

Conclusion: In higher grade varicocele (more than grade II) where sperm count and motility were poor, varicocelectomy bring improvement in both sperm count and motility. Effects of this operation in azoospermia was not studied and whether this improvement have any influence on fertility should be subjected to further study.

ENDOSCOPIC MANAGEMENT OF COLONIC POLYP IN PEDIATRIC PATIENTS

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Background: Colonic polyp is one of the most common causes of rectal bleeding in pediatric age group. Juvenile polyps are the most common form of tumor of the colon in children, accounting for more than 90% of colonic polyps. The advent of endoscopic polypectomy through colonoscopy has significantly reduced the risk associated with surgical polyp removal. We assessed the safety and efficacy of colonoscopic polypectomy in children.

Methods: We retrospectively identified patients aged 18 years and below, who underwent colonoscopy for removal of polyp during January 2012 through November, 2015 at Crescent Gastroliver & Genaral Hospital, Dhaka, Bangladesh. We reviewed medical records for demographics information, clinical and laboratory profile, colonoscopy findings, clinical outcome including complications and one month follow up data of each patient. Total intravenous anesthetics by propofol (TIVA), or pethidine and midazolam combination were used for anesthesia. Colonoscopy was done with Pentax EPK-P processor, Pentax EC-380 LKP Colonscope, ERBE ICC200 diathermy and Captivator- medium (27mm) hexagonal or rounded stiff wire loop polypectomy snare from Boston Scientific were used.

Results: We identified 316 patients who underwent colonoscopic polypectomy during our study period. Most patients (89%) came through outpatient department. The patients were between 2 and 18 years of age and more than half (205/316) were male. Over 91% (287/316) reported a history of per rectal bleeding and 9% (28/316) had abdominal pain. Of 316, 192 (61%) patients had polyp at rectum, 63 (20.1%) had at sigmoid Colon, 36 (11.4%) had at rectum & sigmoid colon, 2 (0.67%) had at recto-sigmoid junction, 4 (1.3%) had at rectum & transverse colon, 2 (0.67%) had at rectum, sigmoid colon & transverse colon, 2 (0.67%) had at descending colon, 2 (0.67%) had at sigmoid colon & transverse colon, 2 (0.67%) had at rectum-sigmoid-ascending colon, 2 (0.67%) had at ascending colon, 2 (0.67%) had at transverse colon and polyps involving whole colon in 2 (0.67%) patients. We identified single polyp in 173 (55.7%) patients, two polyps in 82 (26.5%) patients and more than two polyps in 55 (17.4%) patients. Of all, 273 (86.5%) patients had pedunculated polyp, 25 (8%) had sessile polyp and 17 (5.5%) patients had both types of polyp. During colonoscopy, bleeding occurred in 6 (1.9%) patients and none had perforation. All of them were managed endoscopically. No other immediate complications were reported. There was no mortality within one month follow up.

Conclusion: Colonoscopy snare polypectomy is a simple, effective, and safe procedure for the management of colorectal polyp in children.