an acute inflammatory syndrome (CRP at 278 mg/L) and severe anemia with hemoglobin at 3 g/dL, requiring a blood transfusion. Abdominal ultrasound revealed a mass in the terminal ileal loop, suggesting a perforated digestive duplication. The patient underwent urgent surgery, which included resection of the digestive duplication with ileo-ileal anastomosis and peritoneal lavage. Postoperative recovery was uneventful.

Perforated digestive duplication is a rare but serious surgical emergency that requires early diagnosis and prompt intervention. Proper management includes imaging, surgical resection, and treatment of peritonitis. This case underscores the importance of clinical vigilance and rapid diagnosis to prevent major complications and improve postoperative outcomes.

P69- Fetus in fetu, a case report

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Abstract :

Fetus is fetu (FIF) is a rare congenital anomaly secondary to the abnormal embryogenesis in asymmetric monozygotic twins where the parasitic twin develops abnormally inside the body of the host twin. It is incorporated into the sibling which frequently presents as a retroperitoneal mass. This is only the second case in Libya (Benghazi).

To discuss this rare case of Fetus in Fetu.

Full investigations were preformed on the case before diagnosing Fetus in fetu. Once confirmed, Complete resection was performed.

Research on this rare case was sought and read carefully along with comparing other cases of FIF worldwide.
FIF malformation has been defined as the existence of a parasitic, monozygotic diamniotic fetus in the body of its twin, proceeded by Willis in 1935. In 1954 Lord claimed the presence of a vertebral column, extremities and an organ located at appropriate place around it as the basic diagnostics for FIF.

These criteria's are still used to a wide extent today. However, there are those who claim this pathology to be a teratoma that is well differentiated and highly organized.

FIF is most frequently (80%) retroperitoneal region however there have been few reports of FIF located in the head, sacrum and scrotum.

FIF is considered as a benign condition while the potentially malignant characteristics of teratoma constitutes the basis of discussion.

This argument may lead to differences in the follow up and treatment of such cases considering the report of malignant recurrence.

There is need for total removal of the mass including the capsule in addition we consider the evaluation of the post operative tumour markers and periodical ultrasound examination in an appropriate approach.

P70- Inguinal Hernia Containing Entire Uterus and Ovaries: A Rare Case Report

Naser El-Mefleh, Mulham Jarjanazi

Shafaq Hospital's Department of Pediatric Surgery and Aleppo University Hospital's Department of Pediatric Surgery Shafaq Hospital for Women and Children (Author El-Mefleh) and Aleppo University Hospital (Author Jarjanazi)

Abstract :

Indirect inguinal hernias are the most frequent congenital anomaly in children. In infant girls, approximately 15–20% of these hernias include an ovary, occasionally accompanied by a Fallopian tube. However, hernias involving the uterus and adnexa are uncommon, especially in pediatric females. Such cases often present as irreducible masses and may be associated with prematurity or genetic conditions, such as Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome or Turner mosaic. Since reproductive organs may be present in the hernia sac, meticulous surgical intervention is crucial to preserve fertility and avoid complications. The patient was treated at a community hospital by a consultant pediatric surgeon.

Emphasizing the need for high clinical suspicion of uterine herniation in female infants with irreducible inguinal masses.

A 2.5-month-old full-term female infant was brought to the emergency department with a firm, tender, and irreducible left inguinal swelling. An ultrasound showed herniation of the uterus and both ovaries into the hernia sac, with no signs of vascular compromise. Emergency surgery confirmed these findings (video 1), and the organs were carefully repositioned into the abdominal cavity. The hernia sac was ligated, and the inguinal canal was closed (laparoscopy was not available). The patient had an uneventful recovery, with no recurrence or complications at the 2-year follow-up. This article was written according to the guidelines of the SCARE 2023 criteria.

Video 1: "Intraoperative finding of herniated uterus and ovaries''

The processus vaginalis develops as an outpouching of the parietal peritoneum around the sixth month of gestation. In females, it travels alongside the round ligament of the uterus, extending through the inguinal canal toward the labium major. Unlike in males, the female processus vaginalis is typically smaller and usually regresses by the eighth month of pregnancy. About 15%–20% of inguinal hernias in girls contain an ovary, occasionally accompanied by a fallopian tube. However, uterine herniation in female infants is rare. Embryologically, there is no clear explanation for uterine herniation unless an abnormality in the uterine suspensory ligaments exists. One proposed theory suggests that if Müllerian duct fusion fails, resulting in excessive ovarian mobility and nonfusion of the uterine cornua, the likelihood of ovarian herniation increases. This condition can also lead to fallopian tube herniation and, in rare cases, complete uterine herniation.

The presence of reproductive organs in an inguinal hernia sac presents distinct challenges in pediatric cases. Early diagnosis and treatment are essential to avoid complications like ovarian torsion or vascular compromise. Ultrasound is the primary diagnostic method, while MRI may be used for complex scenarios. Surgical management should focus on organ preservation, with laparoscopic techniques providing superior visualization and minimally invasive repair.

UIH is rare, but early diagnosis and intervention are still essential to avoid complications. Surgeons should

have high clinical suspicion in female infants with irreducible hernias. Further research is needed to standardize diagnostic and surgical protocols for this condition.

P71- Intestinal obstruction due to gastric duplication

Majda Alamame, Najia albadre
Pediatric surgery Arab medical university

Abstract :

40 days baby from al sabha present with h/o abd distention. Since birth.billiosvomting. constipation . Respiratory distress

Case report for intestinal obstruction due to gastric duplication

Operation was lapratomy and surgical excisen of cyst

Gastric duplication rare 2%Git duplication.commnly diagnosed in young children.the presenting symptoms abd pain . Abd mass. Gastric out let obstruction

P72- Intestinal obstruction due to gastric duplication case report

Nageia Younis, Majda Alamame
Surgery University of Benghazi

Abstract :

Gastric duplication is a rare congenital anomaly of the alimentary tract, usually diagnosed in childhood. These duplications can lead to various gastrointestinal symptoms, including abdominal pain, vomiting, and distension, and may occasionally cause intestinal obstruction. The treatment for gastric duplications is primarily surgical resection. In this case report, we present a rare instance of intestinal obstruction caused by a gastric duplication cyst.

Alimentary tract duplications are rare congenital lesions, About 5% are gastric duplication. Two forms of gastric duplications tubular & cyst.*

Presenting features are variable, the treatment is surgical resection

We report a case of 40 days male with gastric duplication cyst presented with intestinal obstruction Gastric duplications more commonly diagnosed in GIT duplication.

The presenting symptoms are abdominal pain, young children, gastric outlet obstruction or palpable abdominal mass.

P73- Intussusception with pathological cause.

Mona Alogaly., Abeer Altijani, Anwar Kasibat, Entesar Alakori.
Benghazi children hospital surgical department Benghazi University

Abstract :

7-year-old female child presented to our emergency department due to intermittent abdominal pain with10 days in duration, she also had a history of vomiting.

-On physical abdominal examination there was tender mainly in the left upper quadrant and no palpable mass, there was no rectal bleeding, all biochemical and hematological investigations were un remarkable.

Radiological finding:

Abdominal radiograph: showed dilated small bowel loops mainly in left side with no gas distribution distally.

Abdominal ultrasound: evidence of bowel inside bowel, suggesting intussusception at left hypochondrium with sluggish movement.

CT. Scan of abdomen and pelvis with iv contrast revealed: Stomach distended with air fluid level and evidence of dilated small bowel loops {proximal part of jejunum}and evidence of bowel mass formed by lumen inside lumen (mass measuring about 5cmx4cm at the left hypochondrium region).

Exploratory Laparotomy:

Jejunal polyp was identified 20cm from DJ JUNCTION AS a leading point of intussusception 2.9x1.6x1.6cm. The intussusception was reduced manually with viable bowel, part of jejunum with polyp was resected and an end-to-end anastomosis was done in two layers, the lesion was sent to histopathology = juvenile polyp,Patient started orally 4 days post-operative and discharge with uneventful recovery without complication and f/u up to date.

Early discovering any case with intussusception for prevent major complications especially in secondary cause.
As case report

Intussusception typically presents between 6 and 36 months of age, CT scan and ultrasonography are the best investigation tools for early preoperative diagnosis of intussusception, Usually small bowel intussusception occurs in terminal ileum due to mackle's diverticulum or lymphoma but in this presented case it was in the jejunum due to juvenile POLYP(which is extremely rare in children).

P74- Late presentation of mesenteric cyst in children Management and complications

Huda Almesmari, Hanan Youssif
pediatric surgery Arab medical university

Abstract :

Mesenteric cyst are rare intra abdominal lesions occur during childhood ;cases of mesenteric cysts have been continuously reported ,but these cases were very small in number ,they are often asymptomatic and incidentally found .

They can occur anywhere in the mesentery of the gastrointestinal tract from the duodenum to the rectum and may extend from the base of the mesentery to the retroperitoneum .

60% of mesenteric cysts occurred in the small bowel mesentery ,24% in the large bowel mesentery ,and 14.5% in the retroperitoneum.

To avoidComplications` such as rupture ,torsion or intestinal obstruction rarely occur and cause more severe symptoms.

The decision was made for exploration ,The child underwent surgery and it was found that very huge thick wall cyst filled with fluid about "4 liter" originated from transverse meso colon adherent to anterior abdominal wall ,liver , transverse colon ,spleen, 'greater curvature of stomach and pancreas 'during the operation resection and anastomosis of a part of transverse colon and release the cyst from adherent organ and complete excision was done

In pediatric patients mesenteric cysts can be present with abdominal pain ,vomiting and distension, C.T abdominal scan is image of choice in mesenteric cyst cases .

It is not normally associated with malignancy in children, complete excision of the cyst can be curative with low recurrence rate, the early detection can reduce the possibility of the complications`.

P75- Neonatal intestinal obstruction due to Meckel's diverticulum perforation

Nageia Younis, Amna Abd Elrahman
Surgery University of Benghazi

Abstract :

Meckel’s diverticulum is a remnant of the embryonic vitelline duct and occurs in approximately 2% of the population. Though often asymptomatic, it can present with complications such as bleeding, inflammation, obstruction, and, rarely in neonates, perforation. In neonates, a perforated Meckel’s diverticulum is an uncommon but important cause of intestinal obstruction and peritonitis.

This case underscores the importance of considering Meckel’s diverticulum in the differential diagnosis of pediatric patients with acute abdomen and unclear imaging findings. Prompt surgical management remains the cornerstone of treatment.

Case Presentation: We report the case of a neonate male presentled with acute abdominal distension and signs of peritonitis. Imaging was inconclusive. Surgical exploration revealed a perforated Meckel’s diverticulum. Resection was performed with uneventful recovery.

Perforated Meckel’s diverticulum, though rare, should be considered in the evaluation of pediatric acute abdomen, particularly when imaging fails to provide a definitive diagnosis. Surgical intervention offers both diagnostic confirmation and curative treatment.

P76- Neonatal intestinal obstruction: A 4 years experince in Albyda medical center

El Sharif Faez F Khalil, Sharif Faez Elsharif
Surgery Albyda medical center

Abstract :

Neonatal intestinal obstruction is the most common surgical emergency worlidwide. Early diagnosis and intervention as well as the post operative care by a specialized pediatric surgone can make a huge difference in the morbidity and mortality. This study presents, for the first time, the managment of neonatal intestinal obstruction at our hospital, Albyda medical center, before that all cases were transferred to other hospitals.

The primary aim of this study focused on sharing our experince by presenting the etiology, sex incidence, age at time of presentation, and the outcomes of mangement.

This is a retrospecive study of neonate diagnosed with intestinal obstruction in the neonatal intensive care unit at Albyda medical center over a peroid of four years. A 30 cases of neonate with intestinal obstruction were identified, 8 cases were excluded and 22 cases were included in the study.

The major cause of neonatal intestinal obstruction in this study was Hirschsprung's disease which commonly affects male baby with down syndrome. Sepsis and delayed diagnosis are the commonest causes of morbidity and mortality.

P77- Nonoperative management of pancreatic pseudocyst in paediatric population : a case report

Safaa Al- Atrash, Saleh Elgomati
Pediatric surgery Benghazi Children's Hospital

Abstract :

Pancreatic pseudocyst is a rare medical condition in the pediatric population; it is a challenging lesion to diagnose and treat .The most common etiology identified in children is post-traumatic, being up to 80-100% of the cases. Approximately 60% of pancreatic pseudocysts following trauma require surgical intervention. The pseudocyst of the pancreas develops within the first 3–4 weeks after trauma

This case differs from most reported in the literature owing to the time to form the pseudocyst, as in our case it was less than a week , supported by imaging and clinical findings . In contrast, the time that pseudocyst formation usually takes to establish is from 4 to 6 weeks .Additionally we successfully managed a grade III-IV pancreatic injury conservatively without the need for neither endoscopic nor surgical interventio

We report a case of a 3- year-old healthy child presented to Benghazi Children's Hospital as a case of blunt abdominal trauma. The child sustained a pedestrian vehicle accident 3 days prior to the presentation with a history of vomiting and fever .the child was hemodynamically stable ,with mild epigastric fullness and no tenderness . The patient was admitted to the surgical intensive care unit, no feeding was allowed, he commenced on intravenous fluid, antibiotics and omeprazole . investigations revealed mildly elevated pancreatic enzymes and abdominal CT scan confirmed a pancreatic Pseudocyst .MRCP was unavailable . Follow- up showed progression to a mature pseudocyst which eventually regressed spontaneously without surgical or endoscopic intervention

This case highlights the need to consider early pseudocyst formation in pediatric trauma and its inclusion in the differential diagnosis of abdominal masses .Furthermore , In resource-limited situations, conservative management of grade III-IV pancreatic injury with acute formation of pseudocyst can be considered

P78- Persistence of the Branchial Arch: A Case Series

Rabiaa Ben Abdallah, F Chaabouni, A Ben Younes, C. Saadi, A. Jabloun, F. Trabelsi, A. Daib, Y. Hellal
Paediatric Surgery Department, Hospital Habib Thameur, Tunisia Faculty of Medicine of Tunis, Tunisia

Abstract :

Branchial arch anomalies are congenital malformations resulting from incomplete obliteration of branchial structures during embryonic development. Accurate diagnosis relies on clinical examination and imaging, with surgical excision being the definitive treatment to prevent recurrence and complications.

To describe the clinical presentation, diagnostic process, and surgical outcomes of second branchial arch cysts in pediatric patients

This study reports three paediatric cases of second branchial arch cysts.

The three patients, aged 9 years, 3 years, and 1.5 years, presented with a progressively enlarging lateral neck mass over several months. In all cases, the swelling was painless, soft, mobile, and located along the anterior border of the sternocleidomastoid muscle, with no signs of inflammation or discharge.

Neck ultrasound revealed a well-defined, anechoic cystic lesion beneath the mandibular angle, consistent with a second branchial cleft cyst. No associated lymphadenopathy or signs of infection were observed.

All patients underwent complete surgical excision under general anesthesia via a cervical approach. The cysts were fully removed without rupture or injury to surrounding structures.

Postoperative outcomes were favorable in all cases, with no complications or recurrences noted during a follow-up period ranging from 6 months to 1 year.

This case series highlights the typical presentation, imaging characteristics, and favourable surgical outcomes of second branchial arch cysts in children. Early diagnosis and surgical management ensure optimal results with minimal complications.

P79- Primary Peritonitis Revealed by Status Epilepticus: A Case Study

Mousa Mohamed Yousif , Hind Kh M Mohamed .
Pediatric surgery Benghazi university

Abstract :

Primary peritonitis is a rare and potentially life-threatening condition characterized by peritoneal infection without intraperitoneal sourse of infection , less than 1 % of peritonitis are due to primary peritonitis , we present a unique case of primary peritonitis revealed by status epilepticus in a pediatric patient . still the cause not known worldwide as very rare cases reported allover the word .

We report a case of a 14-year-old male child with a history of epilepsy, and he is not known to have any other chronic illness before , who presented with a status epilepticus due to missed doses of antiepileptic medication. Following management of the seizures, the patient developed severe abdominal pain, guarding, and tenderness, particularly in the right lower quadrant , his condition it was mimic the perforated appendix .

Even the Imaging studies suggested appendicitis

Upon surgical exploration the appendix was found completely normal and there was very large amount of free fluid in the peritoneum otherwise normal this picture going with primary peritonitis .

Primary peritonitis revealed by status epilepticus is a rare condition , we think in our case the cause is stopping the drugs suddenly , and we call the surgeon to take a sample from the large reactionary fluid during laparotomy and send it to cytology to know the mechanism that connect between status epilepticus and primary peritonitis .

P80- Rare and Life-Threatening Presentations of Paediatric Burkitt Lymphoma: A Case Series of Intestinal Obstruction and Mesenteric Infarction with Literature Review

Naser El-Mefleh, Linah kaf alghazal

Pediatric Surgery department, pediatruc surgery department Aleppo University hospital- children's hospital in damascus

Abstract :

The first documented case series linking Burkitt lymphoma to mesenteric infarction.

The aim:

1. Report the first documented case series of paediatric Burkitt lymphoma (BL) presenting with rare, life-threatening complications—intestinal obstruction and mesenteric infarction.

2. Highlight diagnostic challenges and emphasize early surgical and multidisciplinary management to improve outcomes.

3. Expand the literature on atypical BL presentations by reviewing previously undocumented associations, such as mesenteric infarction.

emphasize considering BL in D.D of paediatric gastrointestinal symptoms. Early recognition is paramount to optimizing outcomes. Our literature review revealed no prior cases of published BL-associated mesenteric infarction. Proposed mechanisms: direct vascular invasion by tumou

This is the first report of paediatric BL causing mesenteric infarction. BL should be suspected in paediatric bowel obstruction even without classic signs. Early surgery and chemotherapy improve survival.

P81- Rare and Life-Threatening Presentations of Paediatric Burkitt Lymphoma: A Case Series of Intestinal Obstruction and Mesenteric Infarction with Literature Review Abstract:

Naser El-Mefleh, Linah kaf alghazal
Pediatric Surgery department Aleppo University hospital- Damascus University

Abstract :

The first documented case series linking Burkitt lymphoma to mesenteric infarction

The aim:

1. Report the first documented case series of paediatric Burkitt lymphoma (BL) presenting with rare, life-threatening complications—intestinal obstruction and mesenteric infarction.

2. Highlight diagnostic challenges and emphasize early surgical and multidisciplinary management to improve outcomes.

3. Expand the literature on atypical BL presentations by reviewing previously undocumented associations, such as mesenteric infarction.

Methods & Results:

1. Two pediatric cases of Burkitt lymphoma (BL) presented atypically—one with ileal obstruction complicated by mesenteric infarction post-resection, the other with jejunal obstruction.

2. Both underwent surgical resection (near-total bowel resection in Case 1) and histopathology confirmed BL.

3. Chemotherapy was initiated post-surgery, leading to successful outcomes.

4. Literature review (1958–2025) confirmed mesenteric infarction as a previously unreported complication of BL.

5. Multidisciplinary management (surgery + chemotherapy) was critical for survival, highlighting BL as a differential in pediatric bowel obstruction.
Conclusion: This is the first documented case series linking BL to mesenteric infarction. BL should be considered in paediatric bowel obstruction, even without classic signs. Multidisciplinary management (surgery + chemotherapy) is vital for survival.

P82- Recurrent hypertrophic pyloric stenosis: Neonatal age and pyloric canal length as risk factors

Naser El-Mefleh, Linah kaf alghazam
Pediatric Surgery department Aleppo University hospital- Damascus University

Abstract :

A relation between reccurent hypertrophic pyloric stenosis and neonatal age and pyloric canal lentgh The aim to investigate the factors associated with the recurrence of hypertrophic pyloric stenosis (HPS) in infants. The study seeks to determine whether younger age at diagnosis and longer pyloric canal length are linked to higher recurrence rates, thereby providing insights that could inform surgical decision-making and postoperative care strategies.
155 patients diagnosed with HPS , including an assessment of two recurrences. Additionally, we reviewed all published cases of RHPS. The data collected included age, sex, age at surgery, diagnostic pyloric thickness and length, diagnostic investigations, and weight gain status.

A total of 155 patients with HPS were included in the analysis, with a sex distribution of 35 females and 120 males (77.4%), resulting in a male-to-female ratio of approximately 3.4:1. Of these, 20 (12.9%) were neonates. The primary clinical presentation observed in all HPS cases was projectile non-bilious vomiting and weight loss. Additionally, mucosal perforation occurred in four cases, representing approximately 2.5% of the total. Post-surgical outcomes demonstrated improvements in vomiting and subsequent weight gain in all patients. The seasonal distribution of cases over four quarters from 2017 to 2023 revealed a decline in case numbers towards the end of the year—43 in Q1, 42 in Q2, 29 in Q3, and 27 in Q4. The yearly incidence of HPS exhibited an increasing trend from 2017 to 2023, with annual case counts of 18, 16, 10, 24, 28, 22, and 23 cases in 2017, 2018, 2019, 2020, 2021, 2022, and 2023, respectively. As of the first half of 2024, there were already 14 reported cases, indicating a possible continuation of this upward trend. Redo PM for the two RHPS cases was performed without complications following the initial procedure. The data indicated that RHPS was encountered in 1.2% of all cases, and this rate increased to 10% among neonates.

Regarding surgical redo techniques, our two cases were addressed using open PM, while the second involved resection of a portion of the hypertrophic pyloric muscle. Of the 27 cases reviewed in the literature, 20 required PM; only one involved the resection of a portion of the hypertrophic pyloric muscle, and balloon dilation was performed in four instances, one of which subsequently required PM. Laparoscopic surgery was used in approximately 50% of the initial surgeries, suggesting no significant difference in the recurrence rates between the open and laparoscopic approaches. The surgical interventions were positive and effective. In terms of pyloric muscle measurements, the average length for primary HPS was reported as 21.22 mm (range: 17–26 mm) and thickness as 4.47 mm (range: 2–7 mm). For RHPS, the average length was slightly lower at 20.58 mm (range: 18–26 mm) with thickness averaging at 4.66 mm (range: 3.7–7 mm). The median age for primary HPS was 23.55 ± 9.7 days (range: 10–63 days), whereas for redo surgeries, it was 62.37 ± 22.65 days (range: 30–123 days). The average time to redo surgery was 38.81 ± 18.11 days
RHPS may be associated with early PM, particularly in neonates under 1 month of age. Although some recurrences involved a pyloric canal measuring ≥17 mm, this cut-off should be interpreted with caution, as there are no comparative data available for patients without recurrence. Further studies are needed to establish a more definitive threshold and develop alternative techniques

P83- Spontaneous Autoamputation of Ovarian Cyst in a Neonate: A Case Report

Mosa Alhageen, Hind Kh M Mohamed
Pediatric surgery Benghazi university

Abstract :

Non resolving neonatal ovarian cyst may have some complications like hemorrhage, torsion, rupture and autoamputation , our parasitic ovarian cyst underwent torsion , autoamputation and finally reimplantation , this is extremely rare condition in neonates . and have significant diagnostic challenges and big dilemma . Highlighting the importance of the correct diagnosis of autoamputation which was extremely difficult and done intraoperatively at most cases , surgeons should put the autoamputation in mind and search for the cyst in other sites inside the abdomen .
We report a case of a one-month-old baby girl, antenatally diagnosed with a dermoid cyst at right ovary ,. Preoperative ultrasound revealed a unilocular ovarian cyst.

Result

Intraoperatively, the cyst was found to be autoamputated and attached to the tip of the appendix

There was no right ovary in its proper anatomical location

The patient underwent cyst excision, oophorectomy, and appendectomy.

Histopathology confirmed a simple, non-neoplastic cyst.

This case highlights the rare occurrence of spontaneous autoamputation of ovarian cysts in neonates either by torsion or inflammation , and the importance of surgical intervention

Although ultrasound was done preoperatively in our patient , the correct diagnosis of autoamputation was extremely difficult and done intraoperatively , surgeons should put the autoamputation in mind and search for the cyst in other sites inside the abdomen .

P84- Swenson-like pull-through for treatment of the rare association between Hirschsprung's disease and anorectal malformation

Mohamed Abdelmalak, Mohamed Mansy, Hazem Khafaga, Yasmine Ghazaly, Reem Saeed, Nada Yakout, Mostafa Zain and Saber Waheeb
colorectal and pelvic reconstruction Nile of Hope hospital

Abstract :

Anorectal malformations and Hirschsprung's disease are congenital conditions impacting the digestive system, with a particularly uncommon co-occurrence, estimated at 2–3% of all ARM cases. This case series explores this rare association through three distinct cases, each presenting unique clinical challenges and insights.
We report a series of five patients with ARM who were concurrently diagnosed with HD based on clinical and radiological evaluations, with definitive confirmation obtained through rectal biopsy. In cases where HD was diagnosed after the complete surgical repair of ARM, the patients underwent a Swenson-like pull-through procedure.

Notably, the anastomosis was created approximately 3 cm from the anal verge, rather than the conventional 3 cm from the dentate line.

This study reviewed the records of 136 ARM patients treated at our center over five years, identifying five cases with concurrent HD. In three of these cases, HD was initially overlooked and diagnosed only after ARM repair.

These patients underwent a Swenson-like pull-through procedure. During follow-up, two patients achieved good bowel control without fecal soiling, while the third had regular bowel movements and satisfactory growth, albeit with occasional episodes of enterocolitis managed medically. The remaining two cases were identified earlier, following colostomy, which led to a different management approach.
This case series underscores the critical importance of considering HD in patients with ARM who present with persistent, atypical gastrointestinal symptoms post-surgical repair of their ARM. Preservation of the aganglionic neoanal canal with a subsequent Swenson pull-through appeared beneficial to achieve good postoperative continence.

P85- Treatement of congenital clubfoot usign the ponseti methods: outcomes and the importance of Neonatal follow-up-Acase Series

Bechouni Kilani
Pediatric surgery Lebcir medical diagnostic center

Abstract :

Congenital talipes equinovarus (CTEV), commonly known as clubfoot, is one of the most prevalent congenital orthopedic deformities, with an incidence of approximately 1 to 2 per 1,000 live births. It is characterized by four main components: cavus, adductus, varus, and equinus. If left untreated, clubfoot can lead to long-term disability, pain, and social stigma.
Historically, surgical correction was the mainstay of treatment, but it was often associated with complications such as stiffness, overcorrection, and recurrence. Over the past two decades, the Ponseti method has revolutionized the management of clubfoot worldwide, offering a less invasive, cost-effective, and highly successful alternative — especially when initiated during the neonatal period.
This method involves gentle manipulation, serial casting, and the use of a foot abduction brace. Long-term success, however, is closely linked to adherence to follow-up, proper brace use, and early initiation of treatment.
In this study, we present a case series of clubfoot patients treated at CHU Sétif, highlighting both the successes and the challenges encountered, with a focus on preventing surgical interventions through early orthopedic care.
To evaluate the outcomes of congenital clubfoot treatment using the Ponseti method when initiated during the neonatal period.
To highlight the importance of early diagnosis, parental compliance, and close follow-up in achieving successful non-surgical correction.
To report challenges encountered in two specific cases that required physiotherapy in addition to the standard protocol.
To reinforce the role of a multidisciplinary approach in optimizing functional outcomes and minimizing the need for surgical intervention.
This is a retrospective descriptive case series conducted at the Pediatric Surgery Department of CHU Sétif between 2023 and 2024. A total of 10 neonates (16 clubfeet) diagnosed with idiopathic congenital talipes equinovarus were treated using the Ponseti method.
All patients began treatment during the neonatal period, following the standard Ponseti protocol:
Serial weekly manipulation and casting
Percutaneous Achilles tenotomy when indicated
Maintenance phase using the Denis-Browne foot abduction brace worn full-time initially, then during sleep
Patients were monitored clinically for deformity correction, brace compliance, and recurrence. Parents were educated on the importance of brace use and regular follow-up. Physiotherapy was introduced in selected cases with suboptimal progress.
Results
Total cases: 10 patients (16 feet)
Age at treatment initiation: all within the first month of life
Full correction achieved in 8 patients (14 feet) without surgical intervention
2 feet required adjunct physiotherapy due to:
One case of brace non-compliance (Denis-Browne brace not used at night for 20 days), leading to stiffness
One case of cast slippage in a severe clubfoot with associated genu varum, complicating correction
No major complications were observed. The majority of patients maintained correction with brace adherence and follow-up.
The study highlights the high success rate of the Ponseti method when applied early and followed rigorously. The Ponseti method is a highly effective and minimally invasive approach for treating congenital clubfoot, especially when initiated during the neonatal period. Our case series confirms that early treatment, strict adherence to the protocol, and proper parental education significantly reduce the risk of recurrence and the need for surgical intervention.
Physiotherapy can be a valuable adjunct in specific situations such as brace non-compliance or technical issues like cast slippage. A multidisciplinary strategy involving pediatric surgeons, physiotherapists, and families is essential for achieving optimal long-term results.

P86- Trichobazoar (Rapunzel syndrome): a case report

Shamous Abdella, Abdalla AlAbbar, Aisha Ali
Pediatric Surgery Benghazi's Children's hospital

Abstract :

12 year-old female Libyan patient presented with a history of nausea, abdominal discomfort and distension. Physical Examination revealed an upper abdominal mass.

Preoperative imaging including abdominal ultrasound which revealed mobile gastric mass mostly likely trichobezoar and a CT scan Dilated stomach with sizable heterogeneous mass inside the stomach.

During laparotomy, a large trichobezoar which had taken the shape of the stomach was removed. The child had an uneventful recovery and was discharged home on the fifth postoperative day.
To discuss an unusual case of Rapunzel syndrome causing gastric outlet obstruction and intestinal perforation.
Full examination and investigations were done the patients before confirming diagnosis, once confirmed, patient was scheduled for a laparotomy where a large trichobezoar was discovered which had taken the shape of the stomach and was removed successfully.
Rapunzel syndrome should be considered as differential diagnosis in young girl presenting with abdominal pain, vomiting and anaemia.

Early diagnosis can prevent these complications.

Psychiatric evaluation, counselling and treatment are helpful in preventing recurrence. Trichobezoar often coexist with psychiatric illness.

P87- Volvulus Secondary to Meckel's Diverticulum and Vitelline Band in a Child with Intestinal Malrotation: A Rare Case and Review of Updated Surgical

Mussa Alhagen, Tahani Shniger
Pediatric surgery Benghazi medical center

Abstract :

Midgut volvulus remains a life-threatening complication of intestinal Malrotation in children. While Meckel's diverticulum (MD) is the most common congenital gastrointestinal anomaly, its association with a fibrous vitelline band causing volvulus is rare. This case highlights the importance of early recognition, appropriate imaging, and evidence-based surgical management according to the latest pediatric surgery guidelines. This case highlights the importance of early recognition, appropriate imaging, and evidence-based surgical management according to the latest pediatric surgery

An urgent exploratory laparotomy was performed. The intraoperative findings revealed non-rotation of the Midgut with volvulus, as well as a large Meckel's diverticulum measuring 5 x 4 cm There was a congenital vitelline band connecting the umbilicus to the diverticulum, along with a narrow mesentery and twisted bowel (volvulus) caused by an omphalomesenteric band. A Ladd's procedure was carried out, which included the resection of the Meckel's diverticulum, excision of the band, broadening of the mesentery, and an appendectomy. Bowel viability was preserved

This case highlights a rare but critical surgical scenario involving volvulus caused by the combined presence of intestinal Malrotation, a large Meckel's diverticulum, and a fibrous vitelline band. It underscores the importance of maintaining a high index of suspicion in children presenting with bilious vomiting and signs of bowel obstruction, even in the absence of peritoneal signs. Timely diagnosis using appropriate imaging modalities—particularly CT in older children—enabled precise identification of the underlying anatomy and guided urgent surgical intervention

P88- The principles of surgical management in ganglioneuroblastoma case report

Mohamed Benkhayal, Hesham Benkhaya
Thoracic surgery Tripoli university hospital

Abstract :

Tumors located in posterior mediastinum that extends into spinal canal via intervertebral foramen are called as ganglioneuroma

. Most of these tumors are neurogenic in origin but sometimes other rare tumors can also form in this shape. Herein three neurogenic tumors of the mediastinum that extended into the spinal canal are presented 2 yrs old boy was paraplegic for 1 month that have been operated in our clinic during this year we preferred one-stage removal described by Akwari that consists of posterior laminectomy by neurosurgical team to free the tumor within the spinal cord followed by a posterolateral thoracotomy and excision of the tumor by thoracic surgeons in the same setting.

Pt is free of paraplegic symptoms after few days from surgery According to the pathological examinations of the specimens in the , the exact diagnosis were reported as ganglioneuroblastoma In recent reports, a combined surgical approach is recommended neurogenic tumors in posterior mediastinum. We also recommend a combined and one stage removal neurogenic tumors if possible. A team-work of thoracic and neurosurgeons will minimize the morbidity and mortality after the surgical procedure, as well as giving the opportunity to remove the tumor totally in one session.