

出國報告（出國類別：國際會議發表論文）

第 51 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

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摘要 (含關鍵字)

1. Long-term results of endoscopic treatment versus ureteral reimplantation for vesicoureteral reflux (VUR)

Background: Surgical treatment for primary VUR in children remains controversial. We present the surgical outcomes of children with VUR managed at our institute for more than three decades.

Materials and Methods: Retrospectively collect all children (less than 18 year-old) with VUR managed at Taichung Veterans General Hospital (TCVGH) between August 1985 and December 2017. Consecutively reviewed medical records, pre-operative images, operative procedures and post-operative images. Overall 513 children with VUR receiving surgical intervention at TCVGH were enrolled. No medical records (17 patients), no operation notes (3 patients) and post-operative duration < 3 months (3 patients) were excluded. Data was analyzed by unpaired t test for continuous data and Fisher's exact test for categorical data.

Results: Total 464 children, 166 girls (35.8%) and 298 boys (64.2%), were included: total 707 ureters treated, unilateral Rt VUR - 72 patients (15.5%), unilateral Lt VUR -149 patients (32.1%) and bilateral VUR - 243 patients (52.4%). Mean operative age was 29.05 months (SD 34.41, range 0.5-192), and mean duration of follow-up was 43.94 months (SD 50.23, range 0.25-310). Complete resolution of VUR by endoscopic subtrigonal Deflux® injection was 88.8%, and ureteral reimplantation may achieve higher success rate (>95%), especially for high-grade VUR or patients with severe anatomical anomalies. For Deflux® vs. ureteral reimplantation, there are no statistical differences between decreased renal scarring and kidney outcome.

Conclusions: Surgical intervention aims to reduce recurrent UTI and renal scarring for patients with VUR. Compared to ureteral reimplantation, endoscopic treatment gains the equivalent benefits but is less invasive.

Keywords: Vesicoureteral reflux (VUR); endoscopic treatment; ureteral reimplantation

2. Results of one stage repair for hypospadias – learning improves surgical outcomes

Background: Repair in hypospadias is a challenging and long learning-curve technique in the field of pediatric urology. One stage or staged urethroplasty for hypospadias remains controversial. This study presented the results of one stage urethroplasty for repairing pediatric hypospadias by one surgeon.

Materials and Methods: From Jan. 2009 to Feb. 2016, patients less than 18 years old operated at our institute for hypospadias were retrospectively reviewed and divided into two groups: group I (from Jan. 2009 to Feb. 2012) and group II (from Mar. 2012 to Feb. 2016). All operations were performed in one stage by one pediatric surgeon, and the surgical outcomes were compared between these two periods.

Results: There are totally 150 patients (69 in group I and 81 in group II). Mean operative age was 2y6m in group I and 2y9m in group II. The procedures included meatotomy, MAGPI, TIP, tabularized transverse preputial island flap, release of chordee, release of chordee with urethral repair, release of chordee with glanuloplasty and repair of urethrocutaneous fistula. Mean follow-up duration and the overall complication rate was 19.7 vs. 7.9 months and 40.6% vs. 32.1% in group I vs. II patients. However, only 11.6% and 17.3% of the patients in group I and II required another surgery. Besides, the incidence of glans disruption significantly decreased to 7.4% in group II in comparison with 21.7% in group I.

Conclusion: One stage repair for hypospadias may achieve satisfactory outcomes both in cosmesis and

voiding function. Learning from the experienced surgeon and more practice can improve surgical outcomes.

Keywords: one stage urethroplasty; hypospadias

本文：

一、目的：

參加國際會議、發表論文，了解各國小兒外科發展現況並與各國小兒外科醫師交流。

二、過程：

本次第 51 泛太平洋小兒外科醫學會(PAPS)年會約有環太平洋地區（包括俄羅斯、韓國、日本、中國大陸、香港、臺灣、越南、泰國、印尼、馬來西亞、新加坡、菲律賓、加拿大、美國、墨西哥、巴西、澳洲及紐西蘭等國家）上千名之小兒外科醫師參加，在日本札幌 Royton Sapporo 飯店舉行，臺灣小兒外科總共有近 30 位醫師參與盛會並發表論文。會議在四天內分別將所有論文依照 Basic science, Neonatal, Thoracic, Hepatobiliary, GI, MIS Robotics, Urology 和 Urology 等不同 sessions 分別進行 oral presentation, oral poster 和 poster 之論文發表。會議第二天下午，主辦單位更體貼舉辦 Conference Tour 帶與會人員參觀北海道著名的烏蘇火山及洞爺湖景點；第三天晚上之 Gala Dinner 除宴請與會醫師外，同時按照 PAPS 之傳統由各國分別合唱一首歌。

三、心得：

本次年會臺灣小兒外科醫師有 14 位發表 20 篇論文，其中臺北榮民總醫院之葉奕庭醫師更獲得 PAPS Prize Basic Science 獎項。印象最深刻的是中國大陸參加人數眾多，共發表約數十篇論文，尤其上海復旦大學附設醫院發表最為踴躍，在量上都是其他國家難以追上，在品質上也較以往提升很多；而且有很多年輕醫師積極參加並爭取口頭發表，精神值得各國學習。

佳滿此次參加會議，代表臺中榮民總醫院發表兩篇論文，一篇 oral presentation、一篇 poster，能在此國際會議發表本院開院至今共 32 年來小兒膀胱輸尿管逆流之外科手術治療結果，及近 6 年來單一位醫師治療尿道下裂之手術成果，實在是難得且令人驕傲的經驗。同時由會議各國發表之論文可發現，雖然在臺灣的小兒外科臨床病例數目無法和部分的國家相比，但臺灣在品質、基礎醫學研究及微創手術等先進技術之進展絕對是可與國際匹敵的；藉由與各國醫師之交流，也從中獲取豐富且寶貴之經驗對未來工作上有極大幫助。

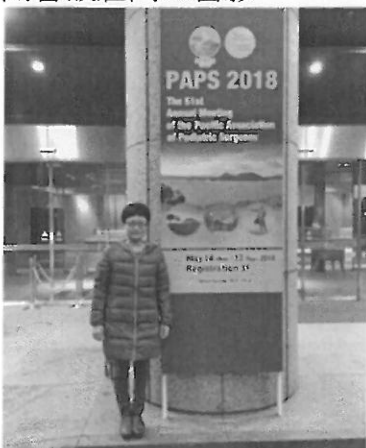
本次臺灣小兒外科醫學會更由亞東醫院陳芸副院長代表臺灣成功爭取到 2020 年在臺灣臺南市舉辦第 53 屆泛太平洋小兒外科醫學會(PAPS)年會；同時在第三天晚上之 Gala Dinner 大家一起高歌「高山青」，預告各國與會醫師這項榮譽且令人高興之消息。

四、建議事項（包括改進作法）：

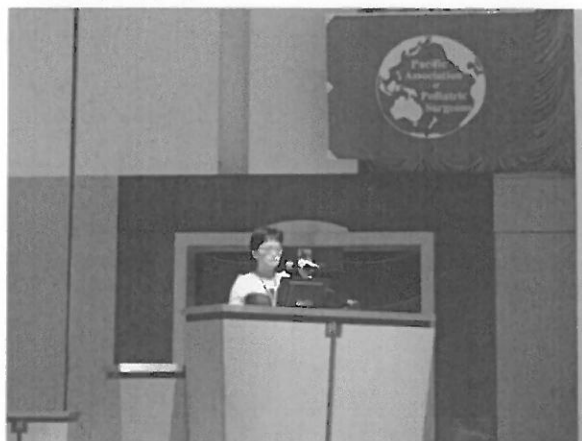
持續支持同仁出國開會發表成果、吸收新知並與國際學者交流。

附錄

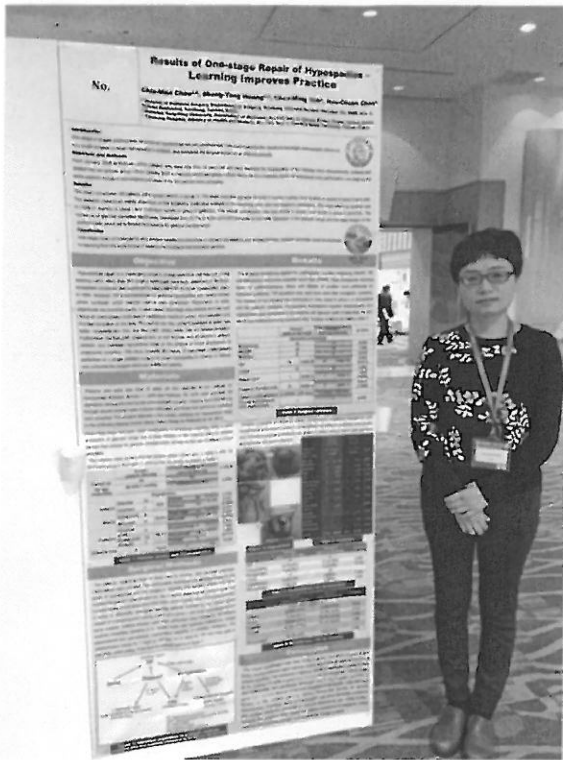
開會飯店門口留影



口頭論文發表



海報論文發表



在會場與台北馬偕醫院王念陸醫師合影

