LAPAROSCOPIC SURGERY OF SPLENIC CYSTS IN CHILDREN

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Aim of the Study: To evaluate the effectiveness of laparoscopic surgery of splenic cysts in children.

Methods: The study included 5 children with cysts of spleen of acquired etiologies aged 5 to 17 years old. The instrumental examination was performed with an ultrasound duplex scanning to eliminate the blood flow in the cysts. CT and Doppler US scanning were performed to clarify the location of the cystic formation and the differential diagnosis of parasitic cysts. All patients underwent the laparoscopy with the use of transparent disposable laparoscopic ports - Exell (Johnson & Johnson) and VECTEC. As three ports were installed, the cyst puncture was performed with the evacuation of its contents. The cyst was dissected and its fibrous walls were removed with an ultrasonic scalpel and bipolar coagulation Enseal. The residual cyst cavity was elaborated with argon plasma coagulation. This allowed to perform not only the cyst lining coagulation, but also to achieve the stable hemostasis.

Results: Intraoperative and postoperative complications were not observed. The early postoperative period was unremarkable. Children began to walk in 10.6±5.2 hours after surgery. Anesthetic drug was induced during the first days after surgery. The use of laparoscopic treatment reduced of the postoperative period (up to 50% compared with open surgery).

Conclusion: Thus, the laparoscopic cystectomy can improve the treatment results of children with splenic cysts, significantly reducing the duration of the surgery and the postoperative period.

References:
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