

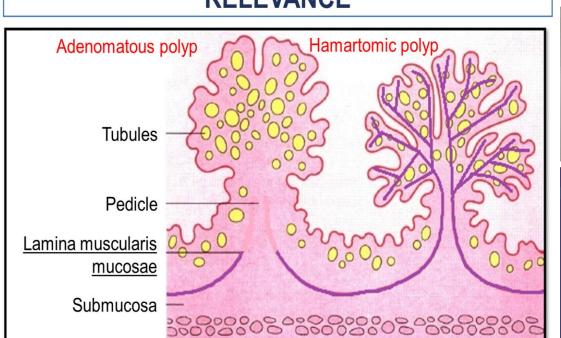
Muscular layer =

High-tech diagnostic methods and enteroscopic treatment of children with Peutz-Jeghers syndrome



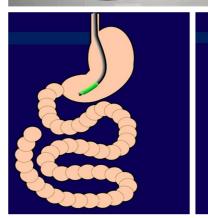
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Balloon enteroscopy RELEVANCE



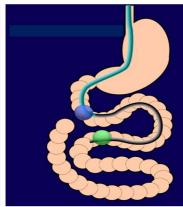








Our technique for removal of polyps is general in all parts:

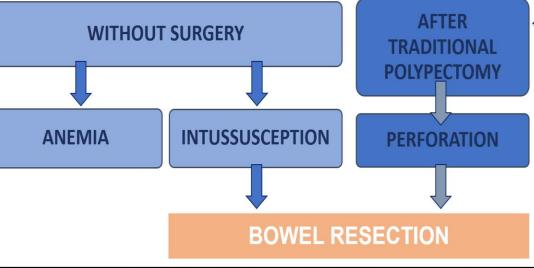


COURSE AND COMPLICATIONS

1. creating OF PEUTZ-JEGHERS SYNDROME a "resistant "wolliq AFTER

2. electroexcision of polyp

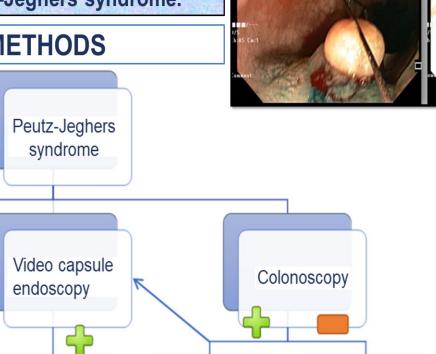
3. clipping the removal site after polypectomy



AIM

Develop an optimal method for the diagnosis and treatment of polyps in children with Peutz-Jeghers syndrome.

MATERIALS AND METHODS



To complete the investigation

To remove in the stomach and duodenum

Esophagogastro

duodenoscopy

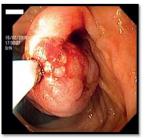
Balloon enteroscopy To remove in the colon

To complete the investigation











RESULTS

Successfully performed electroexcision of polyps, which were localized in the deep parts of the small intestine at a distance of 30 segments (1 segment is 10 cm), reached a diameter of 2.5 cm, had a long pedicle. The postoperative period was uneventful.





CONCLUSIONS

We have developed an optimal method of diagnostic and therapeutic measures, the observance of which allows us to avoid delayed perforations of the small intestine in the area of polypectomy in the postoperative period in children with Peutz-Jeghers syndrome.

Thanks to this technique, modern enteroscopy is becoming the only possible alternative to bowel resection in children with Peutz-Jeghers syndrome.



18 The distribution of 30 children by the localization of identified polyps:

5

stomach, colon

stomach, colon, small intestine (≤1 cm)

stomach, colon, small intestine (>1 cm, eroded polyps)