

'LDJQRVWLF \LHOG VDIHW\ DQG HI¿FDF\ RI SXVK HQWHURVFRS

\$QLO 'DUEDUL &DUPHQ &XIIDUL DQG \$QWKRQ\ .DOORR

Children's National Health System, USA

Despite advances in radiological techniques, diagnosis and some therapeutic approach still require access to the small bowel. Crohn's disease may involve chronic inflammation of small bowel only in 5-15% of cases. Advances in imaging techniques such as intravenous gadolinium enhanced MRI of abdomen may identify more of the isolated small bowel disease. While wireless capsule endoscopy has provided an interesting access to endoscopy of the small bowel, obtaining biopsies and other therapeutic maneuvers necessitate intubation of the deep small bowel regions. Studies of the use of enteroscopy in children are few. We reviewed the use of push enteroscopy and its safety and diagnostic yield in children. We report first 26 children who underwent the push enteroscopy procedure. Their mean age was 12.2 years (range 8-18 years). Histologic diagnosis resulted in a change of medical management in 76.9% of patients following push enteroscopy. Biopsies were within the reach of a standard upper endoscopy in 30.7% of cases only. Procedure duration and recovery times after push enteroscopy were comparable to those of upper endoscopy. The procedure is safe to perform in children and the diagnostic yield for 13d/5 (in)83 (e)-5 (co)S/ (s)

Notes: