P-071A  Ischiopagus Tetrapus Conjoined Twins, Preoperative evaluation, electric cauter, separation
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Incomplete separation of twins can occur at almost any locus. But the pelvis is the site in 6.8% of Conjoined Twins. This condition is one of the rarest and most challenging congenital malformation in pediatric surgery. The incidence of Conjoined Twins is estimated to be 1 in 50,000 to 100,000 birth. Approximately two third are female, and all pairs are of the same sex. Major form are: Thoracopagus, Omphalopagus, Craniopagus, Ischiopagus, and Phygoopagus.

Preoperative evaluation is directed at clearly delineating the internal anatomy, so that assessment can be made regarding what is surgically possible and weather either or both of the twins can survive after separation. The anatomy and function of all major organ systems and the skeleton need to be evaluated.

A case of Ischiopagus Tetrapus Conjoined Twins, female 2-day-old sent by rural hospital to Dr. Sardjito Hospital Jogjakarta. Electric cauter was used to separate the patient; separating of skin, symphysis pubis, bladder, large bowel was performed and no complication was found.

Key Words: Ischiopagus Tetrapus Conjoined Twins, Preoperative evaluation, electric cauter, separation.

P-072A  Retropharyngeal neuroblastoma in a neonate: case report and literature review
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Aim: To report a neonatal case of retropharyngeal neuroblastoma (NB) and review the literature.
Case: A 3,000 g male born at term by spontaneous vaginal delivery began breathing noisily on day 1 then developed stridor and feeding difficulty. A mass covered by normal mucosa was seen in the retropharynx and computed tomography (CT) confirmed a 3 × 2.8 cm solitary mass with calcification. Urinary vanillylmandelic acid (VMA) and serum neuron-specific enolase (NSE) were both only slightly elevated. Scintigraphy showed no metastatic lesions and a provisional diagnosis of NB was made. The mass was excised in toto transorally. Histopathology showed poorly differentiated NB with no MYCN amplification; stage I NB. Chemotherapy was not performed. Our case is currently 1-year-old without evidence of disease or adverse sequelae.

Literature review: An international literature study found only 15 neonates with cervical NB including our case. Diagnosis of NB was made in only 2 cases preoperatively. Dyspnea (11/15 cases) and Horner’s syndrome (6/15) were characteristic. Staging: I in 6, II in 4, III in 1, IV in 2, and IVs in 2. Twelve cases survived. Causes of death were respiratory compromise, tumor progression, and stillbirth (staging was IV in 2 and IVs in 1). In survivors, treatment modalities were widely discrepant.
Conclusion: Although rare in neonates, cervical NB should be considered in the differential diagnosis of dyspnea and Horner’s syndrome. Respiratory management and treatment must be appropriate for the stage and biological behavior of the NB.