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ABSTRACT FROM CURRENT LITERATURE

Laparoscopic versus open abdominoperineal rectoplasty for infants with high-type anorectal malformation

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Background/Purpose: There has not been any study comparing laparoscopic abdominoperineal rectoplasty (ARP) with open ARP. This study investigated the true benefits of the laparoscopic approach in infants with high anorectal malformation.

Patients and methods: A retrospective analysis was performed in 28 infants with high anorectal malformation treated between 1990 and 2007. Fifteen were treated by open ARP, and 13 were treated by laparoscopic ARP. Surgical durations, amount of bleeding, complications, anorectal pressure measurements, barium enema study, and clinical assessment were compared between the 2 groups.

Results: The amount of intraoperative bleeding was significantly less in laparoscopic ARP (12 ± 11 g) than in open ARP (65 ± 44 g) (P = .003). Anal resting pressure was 34 ± 9 cm H_2O after laparoscopic ARP and 31 ± 14 cm H_2O after open ARP. Anorectal reflex was positive in 1 (7%) of 15 after open ARP and 3 (23%) of 13 after laparoscopic ARP. There was no significant difference in barium enema study and clinical assessment between the 2 groups. With regard to postoperative complications, mucosal prolapse occurred in 10 (67%) of 15 after open ARP and in none of 13 after laparoscopic ARP (P = .003).

Conclusion: Benefits of the laparoscopic approach were reduced intraoperative bleeding and a lower incidence of postoperative anal mucosal prolapse. These results indicate that minimal dissection of the mesorectum in laparoscopic ARP may provide those better outcomes.

Effects of prefeeding oral stimulation on feeding performance of preterm infants

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Objective: To investigate the effects of a prefeeding oral stimulation program on the feeding performance of preterm infants.

Methods: A crossover design was used. Nineteen preterm infants who were in the transitional time to full oral feeding served as their own controls. A 5-minute oral stimulation program was applied to infants prior to feeding in two of 4 feedings on two consecutive days. Feeding, behavioral state, and physiological parameters of infants in the intervention and control feeding conditions were compared using SPSS software.

Results: Here were two significant findings: (1) Compared to the control condition, infants in the intervention condition achieved a greater intake rate in the initial 5 min of the feeding (P=0.021). (2) After receiving oral stimulation, a higher percentage of infants moved to the drowsy or quiet alert state from sleep or restlessness before feeding, both on Day 1 (P=0.016) as well as Day 2 (P=0.016). No significant differences were found in other feeding parameters, feeding-induced physiological changes (peripheral oxygen saturation levels and pulse rate) and behavioral states between two feeding conditions.

Conclusions: Oral stimulation had a modulating effect on the prefeeding behavioral states and short-lived beneficial effects on the feeding efficiency of preterm infants.

Diazepam versus Clobazam for intermittent prophylaxis of febrile seizures

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Objective: To compare the effectiveness of intermittent clobazam versus diazepam therapy in

preventing the recurrence of febrile seizures and assess adverse effects of each drug.

Methods: This prospective randomized controlled trial was performed on neurologically normal children aged from 6 months to 5 years with a history of simple febrile seizures and normal electroencephalogram without any evidence of acute central nervous system infection. The patients were randomly prescribed with oral clobazam (37 cases) or diazepam (35 cases) when they developed a febrile disease. They were advised to use the medications during the first 48 h of the onset of fever. All the patients were monitored regarding developing seizure and adverse effects of the drugs. All patients were followed for 12 months.

Results: Overall, 243 episodes of fever occurred during the period, including 116 episodes in the clobazam group and 127 episodes in the diazepam group. Recurrence of seizures occurred in 2 (1.7%) subjects in the clobazam group, and in 4(3.1%) cases in the diazepam group. (P value = 0.474). Twenty cases (54%) in the diazepam group and 5 (14.2%) cases in the clobazam group developed drowsiness and sedation during the follow-up period (P value = 0.0001).

Conclusions: Intermittent clobazam therapy seems advantageous to diazepam due to similar efficacy but significantly lower adverse effects such as drowsiness and sedation.

Treatment of chronic immune thrombocytopenic purpura with rituximab in children

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Objective: To evaluate the rituximab treatment in children with chronic immune thrombocytopenic purpura

Methods: This study included ten children with chronic immune thrombocytopenic purpura, which were nonresponsive to Steroid (S), IVIG and anti-D treatments. Rituximab was given with a dosage of 375 mg/m2 weekly for 4–6 weeks. Initial platelet count was less than 30×109/L and responses were assessed in follow-up. The patients' groups were categorized as complete remission (CR);a platelet count 150×109/L,partial remission (PR);a platelet count ranging from 50×109/L to 150×109/L, minimal remission (MR); a platelet count ranging from 30×109/L to 50×109/L and no response (NR); a platelet count less than 30×109/L.

Results: Of our patients, four female and six male, their ages ranged from 39 months to 13 years and the mean age was 83.4±44.58 month. None of the patients was splenectomized. The follow-up period after rituximab treatment ranged between 12 to 42 month and the mean follow-up period was 25.10±13.03 months. While on this treatment, we had a CR in two patients, a PR in one, a MR in three, but no response in four. The patients in CR/PR are still being followed as in remission and they have 40 months of mean follow-up period. The three patients in MR had a decrease in values of platelets earliest in one minth and the latest in four months. Adverse effects of rituximab, such as itching and scraps that were not clinically significant were observed in three patients during rituximab infusion. There were no increase in infections after rituximab in any patient.

Conclusion: CR was found in 20% of our patients, PR in 10% and MR in 30% with rituximab. On this treatment, while some series had good outcomes with this treatment (72%–100%, remission ratios), but many series, such as ours, had a poor response rate contrast to many reported case series in the literature. This condition may be associated with the age of our most patients who were young at the time of commenced rituximab. However, we believe that more studies are required to elucidate the reasons for different results in different case series reported in literature.