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Internal abdominal hernias are infrequent cause of intestinal obstruction in children

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Internal abdominal hernias are infrequent cause of intestinal obstruction in children. In children usual causes of obstruction are intussusceptions, congenital band ligation, malrotation and foreign bodies. Here we report a case of mesosigmoid hernia in a 10 year old child, after he was presented with complaint of abdominal pain of 2 days duration. He was admitted to our hospital and was x-rayed and put on conservative management. But the patient condition was worsened and exploratory laparotomy was done and segment of mid ileum was herniated through sigmoid mesocolon on the left lateral side. Sac was opened and the hernia was reduced but was gangrenous so we did resection and end to end anastomosis and the hernia sac was repaired.

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Is MRI a viable alternative to ultrasound in the diagnosis of pediatric appendicitis: A systematic review?

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Appendicitis is the most prevalent cause of acute abdominal pain in children requiring surgical intervention. The global incidence of appendicitis increases from 1-2 cases per 10,000 children aged less than 4 years to 25 cases per 10,000 children aged 10-17 years. The atypical symptoms presentation of appendicitis in children means a substantial number of cases may be misdiagnosed if diagnostic pathway relies only on clinical examination and laboratory investigations. The primary aim of this systematic review is to determine the diagnostic accuracy of MRI in determining the presence of appendicitis in children following an inconclusive ultrasound examination and established whether gadolinium adds value to diagnostic process. A secondary aim was to determine the average scan time and optimal diagnostic sequence for MRI examination of children with suspected appendicitis. A systematic literature review was undertaken to identify primary research studies. A search of Medline, CINAHL, PubMed Central and Google Scholar was undertaken and supplemented by review of reference lists, author searching and review of NICE evidence base for existing guidelines. 7 primary articles were identified and included in the systematic review article. Pooled sensitivity and specificity estimated from the included studies showed a range of values for MRI in pediatric appendicitis. Pulse sequence, scan time, contrast agent, and other MRI parameters were extracted from the included studies. MRI can offer a viable alternative to pediatric appendicitis cases where ultrasound becomes indeterminate or a primary imaging tool where availability is guaranteed round the clock.

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