

# ENTEROSCOPY IN PEDIATRICS

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## SMALL BOWEL MEAN LENGTH

- At 20 weeks gestation:125cm
- At 30 weeks:200cm
- At term:275cm
- At 1 year:380cm
- At 5 years:450cm
- At 10 years:500cm
- At 20 years:575cm

# DIAGNOSTIC MODALITIES FOR SMALL BOWEL EVALUATION

- VCE
- Push enteroscopy
- DBE
- SBE
- Spiral enteroscopy
- Intra operative enteroscopy
- CT
- MRI
- Angiography

# VCE

- Introduction:2001
- Higher likelihood of positive finding: Hb<10,duration >6months,more than one episode of bleeding , overt bleeding ,VCE with in 2weeks of bleeding
- Distal duodenum and proximal jejunum are not always well seen in VCE

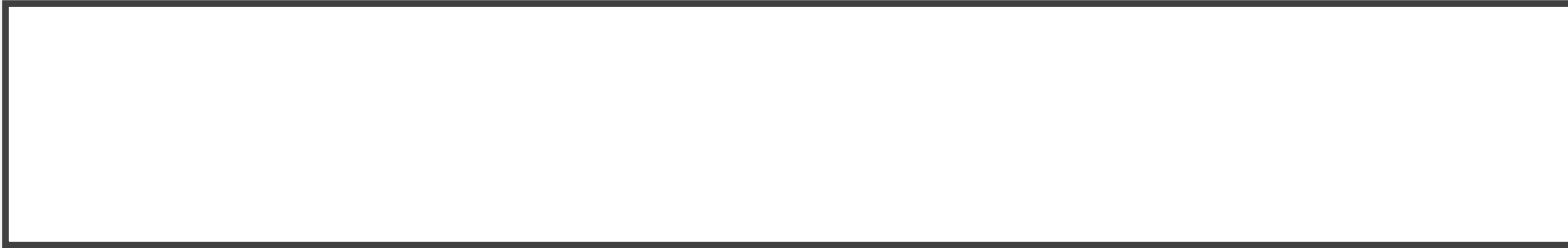
## PUSH ENTEROSCOPY

- Is performed with: pediatric colonoscope or commercially push enteroscope
- 90 cm distal to the ligament of treitz

# BALLOON -ASSISTED ENTEROSCOPY

- DBE :2004
- SBE:2006
- Length: 200cm
- Can be advanced a distance of 240-360cm pylorus and 102 to 140cm proximal to ileocecal valve
- DBE over tube: latex
- SBE over tube :silicone





- Invasive
- Prolonged procedure time
- Requirement for additional personnel
- Complications : ileus, pancreatitis( most common) and perforation
- Complication rate:0.8 to 4%

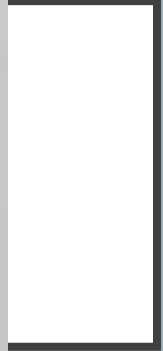
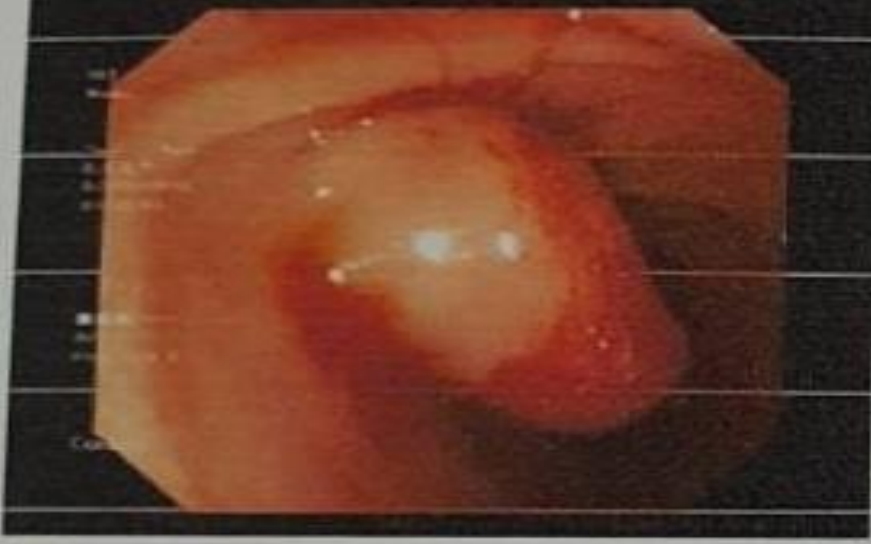


# OBSCURE GI BLEEDING

- A 8 years old girl with chronic anemia







### Description of procedure

endosono was performed With the following findings

### Diagnostic and therapeutic operations

Patient's History: A HOSPITALIZED PATIENT WITH SUSPICIOUS AMPULLARY LESION

Laboratory Findings: None

Imaging Findings: not provided

Indication of Procedure: Mass evaluation

Procedural Anesthesia: Procedure was performed under conscious sedation induced by appropriate medications (commonly Propofol, Fentanyl, and Lidocaine) while supervised by an expert anesthesiologist.

Description of Procedure: Procedure was conducted with a radial type echoendoscope. Patient was monitored meticulously during the procedure. EUS was completed without any complication.

Findings:

DUODENUM: There was a large papilla in the D2 on endoscopic view. On EUS view, there was a homogeneous mass lesion measuring about 8.8\*9.4mm. It was origination from the ampulla. It was localized to the amoulla. Visible portions of the pancreas was normal.

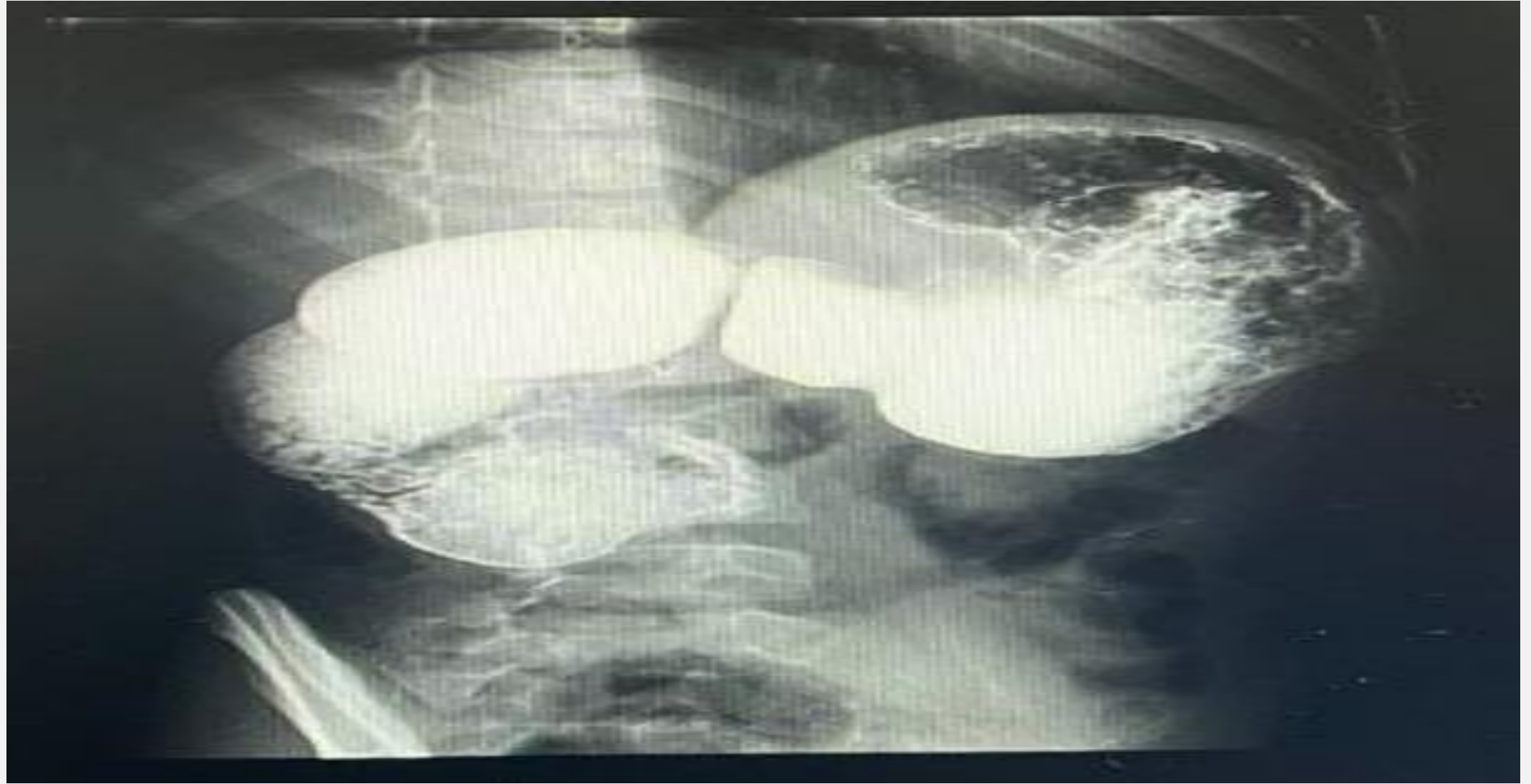
Diagnostic or therapeutic interventions: None

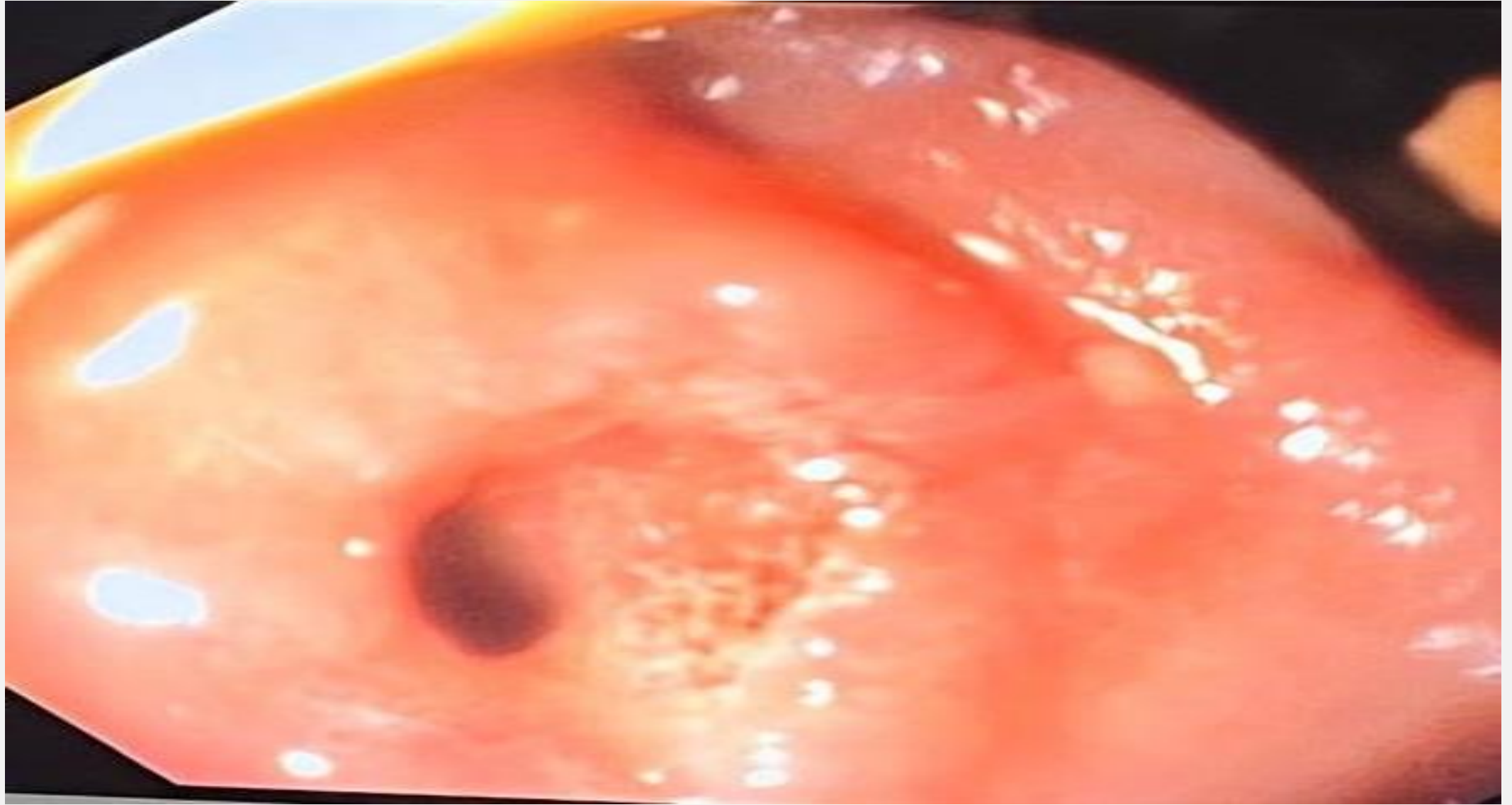
Impression and Summary of Findings: SUSPECTED TO AMPULLARY ADENOMA

Recommendation: ERCP

# DISTENTION

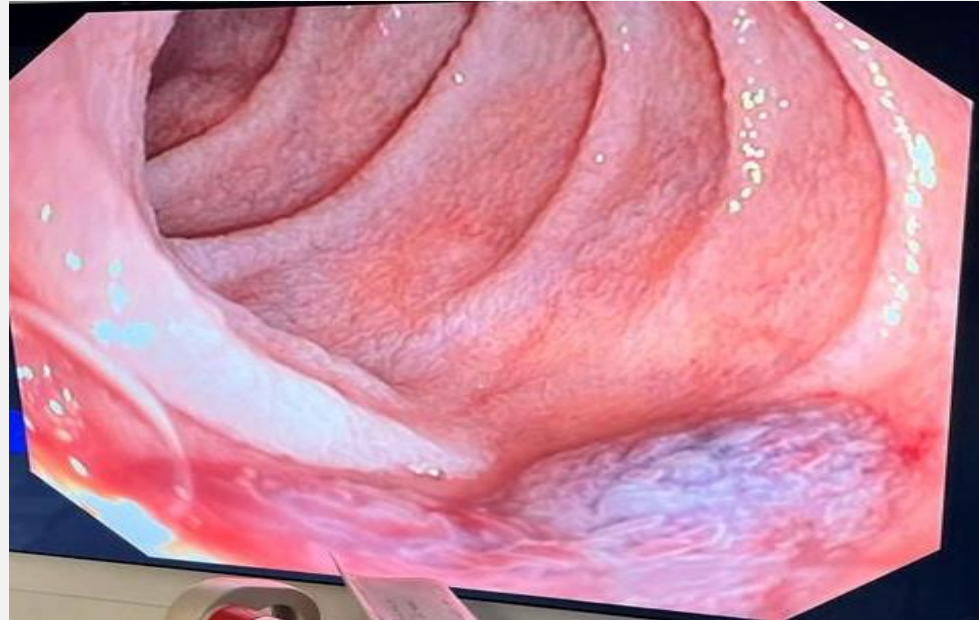
- A 5 years old boy with chronic vomiting and abdominal distention also severe FTT



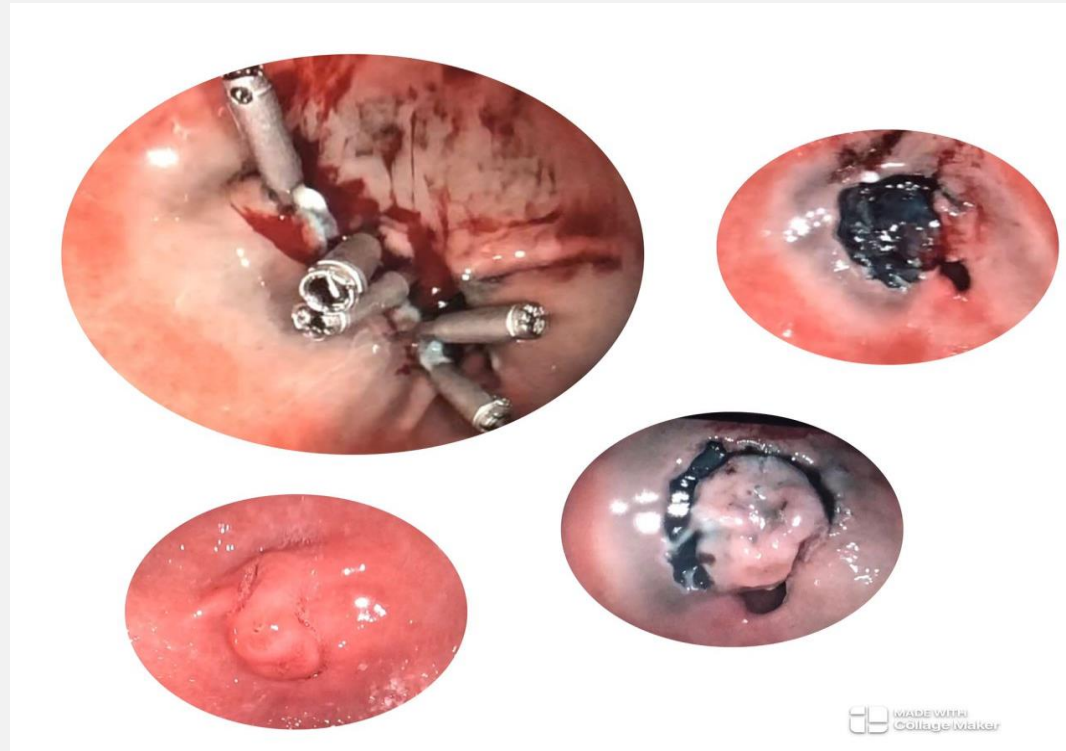


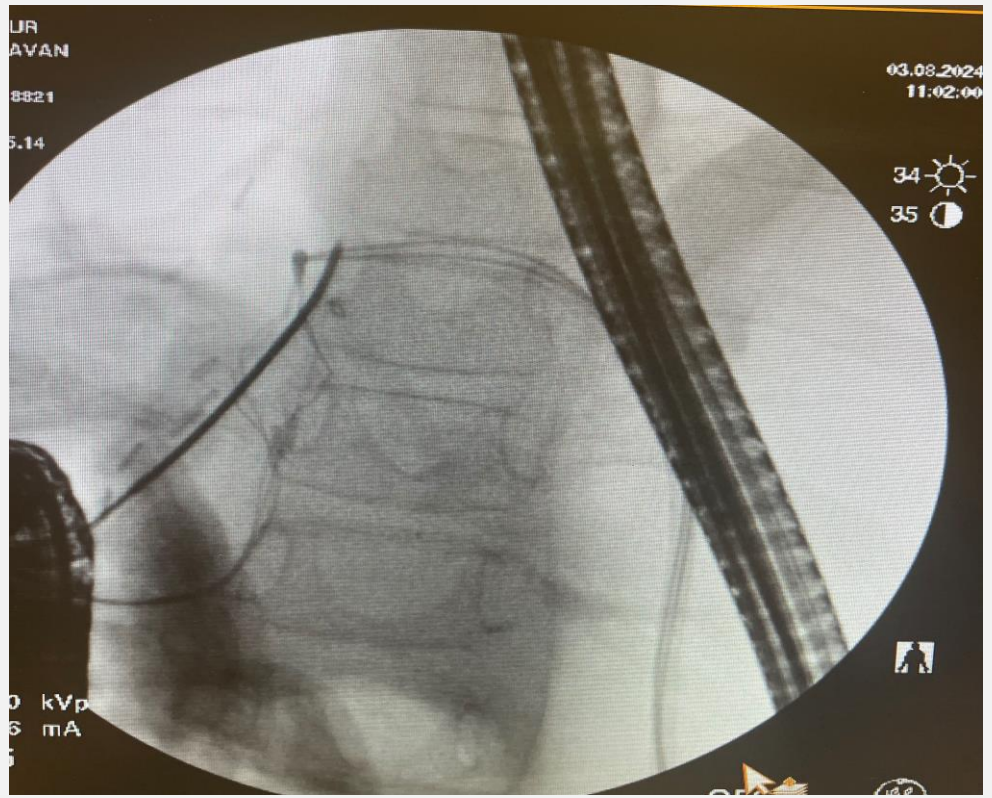


# AVM



# ESD



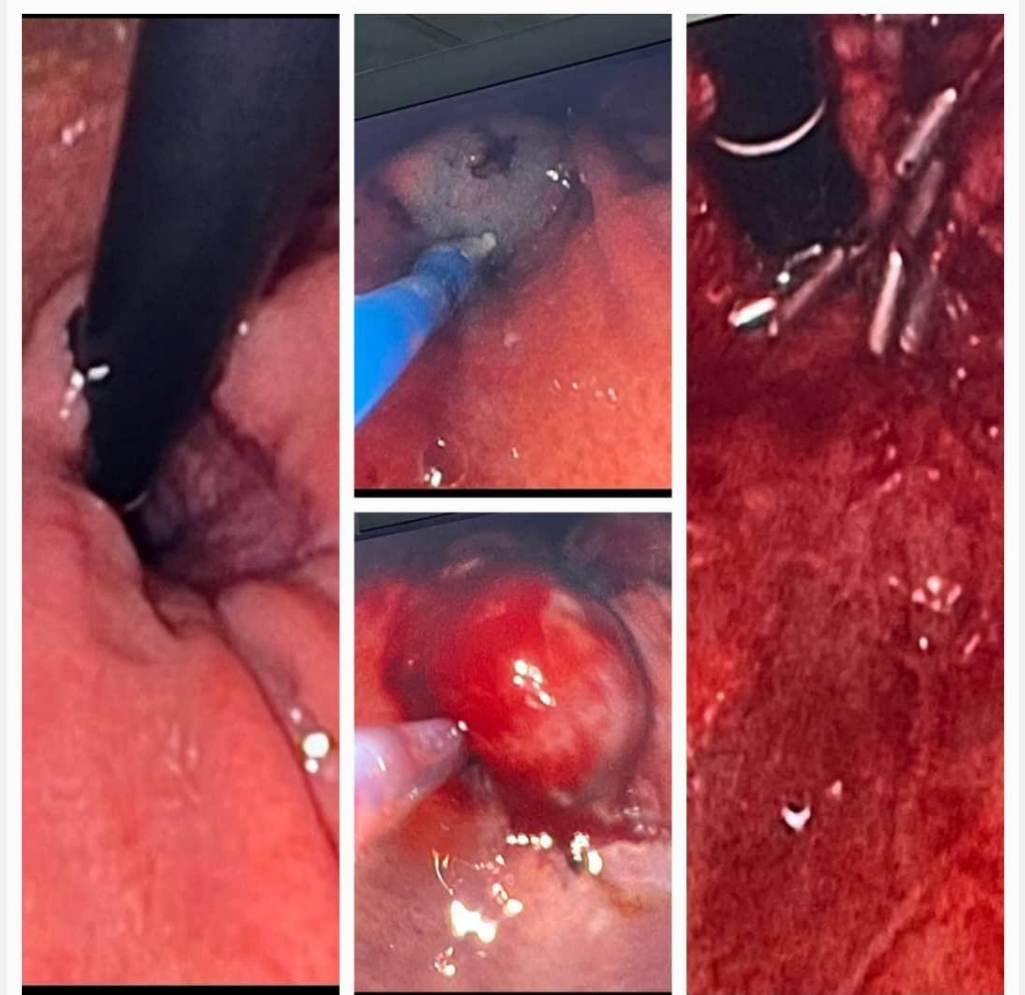


# RECTAL PROLAPS

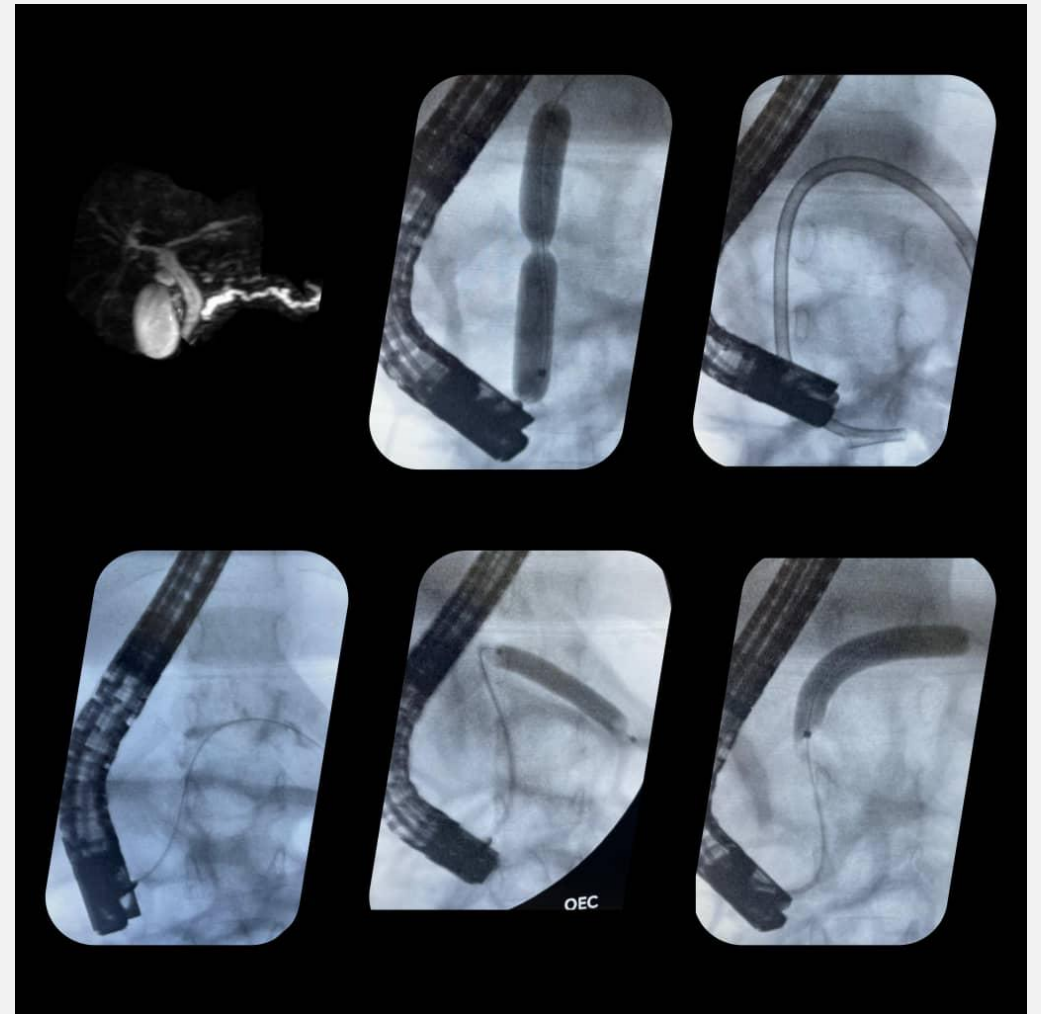


# ARMS

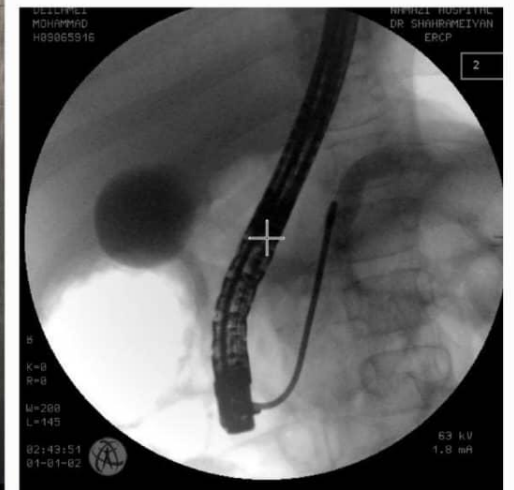
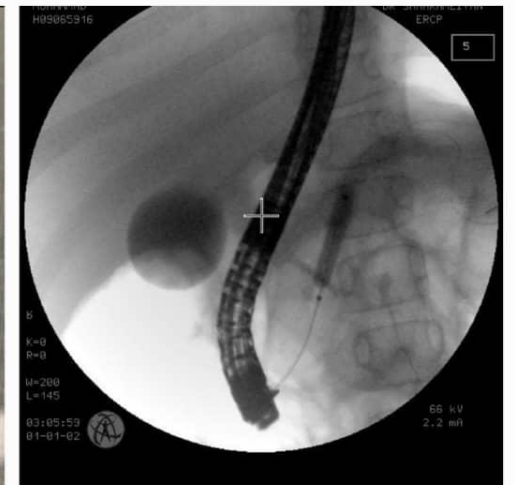
- A 9years old boy with severe hiatal hernia and refractory esofagitis



# PD STRICTURE



# PANCREAS DIVISUM





# ESOPHAGEAL FISTULA

