Guest Editorial

Updates in Pediatric Surgery
Grace Zee Mak, MD

In this issue of Pediatric Annals, we present updates on both common pediatric surgical problems as well as surgical solutions to more complicated diagnoses. I hope the articles provide not only a different perspective on various surgical topics but also serve as a starting point for discussions and debates.

Although it is one of the most common problems encountered by pediatric surgeons, appendicitis has undergone a significant paradigm shift in its treatment methods in adults as well as children. For both uncomplicated and complicated appendicitis, the diagnostic modalities and treatment options have changed significantly. Dr. Deborah S. Loeff and I present a review on appendicitis and its pathophysiology as well as discuss the new treatment approaches.

Injury is one of the most common causes of morbidity and mortality in the pediatric population, particularly blunt trauma from motor vehicle collisions and falls. One of the most common injuries from abdominal trauma is solid organ injury, and Drs. Jonathan E. Kohler and Nikunj K. Chokshi review the related imaging and treatment practices. Notably, the article reviews the long-term ramifications after injury that will affect both the patients as well as their primary care providers.

One of the most devastating pediatric surgical emergencies is intestinal malrotation with midgut volvulus. Drs. Juan Carlos Pelayo and Andrea Lo review the signs and symptoms of intestinal rotation anomalies, imaging options, and treatment practices. They also describe the different types of anomalies of rotation as well as identify the variety of treatment options available depending on the patient’s comorbidities and clinical status.

Perhaps one of the most common reasons for surgical consultation is abdominal pain. In the final two articles, we discuss two particular etiologies of abdominal pain that are not frequently considered as part of the differential diagnosis. First, Samuel A. Shabtaie and Drs. Anthony R. Hogan and Mark B. Slidell discuss splenic cysts and review the various types, diagnostic modalities, and treatment options. Then, my colleagues and I review an underdiagnosed cause of chronic abdominal pain—celiac artery compression. We discuss its diagnosis, associated psychologic factors, multidisciplinary approach, and its treatment options. Our group at The University of Chicago first started surgically treating celiac artery compression in 2007 when two young teenage girls were successfully treated with laparoscopic release of the median arcuate ligament. Since then, the program has continued to grow, treating both children and adults.

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Dr. Mak also serves as the Pediatric Trauma Director and medical ECMO (extra-coroporeal membrane oxygenation) Director at Comer Children’s Hospital. She has developed many innovative multidisciplinary centers of excellence including the Pediatric Colorectal Reconstruction Center, the HIPEC (Hyperthermic Intra-Peritoneal Chemotherapy) Program, and the Pediatric Median Arcuate Ligament Syndrome (MALS) Program.

She also actively participates in clinical research of multiple pediatric surgical problems including appendicitis, anorectal malformations, and MALS.

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About the Guest Editor