P-079A  Magnetic Resonance Angiography Versus Endoscopy for the Assessment of Esophagogastric Varices in Biliary Atresia

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Background/Purpose: This study was undertaken to compare magnetic resonance angiography (MRA) and gastrointestinal tract endoscopy (ENDO) for detecting varices in postoperative biliary atresia (BA) patients.

Methods: Thirty-six BA patients were divided into groups according to age and liver function: group-1: 1 to 4 years old; group-2: 5 to 9 years old; group-3: over 10 years old; group-A: normal liver function; and group-B: moderate liver dysfunction. All subjects had MRA and ENDO.

Results: ENDO showed esophageal or gastric varices in 18/36 subjects. MRA depicted esophageal and gastric vessels in 12 of 16 cases with varices on ENDO (sensitivity: 71.4%). Two subjects appeared to have varices on MRA that could not be confirmed on ENDO. Sixteen subjects had no varices on ENDO and normal MRA (specificity: 88.9%). Sensitivities and specificities of MRA for detecting varices were 20% (1/5) and 100% (6/6) in group-1 (n=11), 100% (6/6) and 66.7% (4/6) in group-2 (n=12), 100% (5/5) and 100% (6/6) in group-3 (n=11), 100% (6/6) and 100% (9/9) in group-A (n=15), and 50% (4/8) and 77.8% (7/9) in group-B (n=17).

Conclusions: MRA was not accurate in BA patients less than 10 years old or with moderate liver dysfunction. Therefore, periodic endoscopic examination is recommended for the accurate assessment and follow-up of varices in postoperative biliary atresia patients.

P-080A  Lapprotector™ use decreases incisional wound infections in cases of perforated appendicitis: Prospective study

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Aim: To examine if Lapprotector™ application to a wound (McBurney’s point) can prevent wound infection after open appendectomy.

Methods: We performed open appendectomy in 64 patients between 2004 and 2006. In September 2005, we started using Lapprotector™ to protect the sight of incision (McBurney’s point). Patients were divided into 2 groups as follows: Lapp (-): (n=32); Lapp (+): (n=32). The incidence of post operative wound infections in each group was reviewed prospectively. Antibiotic protocols used in both groups were the same.

Results: Mean age at appendectomy in Lapp (-) was (9.3 & plusmn; 0.6 yrs) and in Lapp (+) was (9.6 & plusmn; 0.5 yrs). This difference was not statistically significant. In Lapp (-), the appendix was perforated in 7 patients (21.9%) and not perforated in 25 patients (78.1%). In Lapp (+), the appendix was perforated in 9 patients (28.1%) and not perforated in 23 patients (71.9%). For perforated cases, incisional wound infection was seen in 3/7 patients (42.9%) in Lapp (-) and in 0/9 patients (0%) in Lapp (+) which was significantly different (p < 0.05; chi-squared test). For non perforated cases, wound infection was seen in only 1/25 patient (4.0%) in Lapp (-).

Conclusion: We recommend using Lapprotector™ to prevent incisional wound infection in patients requiring open appendectomy, especially in cases where the appendix is perforated.