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Pediatric Endoscopy, Every day a challenge for the Pediatric Gastroenterologist

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A sother Medical Thecniques, pediatrics follow adults and adapt their advances in our practice. It is like, Flexible endoscopy is used since beguinning of XX century per Basil Hirschowitz, and pediatric endoscopy (PE) is used just since 1970 The aim of this work is making a literature review about the all issues aroud PE Pediatric GE should preform most of the PE procedure as diagnosis and treatment. Just more advanced procedures as ERCP and EUS must be preformed by Adult endoscopist with especial training Esophagogastroscopy indicated in allergic, infectus and peptic esophagitis, Infectus and inflamatory gastritis and coeliac disease Colonoscopy diagnosis in IBD, rectal bleeding and Infantile Polyposis. No routinary screening of cancer as adult, but special considerations in surveillance in longterm IBD and juvenile Polyposis ERCP indicated in Choledocolithiasis, Primary Sclerosis cholangitis biliary strictures or lake after liver transplantation. pancreatic ERCP in pancreas divisum or chonic pancreatitis It can be donde since 10kg weight children EUS Indicated in pancreatic disorders and rectal malformation and fistulizing IBD In patients since 10 kg weight Endoscopic Capsula Aproved in older than 2 years old in ocult bleeding, coeliac disease and Crohn Disease characterization Single Or Double Ballon Enterocopy indicated in small bowel involment in Pediatric Crohn, strictures or vascular lesions. Or assisted to surgery It can be done since 10 kg of weight.

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