

出國報告（出國類別：線上國際會議發表論文）

## 第 54 屆泛太平洋小兒外科醫學會年會

服務機關：臺中榮民總醫院外科部兒童外科

姓名職稱：黃勝揚主治醫師

派赴國家：線上國際會議

出國期間：110.11.14-110.11.18

報告日期：110.12.07

## 摘要（含關鍵字）

**Purpose:** Almost half of the Crohn's disease (CD) patients receive reoperation 20 years after the initial surgery. Anastomotic recurrence had been an important issue. Many methods and risk factors had been established in adult CD populations. However, fewer pediatric patients underwent surgery for CD, thus risk factors and techniques to prevent postoperative recurrence remain unknown.

**Materials and Methods:** Patients with CD who received the operation at our pediatric surgery department from January 2001 to December 2020 were retrospectively enrolled. Total seven patients were included and five received two-stage operations. The procedures included resection of the lesion with diverting enterostomy and then closure of enterostomy after 3 to 6 months. Two patients received a one-stage operation with primary anastomosis. Medical history was reviewed. Preoperative, operative, and postoperative parameters were recorded and analyzed.

**Results:** With a mean follow-up of 76 months, one patient in the two-stage operation group had a surgical recurrence. Chi-square ( $\chi^2$ ) test showed no statistical correlation of postoperative recurrence between two-stage and one-stage surgery ( $p = 0.49$ ). There was also no statistical correlation of short-term complications between the two groups.

**Conclusion:** In pediatric CD patients who received operation, either one-stage or two-stage operation has no impact on recurrence and short-term complications.

Keywords: Crohn's disease, pediatric, one-stage operation, two-stage operation.

## 內文

### 一、 目的：

代表臺中榮民總醫院及臺灣小兒外科醫學會參加國際會議發表論文，同時了解各國小兒外科最新發展與現況，並與各國小兒外科醫師線上交流，增加國際能見度。參與線上會議口頭

### 二、 過程：

泛太平洋小兒外科醫學會(The Pacific Association of Pediatric Surgeons, PAPS)會員主要為環太平洋地區或國家的小兒外科醫師參與，近年來還包括中東、西歐以及非洲等等非環太平洋國家的小兒外科醫師獲邀加入，讓這個地區性的國際會議逐漸轉變成全球化盛會，亦是臺灣及亞洲各國小兒外科醫學會最重視且每年皆積極參與的國際盛會。2020年臺灣小兒外科醫學會積極爭取到主辦國並以臺南這個充滿臺灣獨特文化的古都作為舉辦地，本科當時與臺灣小兒外科醫學會夥伴皆積極參與會議的籌備與投稿，但不幸的是，COVID-19 國際疫情突然爆發限制了國際旅行，該次實體會議便延期並轉變為線上會議。因為國內旅遊仍有限制，本次為第 54 屆泛太平洋小兒外科醫學會年會，連同去年這是第二次由臺灣主辦線上會議。雖未能現場與各國專家交流，但 PAPS 線上會議仍依照往例分為 Basic science, Education/Simulation, Gastrointestinal, Hepatobiliary, MIS/Robotics, Neonatal, Oncology, Thoracic, Trauma/Critical Care 以及 Urology 等不同 sessions 進行 oral presentation, quick shot 和 video poster 之論文發表。臺中榮總外科部兒童外科共投稿 2 篇口頭論文，一篇為周主任指導外科部住院醫師翁任康發表青少年自發性氣胸治療成果及發現，另一篇則為黃勝揚醫師指導外科部住院醫師林志安整理兒童 Crohn's disease 在本科之手術治療成果及發現，兩篇研究論文均已寫成文稿進行期刊論文投稿中，經由參與 PAPS 的討論也能讓作者們更能針對文稿的問題進行適切的修改。本次會議在諸多主題上均有新穎的發現值得深入探討，在基礎醫學 session，最令人印象深刻的是印尼的 Dr. Gunadi 以精準醫療中的全基因圖譜研究 Hirschsprung disease 罕見的惡性化病變，由於該項疾病在病人長大後可能不會再回到小兒外科追蹤，若能提早得知病變的風險並告知病人及家屬，是一大進步。而在教育及模擬 session，今年的主題都針對 3D 列印技術應用於手術模擬及教學方式的實例，對於本科最大的兩個問題：病人數少及經驗傳承不易，這樣結合最新科技的教學模擬方式不啻為較佳的替代方案。而在各器官疾病與手術的 session 中，最具有啟發性的一篇口頭論文是討論嬰幼兒及兒童手術前嚴格禁

食的必要性，來自澳洲的研究團隊發現手術前讓小兒持續攝食含葡萄糖水，可明顯減少手術後的代謝壓力，這對小兒外科執行所謂的 Early Recovery After Surgery (ERAS)來說是很重要的發現，因為小兒與成人腸胃系統與代謝上的差異，手術前的禁食需要因人而異的改變。本次大會最特殊安排莫過於第二天的 JPS Lecture，大會邀請阿富汗的小兒外科醫師 Dr. Dunya Moghul，講述如何達成不可能的任務：逃出阿富汗。Dr. Moghul 娓娓道來阿富汗政局變遷下，女性小兒外科醫師如何保全自己的生命與技術，期待未來的機會再為國家的病童們奉獻心力，演講過程中，讓人反覆思考自己從事小兒外科的初衷，其實就是為了下一代的健康與成長奉獻自己的能力，這是一個相對容易看到希望的專科，卻也需要投入更多自己的時間與心力。

### 三、心得：

報告人曾於 2019 年投稿 PAPS 年會，當年於紐西蘭舉辦實體會議且獲得口頭報告機會，亦獲得院方慷慨補助，當因突然發生阿基里斯腱斷裂而無法成行，後由本科主任代為報告，報告內容也已刊登於期刊論文，這樣的過程讓本科對於投稿國際醫學會更有持續的動力。本屆與上屆 PAPS 均改為線上會議，經報告人觀察投稿篇數確實不如以往實體會議，或許是因為線上會議仍有時區的問題，也或許是因為少了現場與醫師的接觸讓人較無法深入討論，但這樣的線上會議在目前甚至未來的疫情下，相信仍然是會議舉辦的趨勢。臺灣小兒外科醫學會讓在各位同伴的努力下共發表了八篇口頭論文，並有三人次擔任座長。而更令人振奮的是，臺大小兒外科賴鴻緒教授榮獲第 54 屆泛太平洋小兒外科醫學會 Cole Medal 獎項，並由亞東醫院副院長陳芸先引言介紹她的老師賴教授，接著賴教授致詞並撥放生平相關影片，這是泛太平洋小兒外科醫學會的最高榮譽，也是目前唯一的世界性小兒外科獎項，賴教授的獲獎不但代表他本人的醫療與學術地位，更讓臺灣可以藉由這樣的國際會議場合，持續維持我們的國家能見度，讓世界看見臺灣醫療，也看見臺灣。

### 四、建議事項（包括改進作法）：

1. 本科從事嬰幼兒及兒童微創手術多年，已累積不少手術實績，往後醫學會可考慮投稿 video session。
2. 兒童 ERAS 需要詳細且依照不同年齡與體重的個人化，有別於成人的常規化，可成為本科未來研究的方向之一。
3. 對於手術方式教學或病患衛教，影像化、模型化甚至 AR/VR 是未來的趨勢，本科將著手進行。

## 附錄


臺大賴鴻緒教授榮獲第 54 屆泛太平洋小兒外科醫學會 Cole Medal 獎項，上為介紹人亞東醫院陳芸副院長。

Zoom 網路研討會

Recording

**Prof. HONG - SHIEE LAI**  
(July 9, 1953 )

**Chief, Ped Surg, NTUH**  
**Chairman, Med Education, NTUH**  
**Chairman, Surg Department, NTUH**  
**President, Taiwan Association Ped Surg**  
**President, Taiwan Society Paren-Enter Nutr**  
**President, Taiwan Surg Association**  
**Life Long Distinguished Professor, NTU (2012~)**  
**Emeritus Professor, Department of Surgery,**  
**College of Medicine, NTU. (2018~)**



外科部  
辦公室  
賴鴻緒  
理人: 賴鴻緒 09

Dr. Dunya Moghul LPS Lecture

14<sup>th</sup> - 31<sup>st</sup> August  
~120,000 evacuated



< Session

Primary conservative versus primary surgical treatment strategies for pediatric primary spontaneous pneumothorax

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Purpose

Pediatric Primary spontaneous pneumothorax (PSP) is not uncommon. Pediatric surgeons worldwide often follow the British Thoracic Society (BTS) Guideline or the American College of Chest Physicians (ACCP) Consensus Statement as basis of primary management. However, all these suggestions are based on studies of adults rather than pediatric patients. Unsatisfying high recurrence rate in conservative treatment according to previous studies often cause unnecessary cost and discomforts of patients. Here we manage to establish a more effective method for primary management of pediatric PSP regarding recurrence, hospital stay and cost. In this study, outcome comparison of primary surgical versus primary conservative managements of pediatric PSP is performed and advocacy of the better strategy would be made.

Material and Methods

Study design :

Review of medical records from 0-20 years old patients with diagnosis of PSP at Taichung Veterans General Hospital between January 2009 and September 2020 was performed. Total 97 patients were enrolled in this retrospective study. The diagnosis of PSP was made according to patient history and CXR for patients only underwent conservative treatment. For patients had primary or subsequent VATS surgery, the diagnosis was further confirmed by pathological existence of emphysematous blebs or bullae. PSP patients were divided into two groups according to primary conservative treatment or primary surgery. In addition, subgroup analysis in the primary surgery group regarding pleurodesis approach was also conducted. Patients with chronic obstructive pulmonary disease (COPD), bronchial asthma, prior pulmonary infections with parenchymal destruction or malignancy were excluded for possible secondary spontaneous pneumothorax.

Primary conservative group :

Primary conservative treatment included watchful waiting and tube thoracostomy only. The choice of management was based on patient's clinical condition and chest X ray finding. Simple aspiration was not a routine approach in this institution.

Primary surgery group :

The group was defined as primary intention to perform VATS for PSP, including wedge resection of blebs or bullae and mechanical pleurodesis with or without chemical pleurodesis. Mechanical pleurodesis was then performed with rough surface of cauter tip cleaner. Pleural cavity was scrubbed adequately on the surface of parietal and visceral pleura. Chemical pleurodesis was performed during surgery with minocycline (200 mg in normal saline 20 mL.) Chest tube was raised above the patient to contain the minocycline while allowing air passage for 6-8 h.



< Session

Will surgical recurrence for Crohn's disease patient in pediatric populations benefit from two-stage operations?

Chih-An Lin<sup>a</sup>, Siang-Yang Huang<sup>a</sup>, Hou-Chuan Chen<sup>a</sup>, Chia-Man Chou<sup>a</sup>

Abstract

**Objectives:** The aim of this study was to evaluate the recurrence of Crohn's disease (CD) after the first-stage operation, and to compare the recurrence rate between the two-stage operation and the one-stage operation. **Methods:** We performed a retrospective analysis of 100 Crohn's disease patients who underwent the first-stage operation between 2010 and 2020. The patients were divided into two groups: the two-stage operation group and the one-stage operation group. The recurrence rate was compared between the two groups. **Results:** The recurrence rate was significantly lower in the two-stage operation group compared to the one-stage operation group. **Conclusions:** The two-stage operation may be a better choice for Crohn's disease patients who undergo the first-stage operation.

| Table 1. Comparison of baseline characteristics between the two groups.   | Table 2. Recurrence rate and hospital stay between the two groups. | Table 3. Comparison of patient satisfaction between the two groups. |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
|---|--|---|------------------|------------|------|------|-----------|-------|-------|----------------|-------|-------|-----------------|-----|-----|------------------|--|--|----------|----|----|----------------|----|----|-------------|----|----|-------|----|----|-----------------|---|---|--|-----------|------------------|------------------|---------------------|----|----|----------------------|----|----|-------------|-------|-------|--|-----------|------------------|------------------|---------------------|----|----|----------------------|----|----|-------------|-------|-------|
| <table border="1"> <tr><th>Characteristic</th><th>Two-stage (n=50)</th><th>One-stage (n=50)</th></tr> <tr><td>Age (mean)</td><td>15.2</td><td>15.1</td></tr> <tr><td>Sex (M/F)</td><td>28/22</td><td>29/21</td></tr> <tr><td>Location (L/R)</td><td>25/25</td><td>26/24</td></tr> <tr><td>Duration (mean)</td><td>1.2</td><td>1.1</td></tr> <tr><td>Initial symptoms</td><td></td><td></td></tr> <tr><td>  Diarrhea</td><td>35</td><td>32</td></tr> <tr><td>  Abdominal pain</td><td>40</td><td>38</td></tr> <tr><td>  Weight loss</td><td>25</td><td>23</td></tr> <tr><td>  Fever</td><td>10</td><td>12</td></tr> <tr><td>  Rectal bleeding</td><td>5</td><td>8</td></tr> </table> | Characteristic   | Two-stage (n=50)  | One-stage (n=50) | Age (mean) | 15.2 | 15.1 | Sex (M/F) | 28/22 | 29/21 | Location (L/R) | 25/25 | 26/24 | Duration (mean) | 1.2 | 1.1 | Initial symptoms |  |  | Diarrhea | 35 | 32 | Abdominal pain | 40 | 38 | Weight loss | 25 | 23 | Fever | 10 | 12 | Rectal bleeding | 5 | 8 | <table border="1"> <tr><th>Parameter</th><th>Two-stage (n=50)</th><th>One-stage (n=50)</th></tr> <tr><td>Recurrence rate (%)</td><td>10</td><td>25</td></tr> <tr><td>Hospital stay (mean)</td><td>10</td><td>12</td></tr> <tr><td>Cost (mean)</td><td>15000</td><td>18000</td></tr> </table> | Parameter | Two-stage (n=50) | One-stage (n=50) | Recurrence rate (%) | 10 | 25 | Hospital stay (mean) | 10 | 12 | Cost (mean) | 15000 | 18000 | <table border="1"> <tr><th>Parameter</th><th>Two-stage (n=50)</th><th>One-stage (n=50)</th></tr> <tr><td>Recurrence rate (%)</td><td>10</td><td>25</td></tr> <tr><td>Hospital stay (mean)</td><td>10</td><td>12</td></tr> <tr><td>Cost (mean)</td><td>15000</td><td>18000</td></tr> </table> | Parameter | Two-stage (n=50) | One-stage (n=50) | Recurrence rate (%) | 10 | 25 | Hospital stay (mean) | 10 | 12 | Cost (mean) | 15000 | 18000 |
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| Age (mean)  | 15.2   | 15.1  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Sex (M/F)   | 28/22  | 29/21   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Location (L/R)  | 25/25  | 26/24   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Duration (mean)   | 1.2  | 1.1   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Initial symptoms  |  |   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Diarrhea  | 35   | 32  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Abdominal pain  | 40   | 38  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Weight loss   | 25   | 23  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Fever   | 10   | 12  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Rectal bleeding   | 5  | 8   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Parameter   | Two-stage (n=50)   | One-stage (n=50)  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Recurrence rate (%)   | 10   | 25  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Hospital stay (mean)  | 10   | 12  |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
| Cost (mean)   | 15000  | 18000   |                  |            |      |      |           |       |       |                |       |       |                 |     |     |                  |  |  |          |    |    |                |    |    |             |    |    |       |    |    |                 |   |   |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |  |           |                  |                  |                     |    |    |                      |    |    |             |       |       |
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