COMPARATIVE STUDY FOR DEFINITIVE SURGERY OF HIRSCHSPRUNG'S DISEASE BETWEEN SWENSON'S AND DUHAMEL'S PROCEDURE

Thesis Submitted for partial fulfillment medical doctor degree in general surgery.

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الله المحالية

قالول سبمانك للاعلم لنا لإلا ما علمتنا لإنك لأنت للعليم لالكليم لالكليم

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(Man is a mystery. It must be solved, and if you spend your life trying to solve it, you must not say the time was wasted.

I have chosen to occupy myself with this mystery, for I wish to be a man).

Fyodor Doestoevsky

TO THE SPIRIT OF MY FATHER AND TO MY BELVOED MOTHER

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Introduction

Introduction

Congenital megacolon, or Hirschsprung's disease, is one of the classic problems in pediatric surgical practice. It enters into the differential diagnosis of newborn infants with intestinal obstruction as well as the perplexing problem of an older child with constipation (Swenson, 1990).

Hirschsprung's disease is a congenital anomaly characterized by partial to complete colonic obstruction associated with the absence of intramural ganglion cells in the distal alimentary tract (Sieber, 1986).

Children with H.D. pass through three critical phases, the first extending from birth to the establishment of the correct diagnosis with costruction of a ganglionic stoma or definitive surgery in one stage. The group with ganglionic stoma will pass into farther 2 phases, the second phase lasts from the raising of the stoma to its closure, including the definitive surgical procedures. Both groups will pass after definitive surgery, and closure of colostomy, into a stage of gradual decrease in the frequency of defecation, together with acquisation of the continence.

Controversy exists to which is the optimum definitive procedure for treatment of aganglionic megacolon.

The surgical treatment of Hirschsprung's disease is fraught with many complications.

This study will include 30 patients of different age groups and both sexes, diagnosed as having H.D.

15 patients had been subjected to Swenson's procedure and 15 patients had been subjected to modified Duhamel's procedure.

Operative comparison between the two procedures had been directed to the amount of blood loss, the duration of each procedure, the operative complications, and the cost of each procedure; and postoperative comparison had been done to detect occurrence of complications in the patients of the two procedures.

Review of Literature