



Chapter Outline

Structural defects

Cleft lip and cleft palate

Esophageal atresia and tracheoesophageal fistula

Hernias

Obstructive disorders

Hypertrophic pyloric stenosis

Intussusception

Anorectal malformations



Gastrointestinal dysfunction Disorders of motility diarrhea

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Diarrhea is a symptom that results disorders involving digestive, Absorptive , and secretory function . diarrhea is caused by abnormal intestinal water and electrolyte transport.

Diarrheal disturbance involve the stomach and intestine (**gastroenteritis**), the small intestine (**enteritis**), the colon (**colitis**) or the colon and intestine (**enterocolitis**). **Diarrhea** Is classified as acute or chronic



Diarrhea

ACUTE DIARRHEA

The leading cause of illness in children younger than 5 years of age, is defined as sudden increase in frequency and a change in consistency of stools, often caused by an infectious agent in the GI tract. It may be associated with upper respiratory or urinary tract infections. Antibiotic therapy. Or laxative use. Acute diarrhea is usually self-limited (<14days duration)



Diarrhea

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ROTAVIRUS is the most important cause of serious of gastroenteritis among children. salmonella, shigella, and campylobacter organisms are the most frequently isolated bacterial pathogens.

Antibiotic administration is frequently associated with diarrhea because antibiotics alter the normal intestinal flora, resulting in an overgrowth of other bacteria.



Diarrhea

The major goals in the management of acute diarrhea include:

- (1) assessment of fluid and electrolyte imbalance
- (2) rehydration
- (3) maintenance fluid therapy
- (4) reintroduction of an adequate diet

Infants and children with acute diarrhea and dehydration should be treated first with oral rehydration therapy (ORT). ORT is one of the major worldwide health care advances.



Gastroesophageal Reflux

Certain conditions predispose children to a high prevalence of GERD, including

- Neurologic impairment, hiatal hernia and repaired esophageal atresia (EA)

Pathophysiology

Although the pathogenesis of GER is multifactorial, its primary causative mechanism likely involves inappropriate transient relaxation of the lower esophageal sphincter



Gastroesophageal Reflux

Clinical Manifestations

Symptoms in infants

- Spitting up, regurgitation, vomiting (may be forceful)
- Excessive crying, irritability, arching of the back with -neck extension stiffening
- May be “silent” (no clinical signs observed).
- Weight loss, growth failure(failure to thrive)
- Respiratory problems cough wheeze stridor, gagging, choking with feeding)
- Hematemesis -apnea

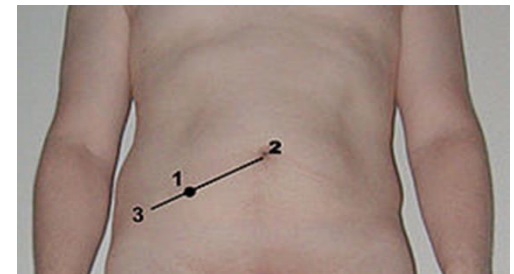
Appendicitis

Diagnostic Evaluation

The diagnosis is based primarily on the history and physical examination

Pain is (usually periumbilical pain) it usually descends to the lower right quadrant the most intense site of pain may be at [McBurney point](#), Located at a point midway between the anterior superior iliac crest and the umbilicus

Rebound tenderness: pain when pressure on the abdomen is quickly removed, occurs with peritoneal inflammation.





Laboratory studies usually include:

1-CBC, urinalysis.

2-WBC count greater than 10,000/mm.³

3- Ultrasonography

Therapeutic management

Treatment of appendicitis before perforation include

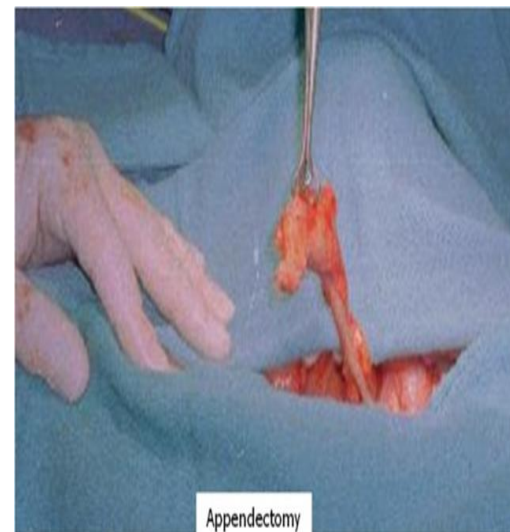
1-Rehydration

2-Antibiotic

3-Surgical removal of the appendix(appendectomy).

Laparoscopic surgery is now commonly used to treat non-perforated

Recovery is rapid and if no complications occur, the hospital stay is short.





Structural Defects (Cleft Lip & Cleft palate)

Clefts of the lip (CL) and palate (CP) are facial malformations that occur during embryonic development and are the most common congenital deformities. They may appear separately or, more often, together.

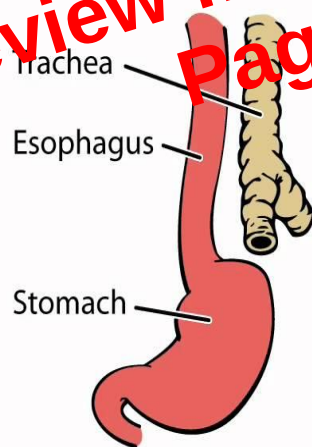
CL results from failure of the maxillary median nasal processes to fuse. CL can be unilateral or bilateral.



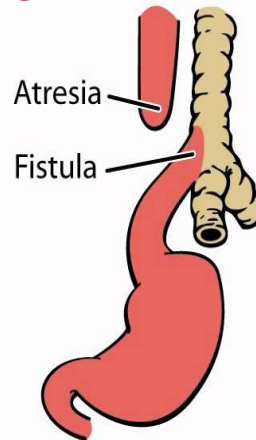
Esophageal Atresia and Tracheoesophageal Fistula

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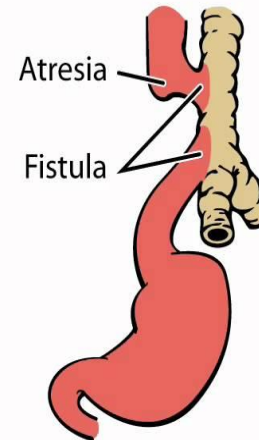
Normal Anatomy



Atresia with distal Fistula

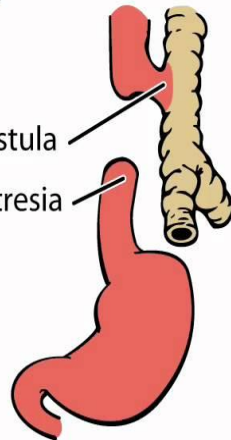


Atresia with double Fistula

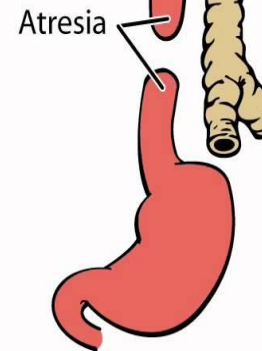


Fistula

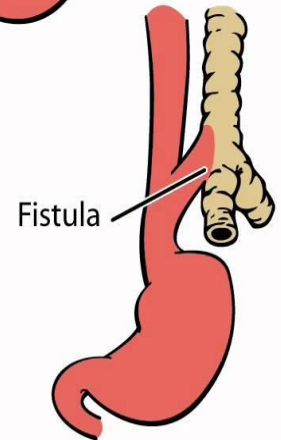
Atresia



Atresia with proximal Fistula



Atresia



Fistula



Hernias

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Omphalocele

Protrusion of intraabdominal viscera into base of umbilical cord; sac covered with peritoneum without skin





Intussusception

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Intussusception is the most common cause of intestinal obstruction in children between age 3 months and 3 years

- More common in boys than in girls
- More common in children with cystic fibrosis
- Generally The cause is not known
- More than 90% of Intussusception do not have a pathologic lead point such as a polyp lymphoma or Meckel diverticulum
- The idiopathic cause may be caused by hypertrophy of intestinal lymphoid tissue secondary to viral infection.



Intestinal Parasitic Diseases Enterobiasis (Pinworms)

Enterobiasis, or pinworms, caused by the nematode enterobius vermicularis, is the most common helminthic infection in the united states .

Diagnostic Evaluation

Diagnosis is most commonly made from the tape test . repeated testes to collect eggs may be necessary , and if there is a possibility that other family members may be infected, a tape test should be performed on them



Enterobiasis (Pinworms)

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Clinical manifestations of pinworms

Intense perianal itching evidence itching in young children includes the following :

- General irritability
- Restlessness
- Poor sleep
- Bed- wetting
- Distractibility
- Short attention span

Perianal dermatitis and excoriation secondary to itching if worms migrate, possible vaginal and urethra infection



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Thank You