

GERD, CHILDREN, SURGICAL MANAGEMENT AND OUTCOMES

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Introduction

GERD is a common condition in children. If not addressed early it can lead to deleterious consequences, and make its subsequent management complex due to associated sequel of malnutrition. It requires a high index of suspicion and intentional history taking and examination skill to pick up these children from the society. The study sought to review management, the surgical options accorded and the outcomes of surgery.

Method.

A retrospective chart review was done and findings corroborated with the Access Database information. The files were based on patients managed between the period of 2009 and 2017 January.

Results

17 patients were treated surgically for GERD. 13 of the 17 patients had been managed in various centers for different upper airway disease, 6 on treatment pulmonary tuberculosis. Five had Oesophageal strictures on initial presentation. 5 patients were neurologically impaired (cerebral palsy). Majority of the patients (8) had acute severe malnutrition. All patients proceeded to eventually have a Nissen fundoplication. 4 were done open and 13 done laparoscopic. Only 2 patients also had feeding gastrostomy fashioned for the same. One patient had an intraoperative cardiac arrest but was successfully resuscitated and surgery completed. One patient developed an incisional hernia in the open approach group. 3 patients developed recurrence of vomiting symptoms that were managed medically. One patient of the three proceeded to have a redo fundoplication (laparoscopic) due to a slipped wrap.

Conclusion

Most patients in this study had initially been managed as those with upper airway diseases. This extrapolates to many missed patients in the primary health care facilities. The associated malnutrition makes any surgical approach daunting. Individualized care is advised, and even for the severely malnourished with an intact feeding reflex, gastrostomy should initially be avoided.