P-077A  Assessment of histochemical study of neorectal mucosa for intestinal conditions after LEP for Hirschsprung’s disease
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Background and Aim:
In spite of complete resection of the aganglionic segment, some patients with Hirschsprung’s disease can rarely complain with mild constipation after laparoscopic endorectal pull-through method (LEP). This study designed to investigate relationships among the intestinal conditions, proliferation of cholinergic fibers in the neorectal mucosa and two kinds of the anorectal mucosectomy after surgery.

Materials and Methods:
Twenty-six patients with Hirschsprung’s disease treated by LEP were divided to 2 groups; inverted mucosectomy group (I-group, n=18) and transanal mucosectomy group (TA-group, n=8). The prevalence of postoperative intestinal conditions (mild constipation, increased stool frequency or abdominal distension) and histochemical study for cholinergic fiber of the neorectal mucosa were compared between the 2 groups.

Result:
There was no difference between the 2 groups in stool frequency after surgery.
Mild constipation to need a light laxative was revealed in 5 patients in I-group (27.8%), and in one patient in TA-group (12.5%). In I-group, 9 patients revealed AchE-positive nerve fibers in the neorectal mucosa (69.2%), and one revealed them in TA-group (16.7%). (P < 0.05)

Discussion and Conclusion:
Although the causality of mild constipation and proliferation of cholinergic fibers is not clear, the results of histochemical study for the neorectum suggested that AchE-positive fibers appeared in the neorectum after surgery might depend on procedure of the mucosectomy in the endrectal pull-through method.

P-078A  Gastric outlet obstruction possibly secondary to ulceration in a 2-year-old girl
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Purpose
We report a case of gastric outlet obstruction (GOO) possibly secondary to ulceration and our surgical management.

Case
A previously healthy 2-year-old girl contracted influenza and developed epigastric pain and tarry stools. H2-blockers and enterokinesis activators were commenced elsewhere without improvement. 2 weeks later, she was referred to us for intractable vomiting and epigastric pain. Abdominal radiology was suggestive of pyloric obstruction but ultrasonography (US) showed a normal pylorus. On barium meal, there was no passage of barium from the stomach to the duodenum. Endoscopy showed the antrum to be so narrowed that the endoscope could not pass through, but the overlying mucosa was normal without scarring. Serum gastrin was normal and serology and biopsies for H. pylori were negative. Endoscopic balloon dilatation was performed twice without improvement. At laparotomy, gastrotomy was performed transversely over the antrum just proximal to the narrowing and the lesion delivered through the incision. The overlying mucosa was incised circumferentially and dissected carefully from the underlying fibrotic tissues. The mucosa and healthy gastric muscles were approximated. The postoperative course was uneventful. Oral feeding began on postoperative day 3 and she was discharged on day 12. Histology showed only fibrotic tissue. She is well 13 months postoperatively with no recurrence.

Conclusion: GOO due to ulcer is extremely rare in childhood. Our technique, without vagotomy or antrectomy, would appear to be a safe and effective procedure.