

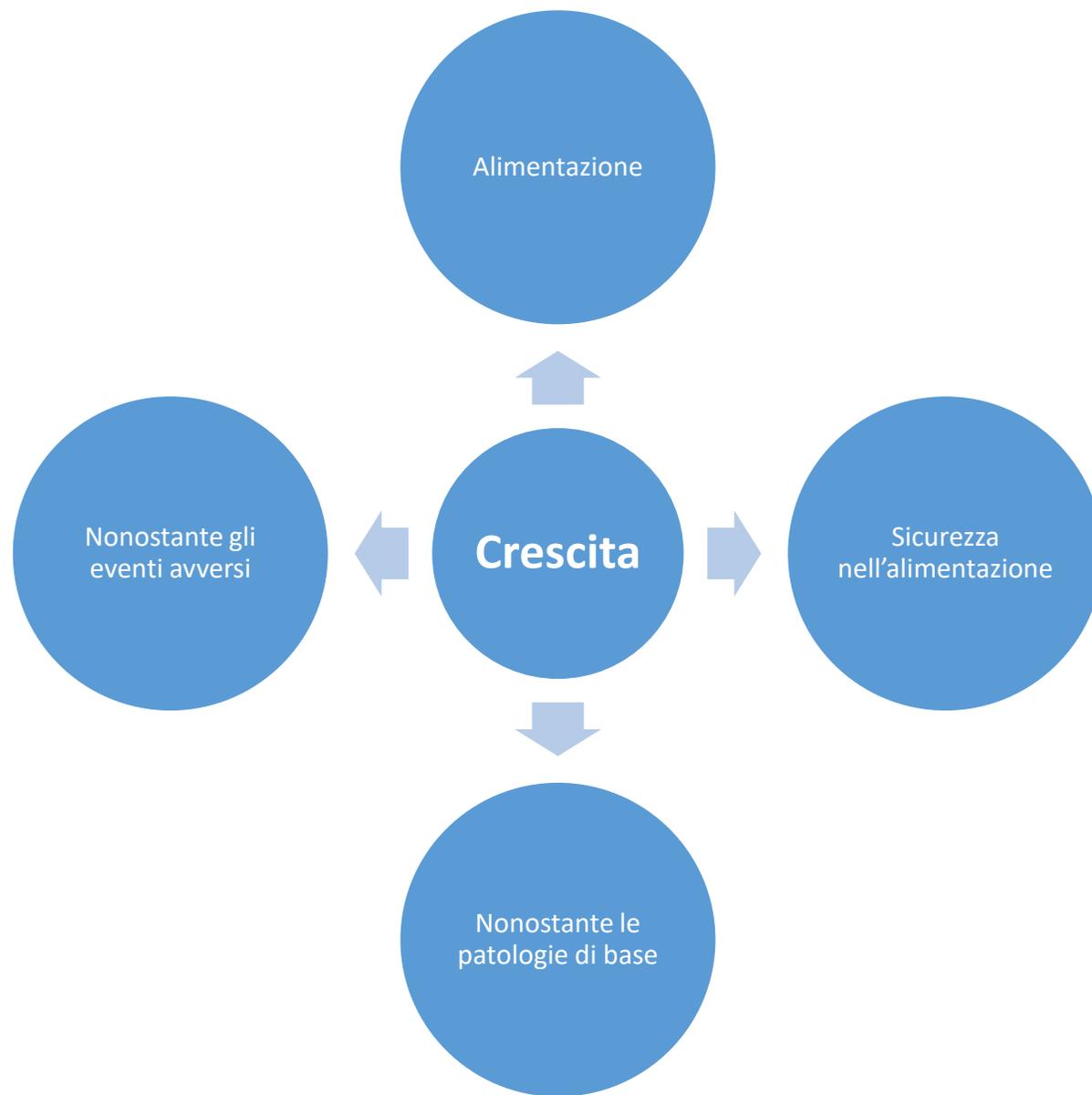


Associazione
Tecnico-Scientifica
di Stomatologia
e Riabilitazione
del Pavimento Pelvico



Le sfide nel paziente pediatrico

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UOC Gastroenterologia e Nutrizione
Ospedale Pediatrico Bambino Gesù – Roma
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DISABILITA'

PERCHE'

CRONICITA'

COS'E'

QUANDO

INTEGRITA'
CUTANEA

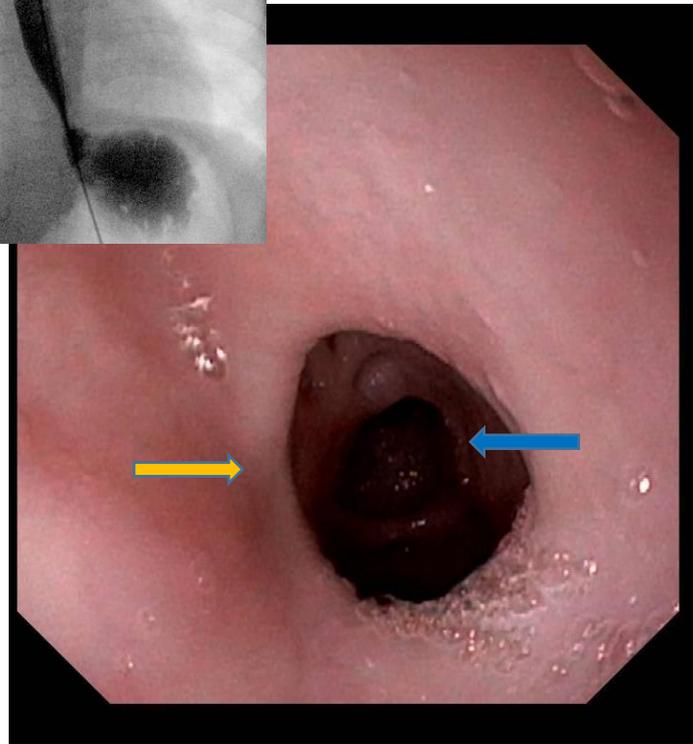
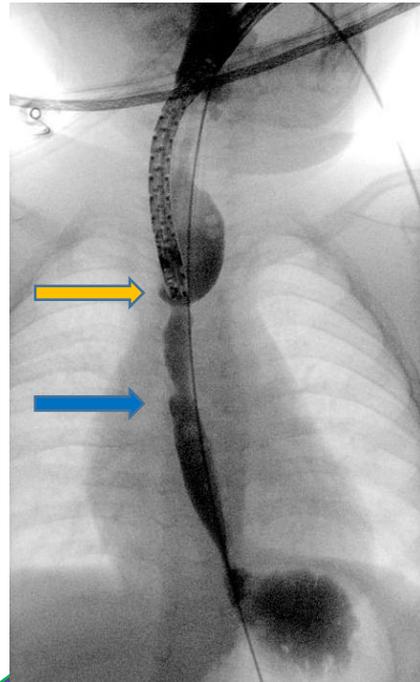
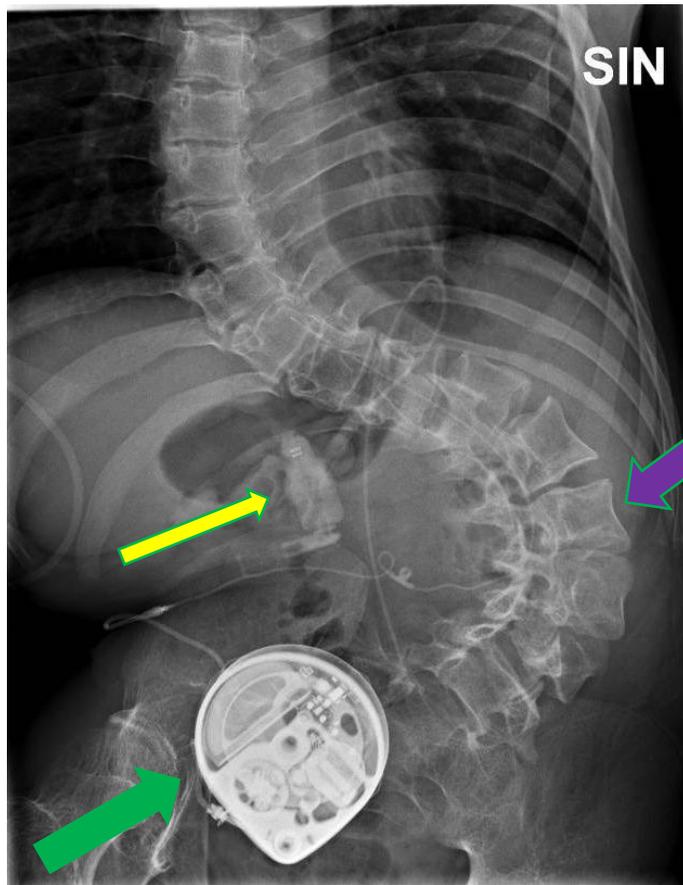
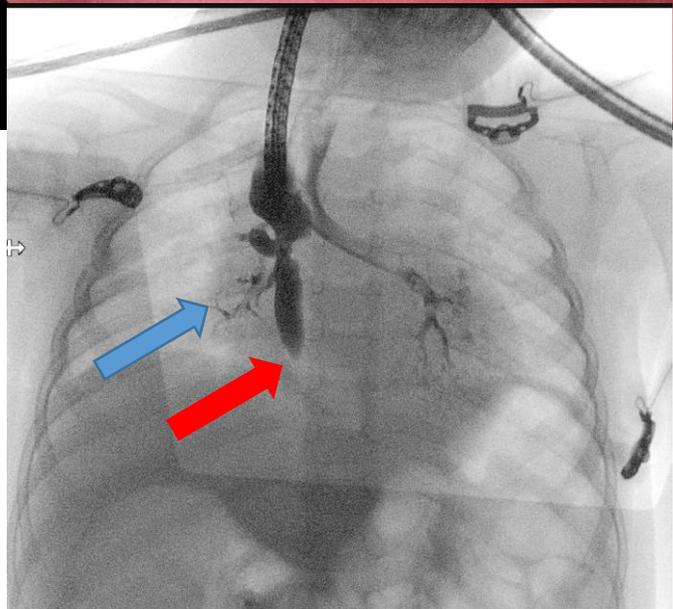
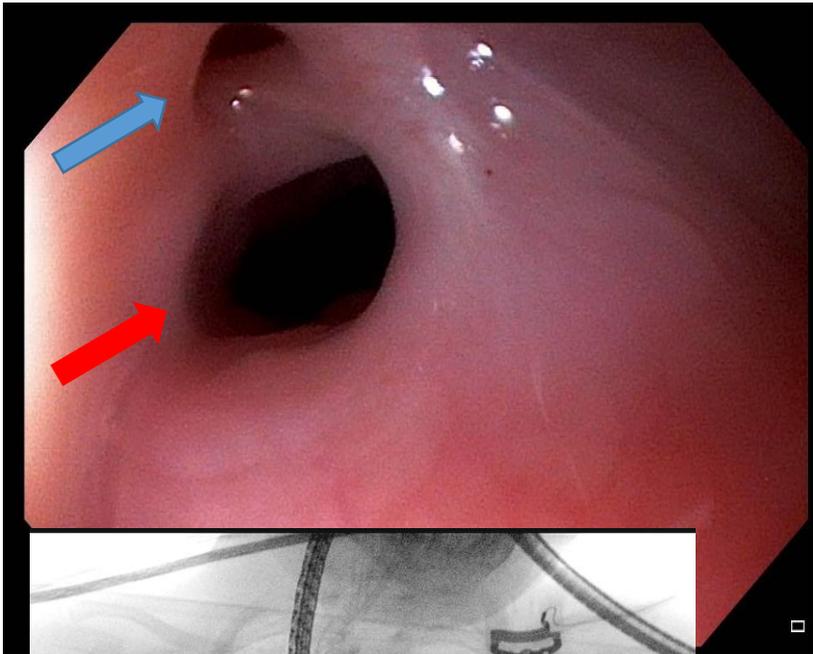
CRITICITA'

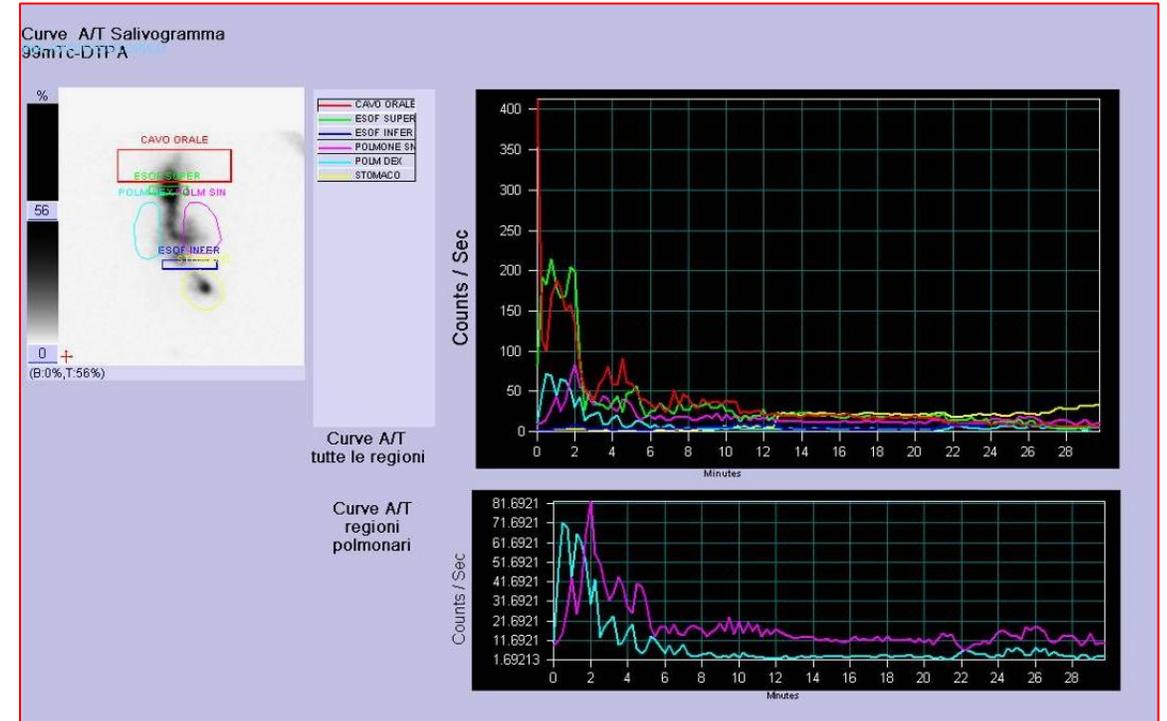
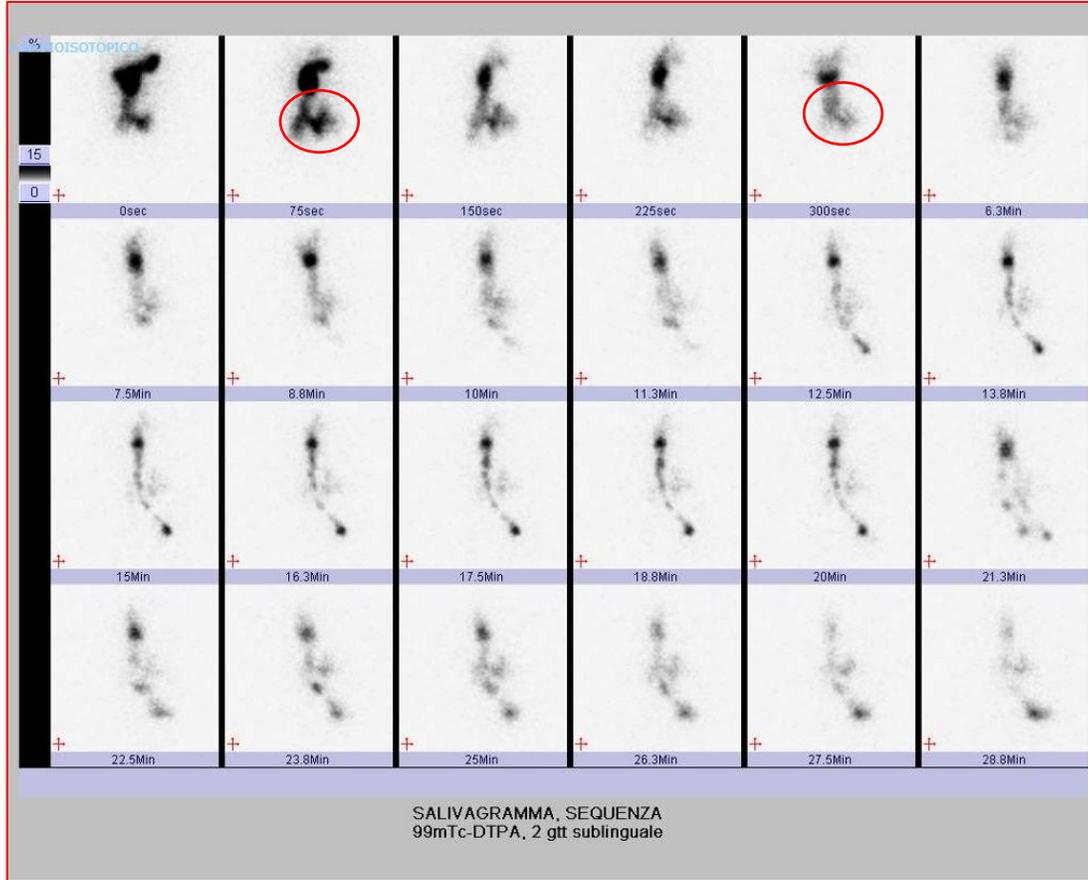
COME

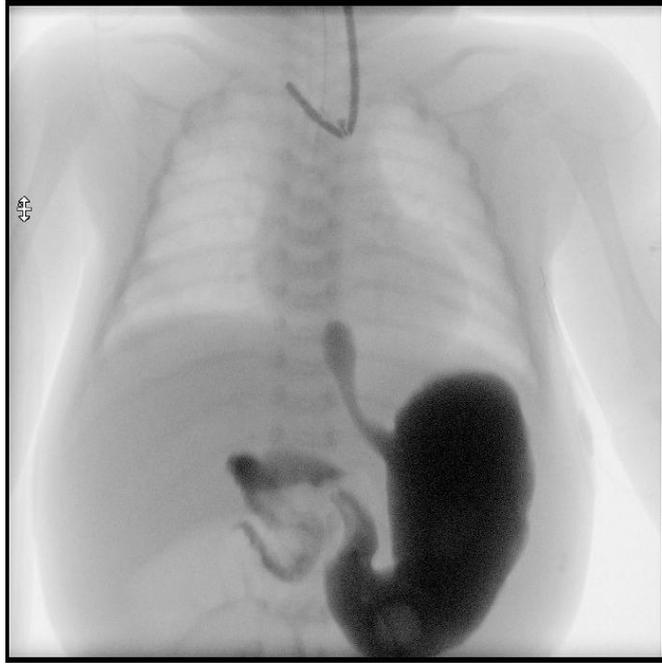
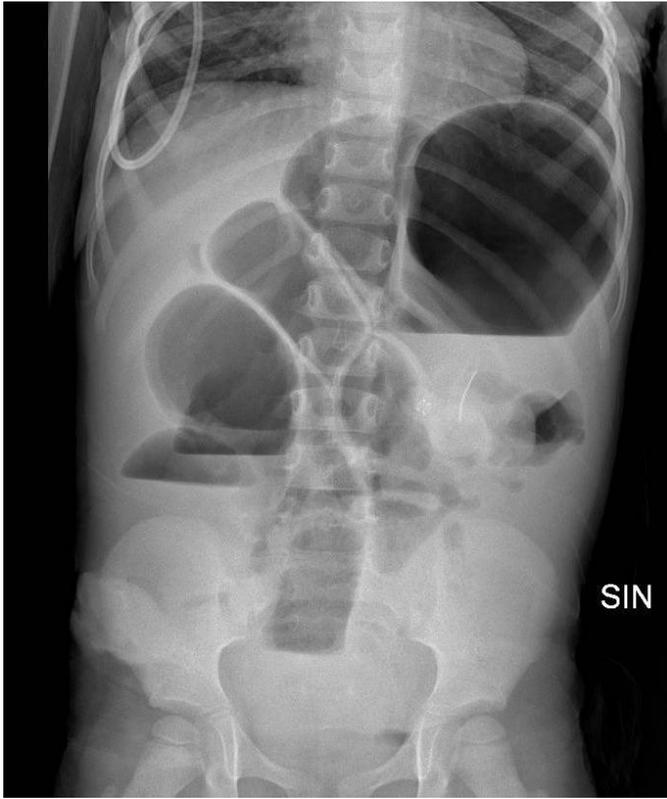
DOVE

DIFFICOLTA'
GESTIONALI

**STOMIA
DIGESTIVA**







Alimentare



Stomaco

Gastrostomia

Digiuno

Digiunostomia

Derivare



Saliva

Cervicostomia

Succhi gastrici

Gastrostomia

Succhi enterici

Digiunostomia

Feci

Ileostomia
Colostomia

Decomprimere



Stomaco

Digiuno

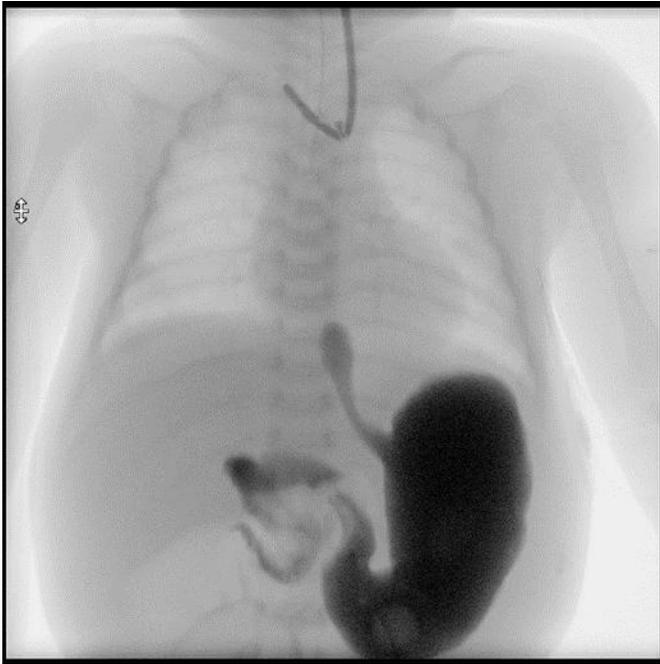
Ileo

Colon

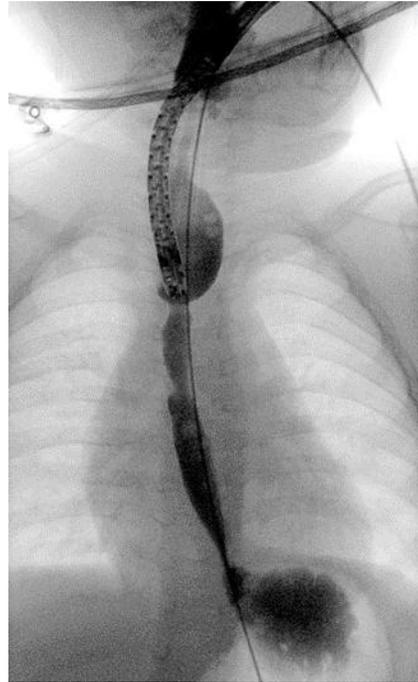


Gastrostomia

- Indicazioni
 - ✓ Disfagia
 - ✓ Deficit neurologico
 - ✓ Patologie renali/fibrosi cistica/metaboliche/cardilogiche/oncologiche
 - ✓ Atresia esofagea
 - ✓ Stenosi esofagee
 - ✓ Pseudo Ostruzione Intestinale Cronica
 - ✓ Volvolo gastrico
 - ✓ Epidermolisi bollosa distrofica



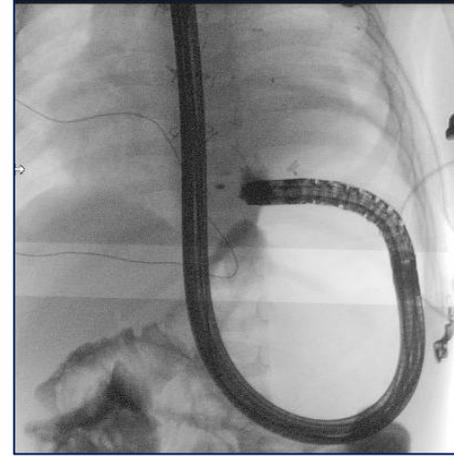
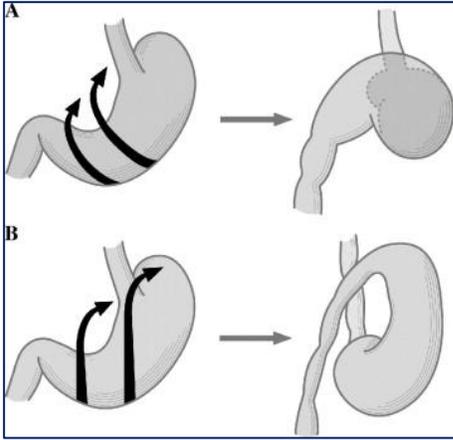
Atresia esofagea long gap



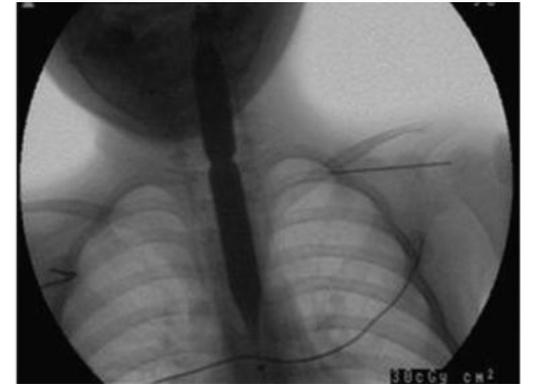
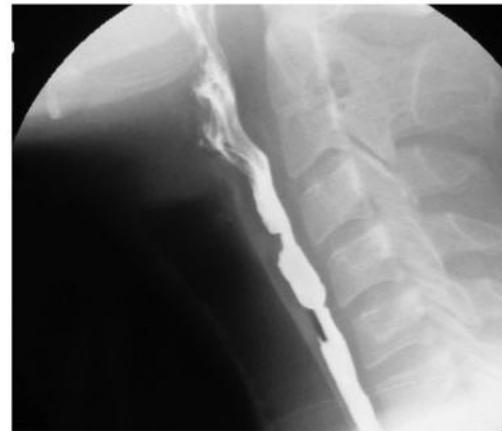
Stenosi esofagea secondaria a chirurgica



Stenosi esofagea secondaria a ingestione di caustico



Volvo gastrico



Epidermolisi bollosa distrofica

Gastrostomia

- Endoscopica

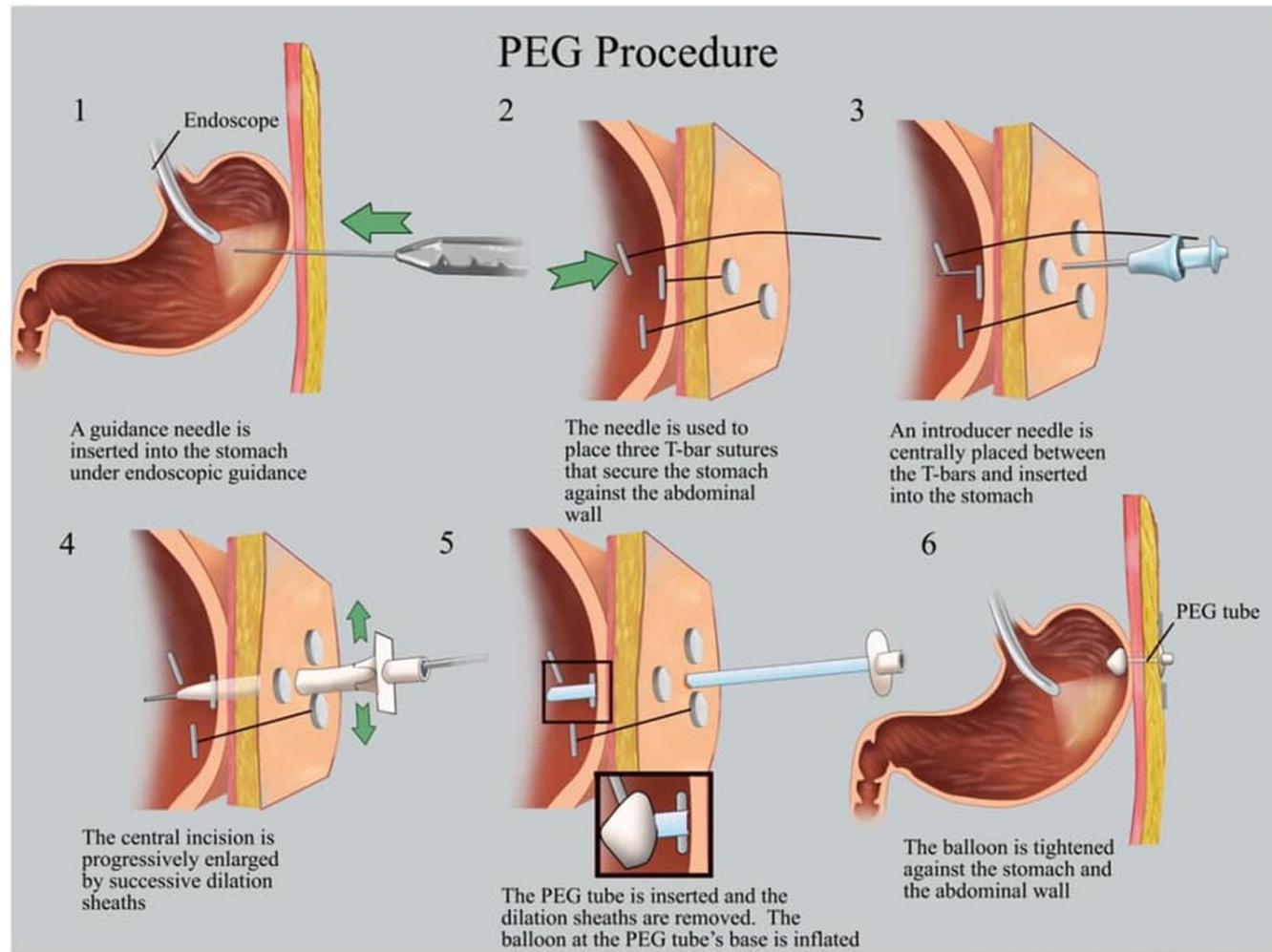
- Tecnica «push»
- Tecnica «pull»

- Chirurgica

- Gastrostomia laparotomica secondo Stamm
- Gastrostomia laparoscopica
- Gastrostomia laparo-assistita

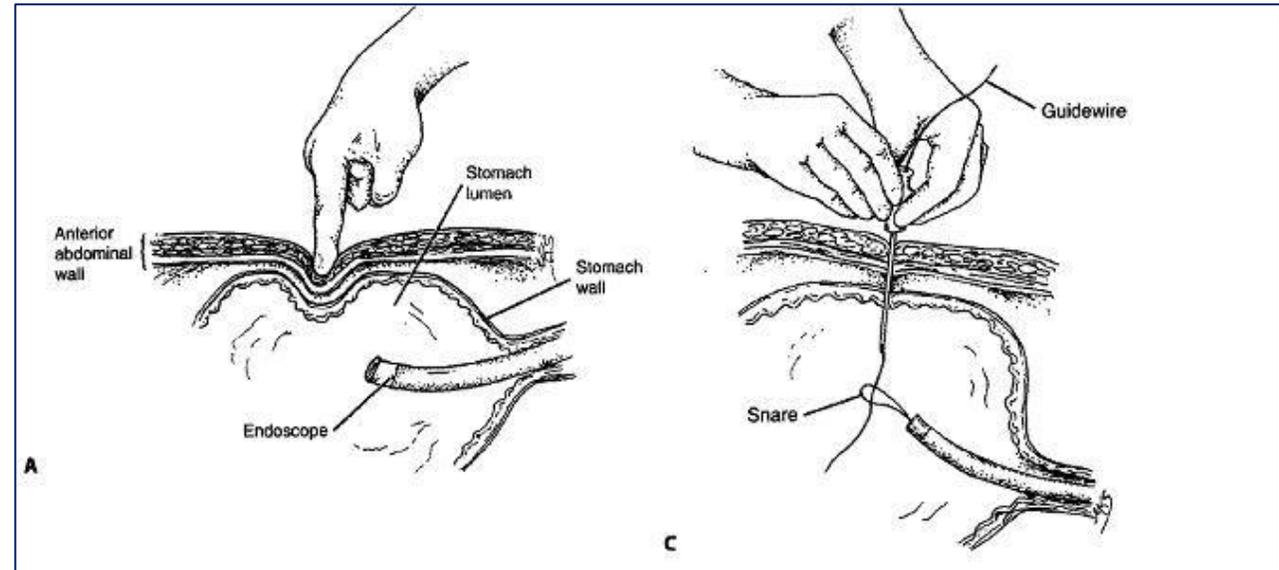
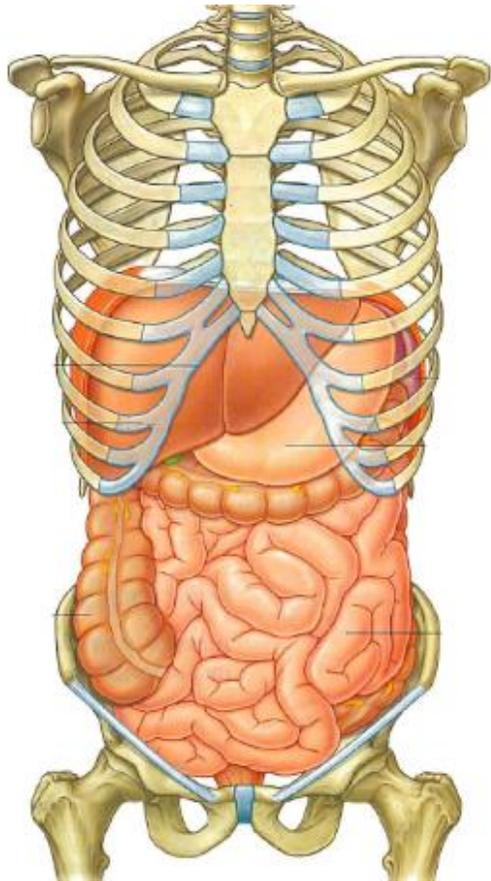
- Radiologica

Gastrostomy endoscopica percutanea, PEG Tecnica «push»



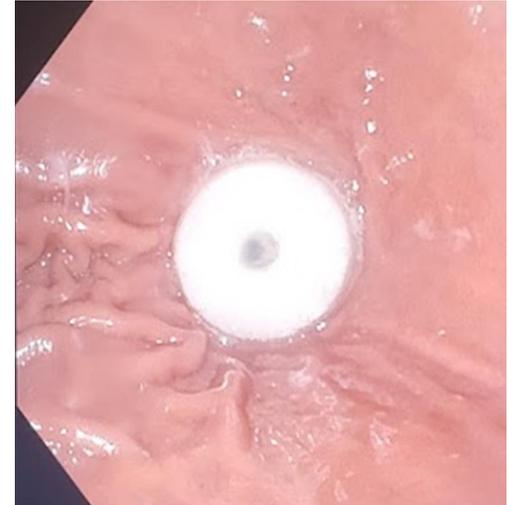
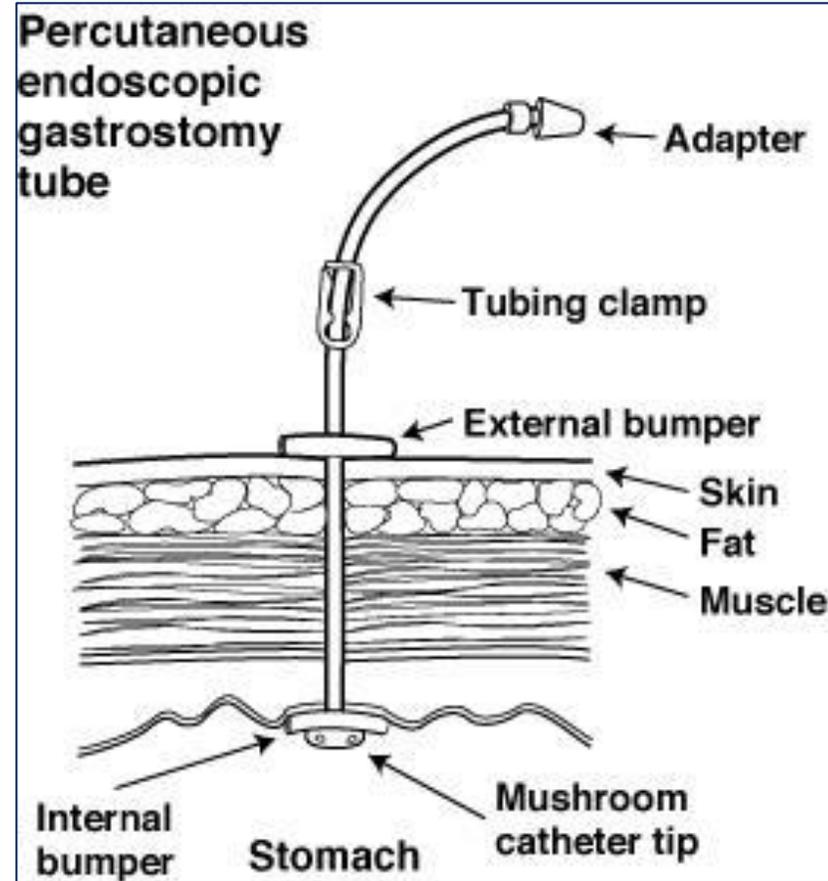
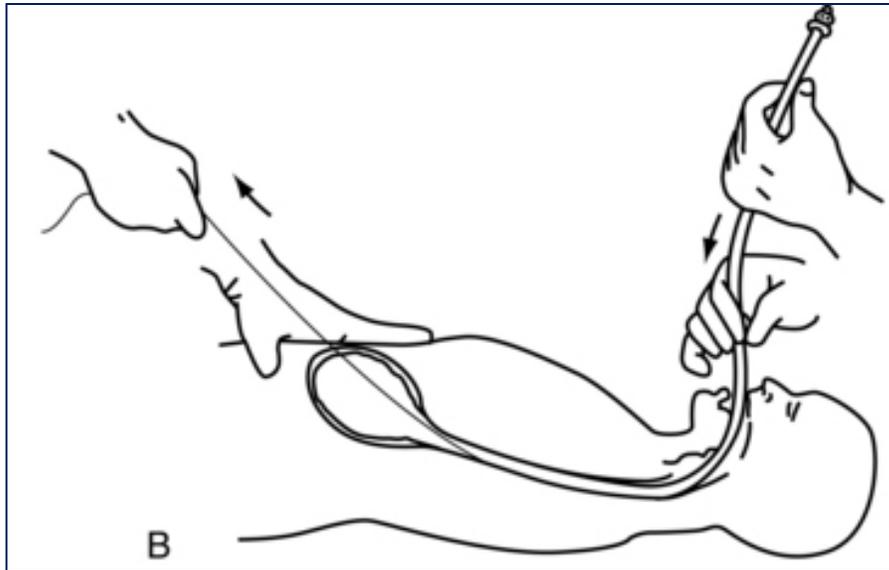
Gastrostomia endoscopica percutanea, PEG

Tecnica «pull», 1 tempo



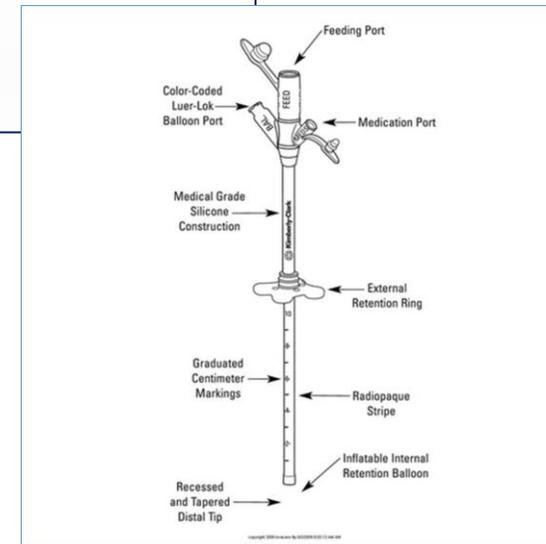
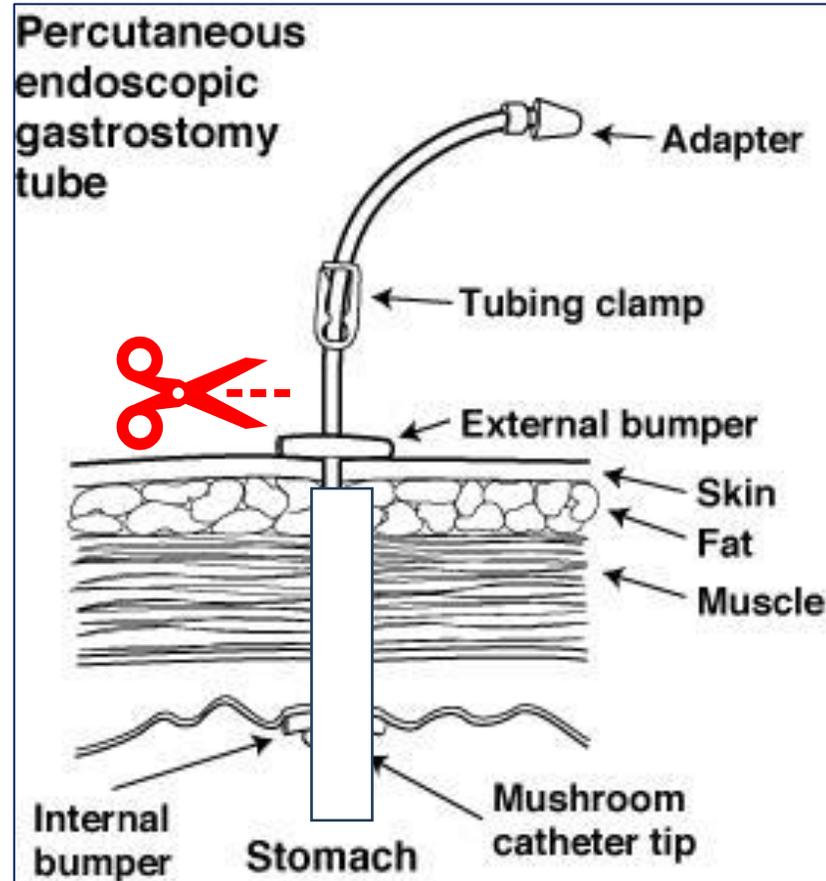
Gastrostomia endoscopica percutanea, PEG

Tecnica «pull», 1 tempo



Gastrostomy endoscopica percutanea, PEG

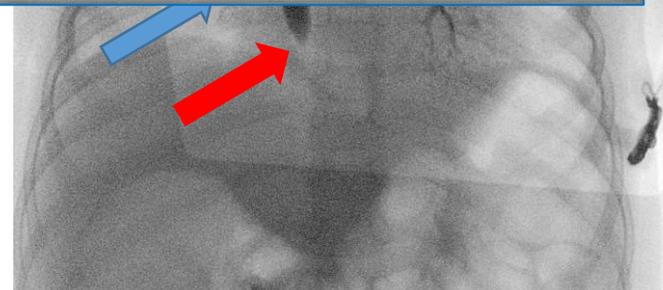
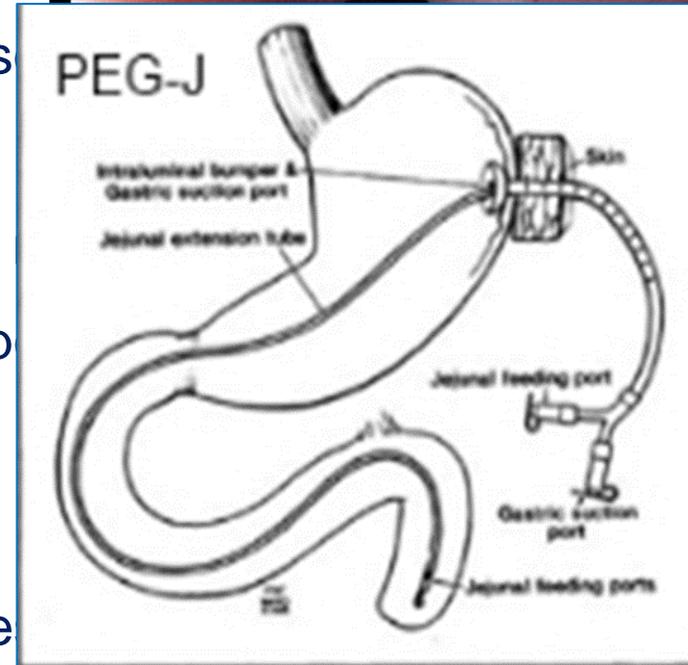
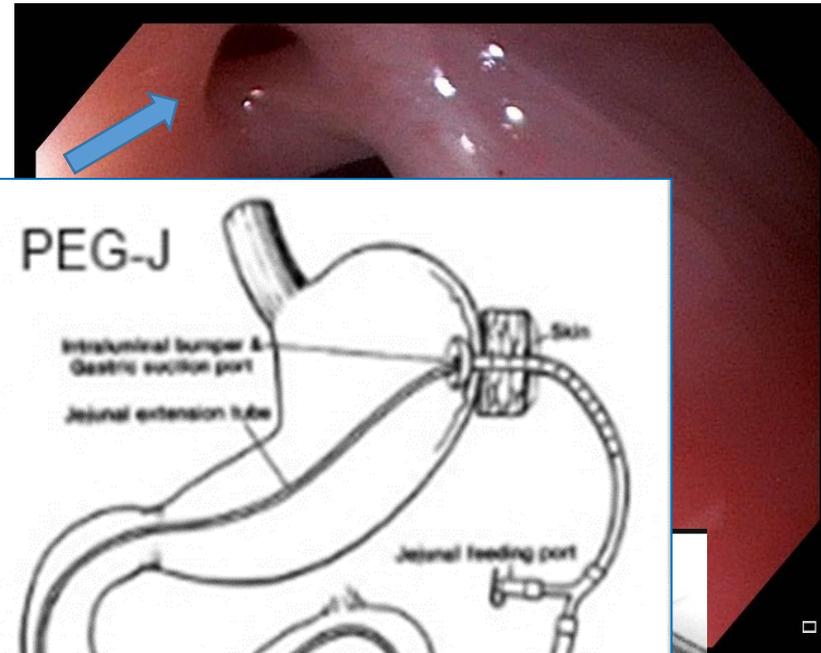
Tecnica «pull», 2 tempo

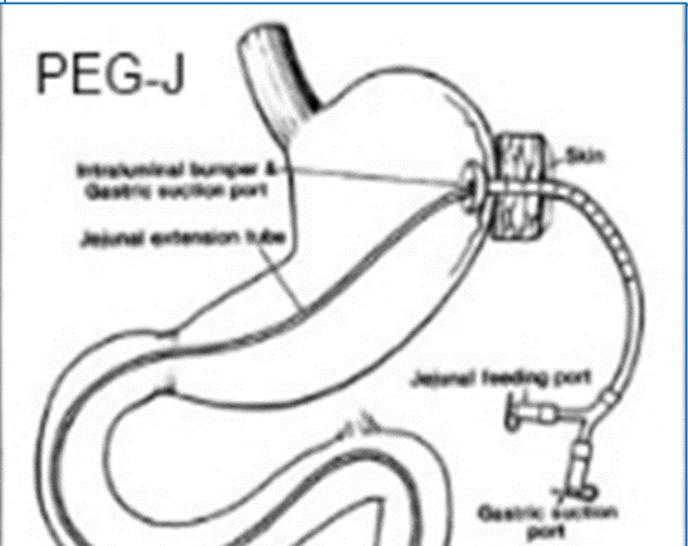
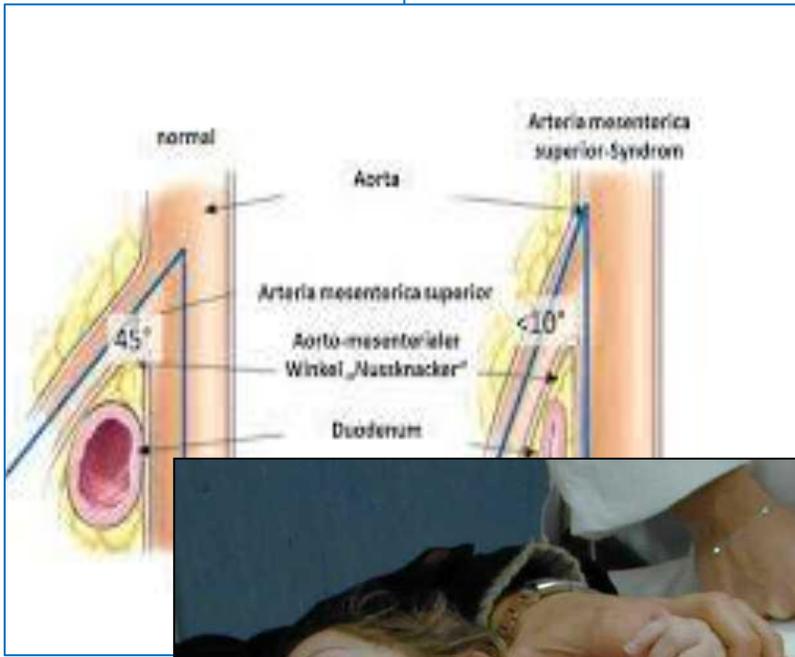
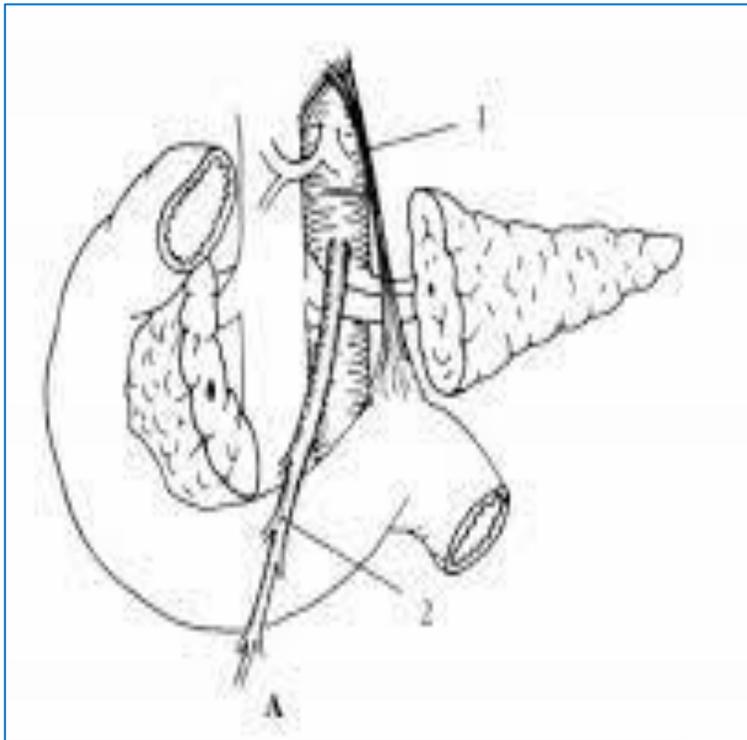


Digiunostomia

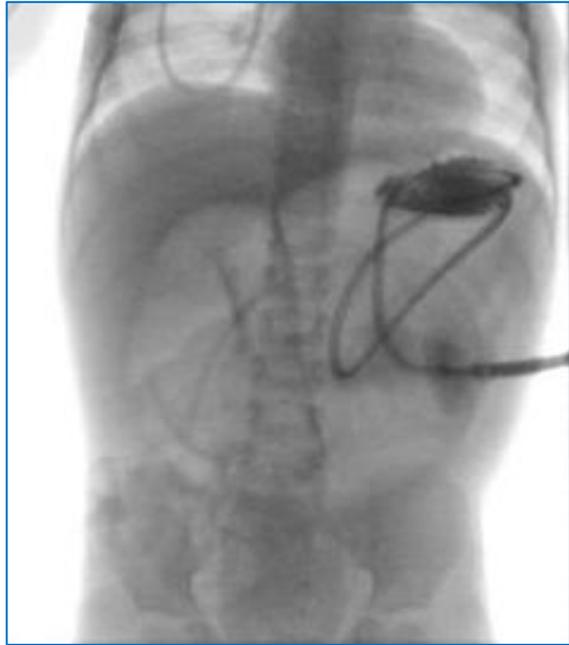
Indicazioni:

- ✓ Malattia da reflusso gastro-es
- ✓ Pazienti in NIV
- ✓ Gastroparesi (POIC/patologie
- ✓ Rialimentazione precoce nel p
esofagea)
- ✓ Fistole tracheo esofagee
- ✓ Sindrome compasso aorto-me





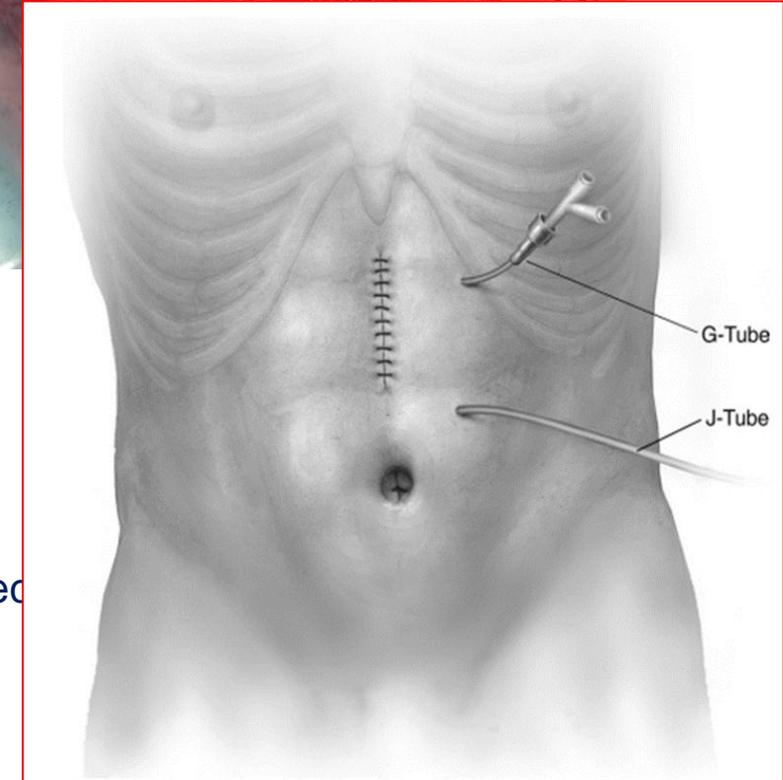
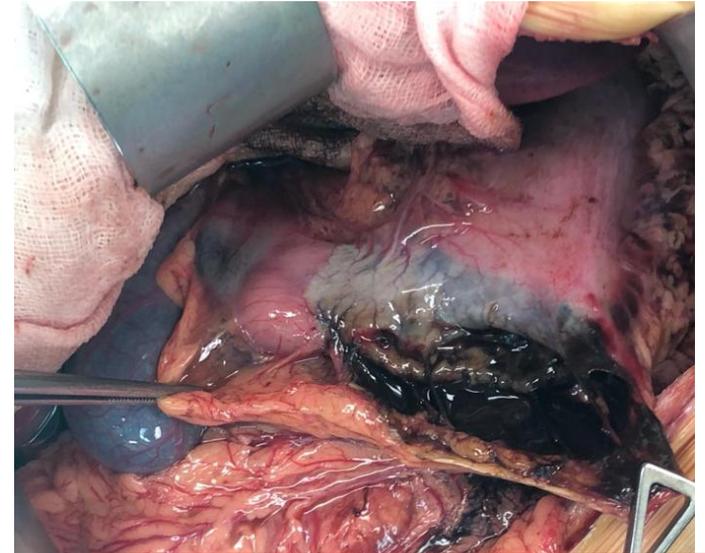
Digiunostomia chirurgica



- ✓ Dislocazione ricorrente di PEG/PEJ e abnorme distensione gastrica



- ✓ Sofferenza ischemica digiuno (volvolo neonatale)

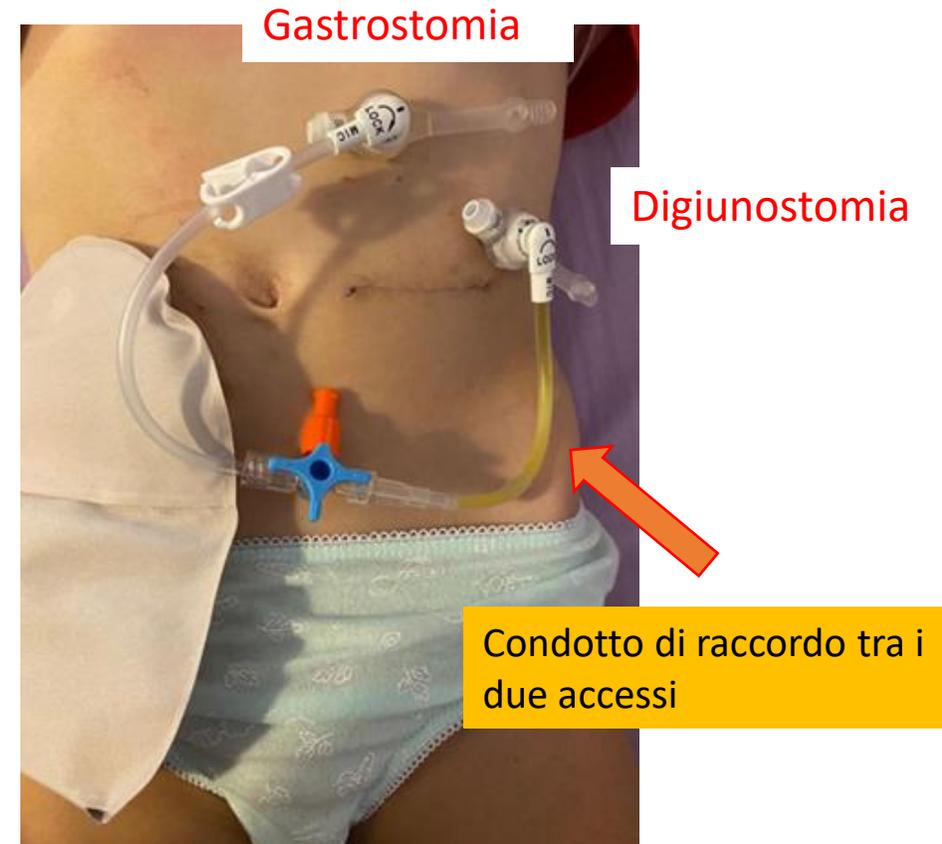
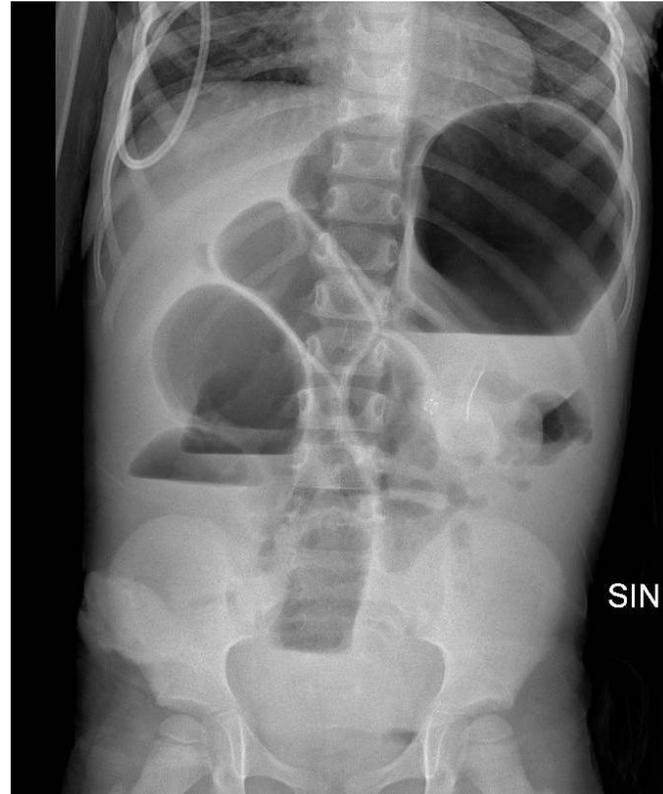


- ✓ Nec

Stomie derivative



Cervicostomia



Malattie infiammatorie croniche intestinali

- Malattia di Crohn
- Colite ulcerosa

Malattie infiammatorie
croniche intestinali - IBD

Picco di incidenza in
adolescenza età
giovanile

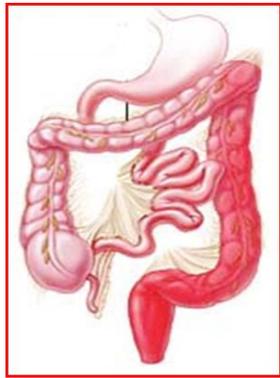
Malattie infiammatorie
croniche intestinali ad
esordio precoce – VEO-IBD

Età di insorgenza <6anni

Corteo sintomatologico:

- Dolori addominali
- Inappetenza
- Calo ponderale/ malnutrizione
- Evacuazioni frequenti
- Diarrea
- Rettorragia
- Febbre ricorrente
- Scarso accrescimento

La chirurgia nelle IBD



Colite ulcerosa, trattamento chirurgico: colectomia totale, ileostomia

Chirurgia elettiva

- *RCU refrattaria, cronicamente attiva*
- *RCU cortico-dipendente*
- *Displasia*

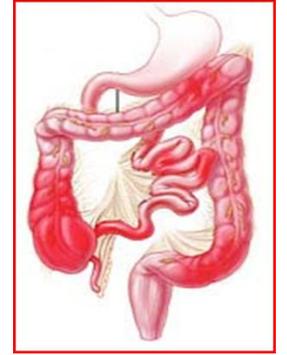
- Tempi e sede programmabili
- Buono stato nutrizionale
- Preparazione psicologica
- Non Immunodepressione
- 2 tempi chirurgici
- << % di complicanze

Chirurgia urgenza/emergenza

- Perforazione intestinale
- Megacolon tossico
- Sepsi
- Emorragia
- Colite severa

- Tempi e sede NON programmabili
- Mediocre stato nutrizionale (BMI)
- Immunosoppressione
- In più tempi
- >> % di complicanze

La chirurgia nelle IBD



- Malattia di Crohn: terapia chirurgica delle complicanze

Chirurgia elettiva

- *Stenosi ileali, coliche, anastomotiche*
 - *Ascessi*
 - *Fistole intestinali, ano-rettali*
-
- Resezioni intestinali ampie o limitate
 - Stritturoplastiche
 - Chirurgia anale
 - Drenaggio

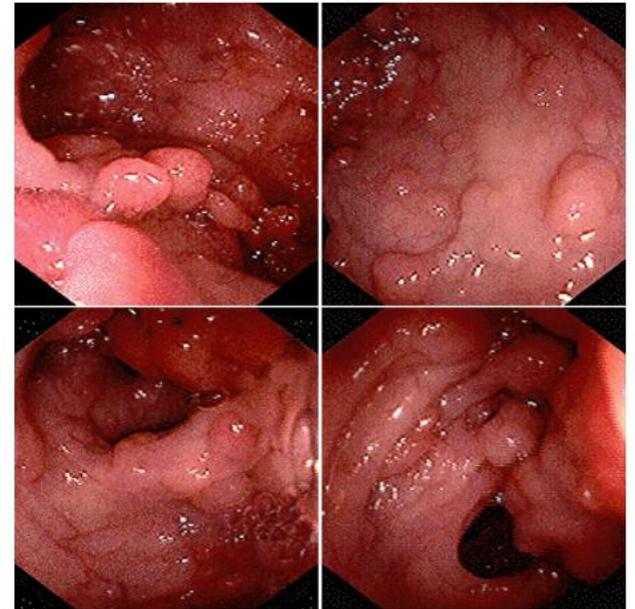
Chirurgia urgenza/emergenza

- Perforazione intestinale
 - Occlusioni
 - Emorragie
 - Megacolon tossico
-
- Colectomie
 - Resezioni intestinali
 - Stomie derivate



Stomie derivative temporanee

- ✓ Poliposi Adenomatosa Familiare: autosomica dominante, mutazione gene oncosoppressore APC, cancro colon-retto nel 100% dei casi non trattati, polipi adenomatosi in numero superiore ai 100
- ✓ Perforazione intestinale
- ✓ Occlusione intestinale: ileo da meconio (fibrosi cistica)



Stomie derivative a vita

Pseudo ostruzione intestinale cronica (CIPO)

- Occlusione meccanica del piccolo e/o grande intestino, in assenza di cause anatomiche ma con presenza di dilatazioni alla radiologia
- Disordine di natura neuropatica, miopatica o delle cellule intersitziali del Cajal
- Distensione intestinale, dolore addominale, subocclusione, squilibri elettrolitici
- Necessità di derivazioni intestinali anche multiple, sospensione dell'alimentazione per bocca e necessità di nutrizione parenterale totale tramite CVC



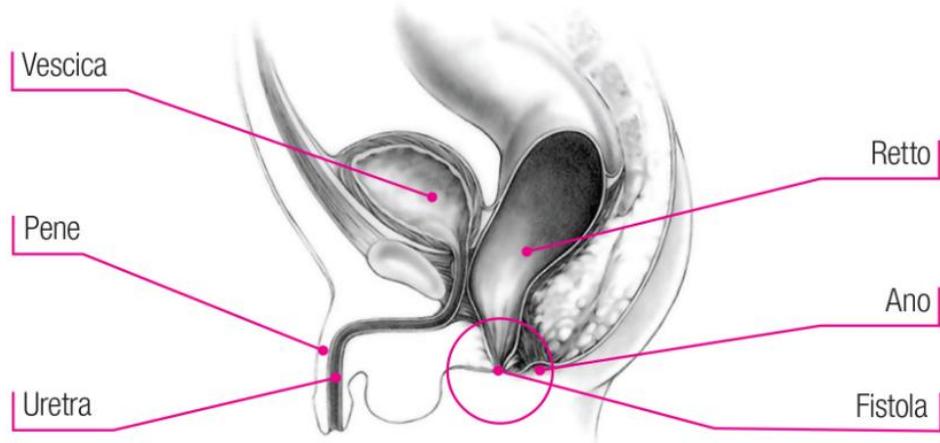
Alimentare/ Decompressivo

Alimentare/Decompressivo

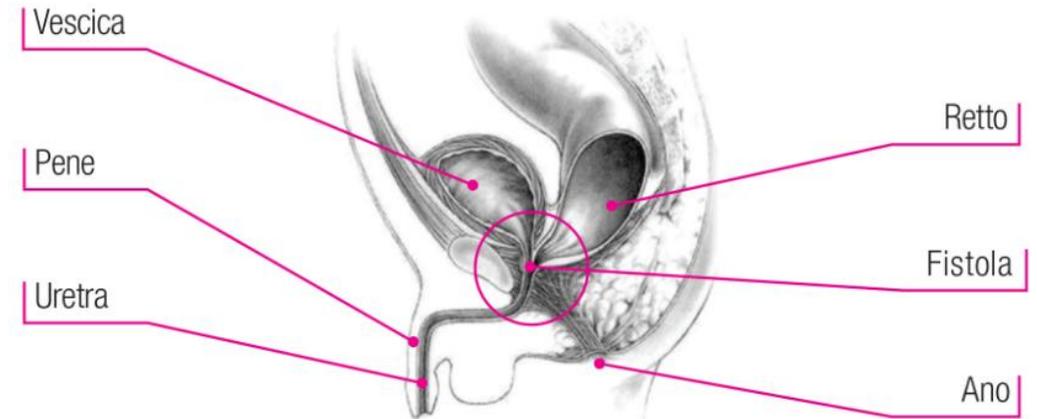
Derivativa

Derivativa

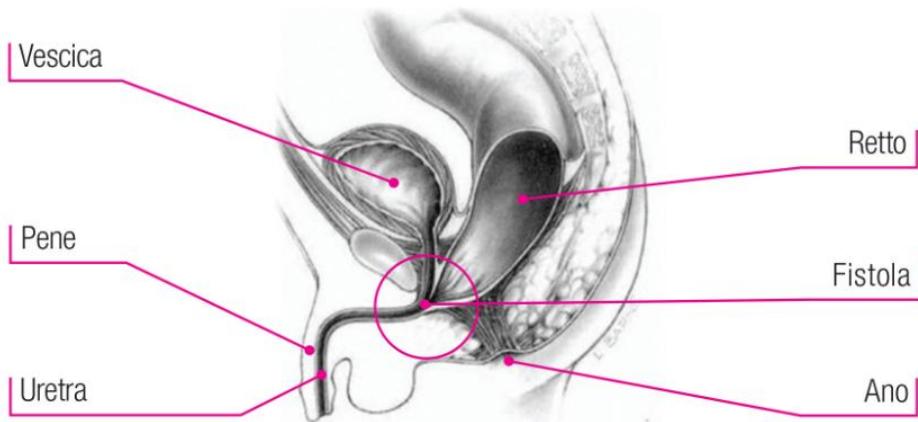
Malformazioni anorettali



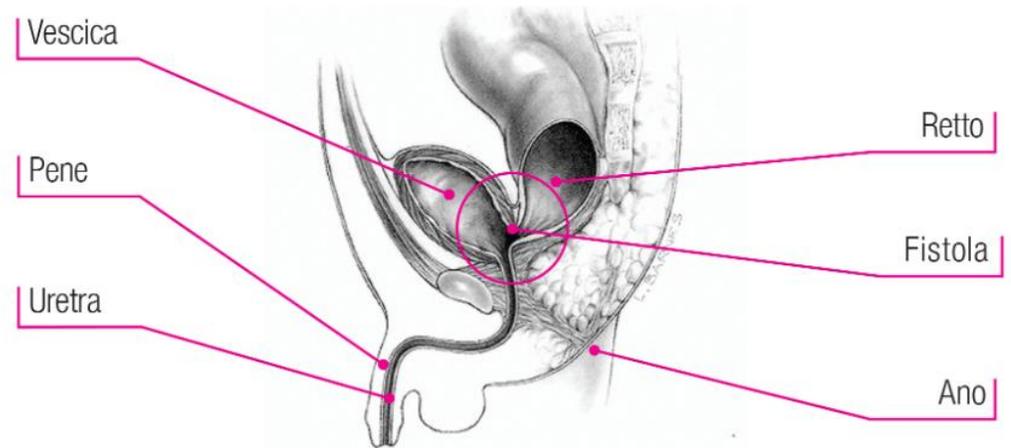
Fistola retto perineale



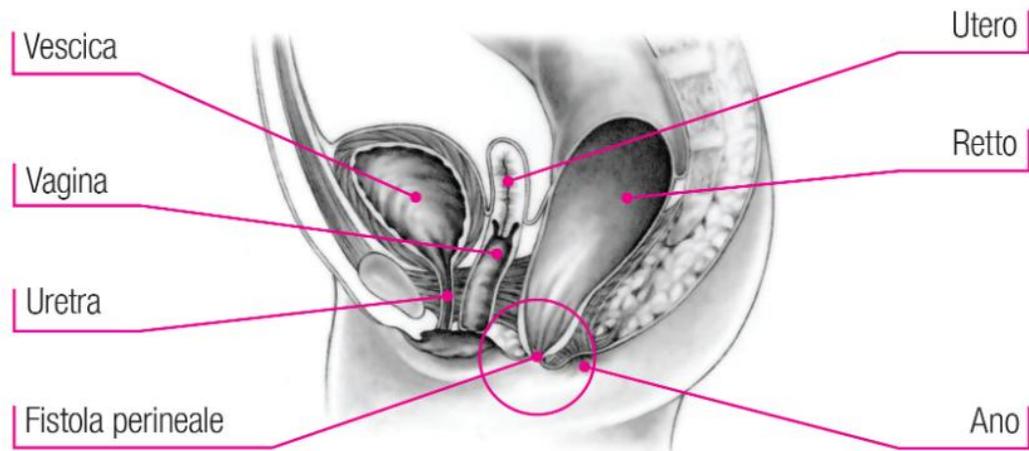
Fistola retto prostatica



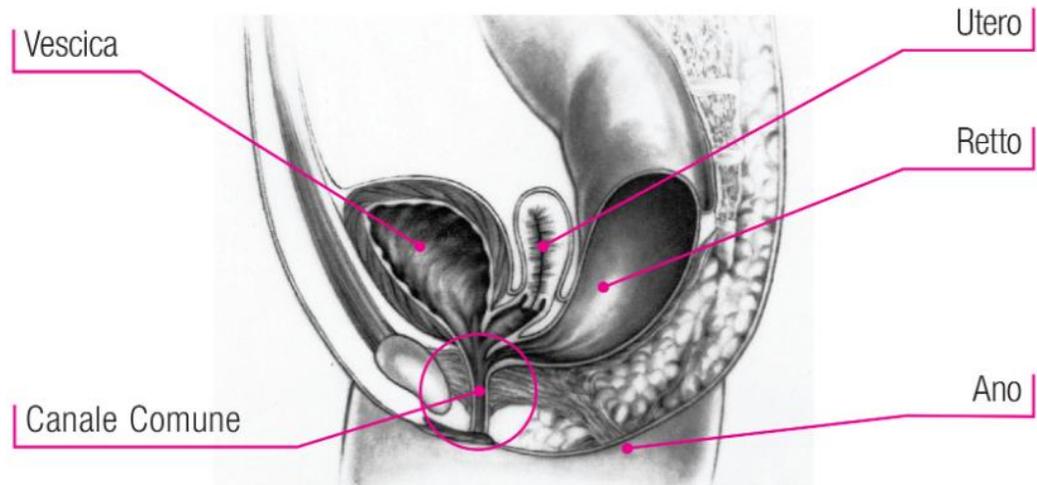
Fistola retto bulbare



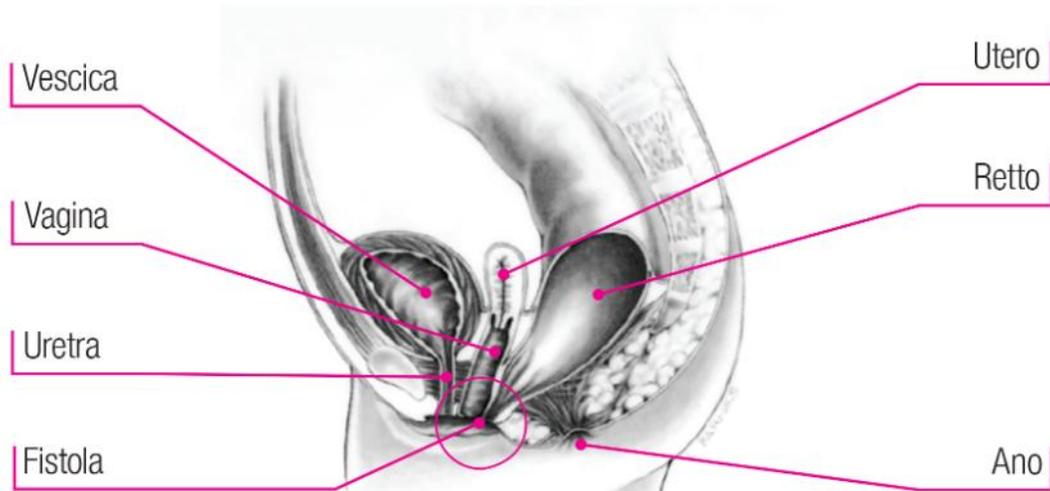
Fistola retto collo vescicale



Fistola retto perineale

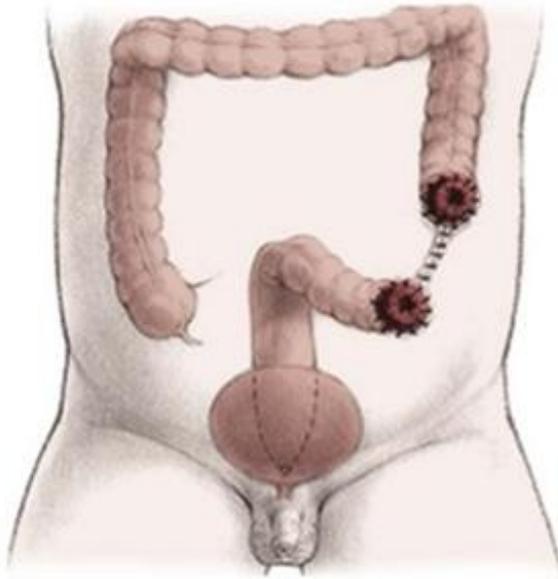


Cloaca comune

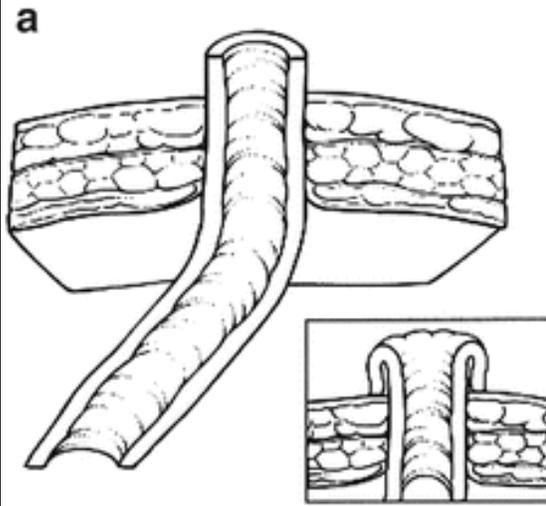


Fistola vestibolare

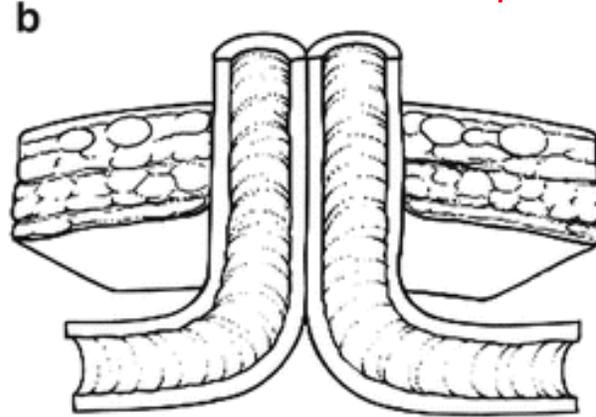
Colonstomie temporanee a stomi separati



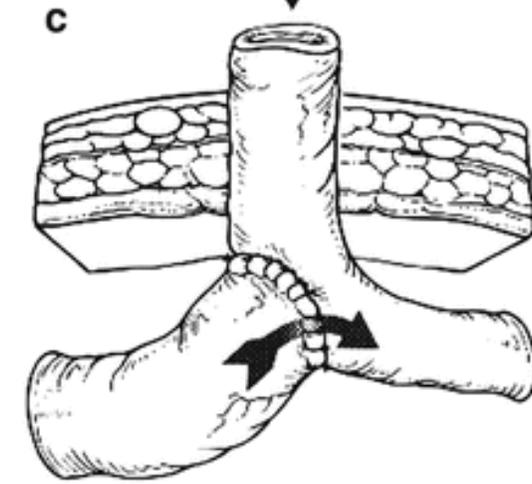
Ileostomia terminale



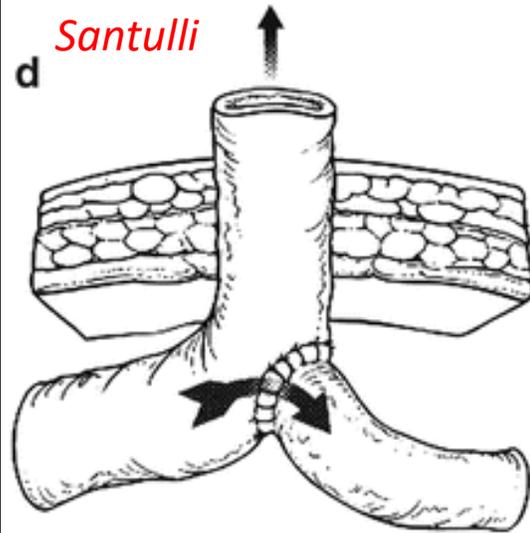
Ileostomia a stomi separati



Bishop-Koop



Santulli



Ileostomia su bacchetta

