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Best practice in management of pediatric and adolescent hydrosalpinx

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Hydrosalpinx is a rare cause of acute abdominal pain in pediatric patients, though some cases are documented in the literature. Its aetiology differs considerably from traditional hydrosalpinx that is due to ascending sexually transmitted infection. Hydrosalpinx in children can present mimicking an acute abdomen or can be asymptomatic. Management of pediatric hydrosalpinx varies, but often involves surgical removal of the affected tube. In June 2015, a literature search using relevant keywords was completed on MEDLINE and EMBASE databases to determine best management of pediatric hydrosalpinx. In total, 66 cases were found from 38 articles. Surgical intervention took place in 74% of cases (n=49). The most common surgical intervention was salpingectomy. In 3% of cases (n=2), nonsurgical medical management with hormonal therapy was utilized, with post-operative improvement in symptomology. In 23% of cases (n=15), conservative management was utilized: 2 of these cases torsed, 4 cases persisted and 9 cases resolved. Overall, the results of this review demonstrate that there are comparable outcomes between surgical, medical and conservative management. However, medical and conservative management was not often offered and more research is needed on the subject.

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Incidence of metachronous contra-lateral inguinal hernias in children following unilateral repair – A meta-analysis of prospective studies

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Purpose: The objective of this review was to systematically evaluate the incidence of a metachronous contralateral inguinal hernia (MCIH) in children with unilateral inguinal hernia and therefore to propose or to reject routine contralateral groin exploration.

Methods: Electronic searches restricted to prospective studies with a minimal follow-up of 1 year included MEDLINE, EMBASE and the Cochrane Central Register of Controlled Trials.

Results: Six studies involving 1669 children were included. Overall MCIH was 6% (95% CI from 4% to 8%). The odds for MCIH development was significantly larger in children with an initial left-sided hernia (OR 2.66 with 95% CI from 1.56 to 4.53) and in children with open contralateral processus vaginalis (CPV) (OR 4.17 with 95% CI from 1.25 to 13.9).

Conclusions: The overall incidence of MCIH following unilateral inguinal hernia repair in children is 6%. Initial left-sided hernia (8.5%) and open CPV (13.8%) are risk factors for MCIH development. Female gender (8.2%) and younger age (<1 year) (6.9%) non-significantly increase the risk of MCIH.

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