



# 23rd EUPSA CONGRESS

## ABSTRACT BOOK

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PO155 (GE) RISK FACTORS FOR REOPERATIONS IN CHILDREN WITH CONDENITAL DIAPHRAGMATIC HERNIAS

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**Aim of the Study** To describe the structure and frequency of reoperations in children with CDH depending on access, to determine the main risk factors for reoperation, to substantiate the optimal surgical approach for large defects.

**Methods** A retrospective cohort study of surgical correction of CDH in 104 newborns operated on then one center in the period 2000-2020 was carried out. To homogenize the group, 84 patients with left-sided CDH were included in the study. Correction of CDH was performed through laparotomy in 51 patients (61%), thoracotomy was used in 33 (39%) patients.

**Results** In the study group of patients, 14 (16.7%) reoperations were performed at different times of the long-term period. More than half of reoperations were associated with acute intestinal obstruction, more common after laparotomy (35.7 vs. 7%,  $p=0.05$ ). In this group, 5 reoperations were performed, the cause of which was intestinal obstruction, in contrast to the thoracic group, where one patient was operated on for malrotation. Diaphragmatic hernia recurrence occurred only in the thoracotomy group - in one patient with agenesis of the left dome of the diaphragm.

**Conclusions** The optimal method of surgical treatment of large defects and agenesis of the dome is the plastic of the diaphragm through the thoracotomy access using a patch and thoracalization of the abdominal cavity. Abdominal access is associated with a higher risk of reoperation, which is associated with the development of the adhesive process and the likelihood of ventral hernias due to viscerio-abdominal disproportion.