

2020

Sp. lss 104

Vomiting with Surgical Significance

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Abstract

Vomiting in children is common and mostly related to medical condition. However there are surgical conditions associated with vomiting which needs to be acknowledge and diagnosed early. Bilious vomiting is an ominous symptom and needs to be taken seriously. Any baby who vomits bile should be considered as having an underlying intestinal obstruction until proved otherwise. Vomiting is common symptoms among neonates, infants and children and the majority are managed by pediatrician or pediatric gastroenterologist. However there are types of vomiting that should be referred and managed by pediatric surgeons.

These include the following:

- 1. Bilious vomiting however small or intermittent
- 2. Projectile vomiting
- 3. Frothy neonates

The cardinal signs and symptoms of bowel obstruction are: vomiting, abdominal distension, abdominal pain and constipation. Of which bilious vomiting is considered the most important sign. Any Baby who vomits bile should be considered as having an underling intestinal obstruction until proved otherwise Mal-rotation in particular carries a high mortality rate if associated with volvulus, despite its minimal symptoms in the form of intermittent bilious vomiting. The presentation highlights the different pathological condition associated with vomiting, and their clinical, radiological and surgical management.





Biography:

Amin El-Gohary completed his MBBCh in 1972 and his Diploma in General Surgery in 1975 at Cairo University, Egypt. He was appointed as Chief Disaster Officer during Gulf War. He also held post as the Clinical Dean of Gulf Medical College, Ajman for 3 years. Prof. Dr. Amin is well known in Abu Dhabi for his extensive interest and involvement in scientific activities. He is the President of the Pediatric Surgical Association of UAE. Andrology.

Speaker Publications:

- 1. Laparoscopic ligation of inguinal hernia in girls
- 2. Gastric duplication cyst causing gastric outlet obstruction
- 3. Neonatal appendicitis with perforation: A case report

4. Scintigraphic diagnosis of communicating urinary bladders ileoxiphopagus conjoined twins.

5. AQ1 Laparoscopically assisted pyeloplasty for ureteropelvic junction obstruction: a transperitoneal versus a retroperitoneal approach

International Conference on Hepatitis; Webinar- October 19-20, 2020.

Abstract Citation:

Vomiting of surgical significance, Hepatitis Meet 2020, International Conference on Hepatitis; Webinar- October 19-20, 2020

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