

### P86 Long-term bladder function after acute transverse myelitis

W Cheng, \*RW Chiu, PKH Tam

Division of Paediatric Surgery, Department of Surgery and \*Department of Paediatrics, The University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong, China

**Purpose:** Acute transverse myelitis (ATM) is a relatively rare condition in children. The recovery is reported to be generally complete. In the current study, the long term urological outcome of children with ATM was assessed.

**Methods:** The medical records of children with ATM admitted to Queen Mary Hospital, Hong Kong over the last 15 years, were reviewed.

**Results:** The average age of the five children with ATM (F: M = 3: 2) at the time of onset was 6 years. The average length of follow up was 5.4 years (2 - 10 years). Most children recovered completely (80%) from paraparesis. Two children had no urinary symptoms with normal micturition. Yet video-urodynamic studies three years after the acute onset revealed that four out of the five children (80%), including one without any urinary symptom, suffered from residual bladder dysfunction: two from contractile neurogenic bladder, one from intermediate type of neurogenic bladder and one from detrusor sphincter dyssynergia.

**Conclusion:** We conclude that residual bladder dysfunction is common in children suffering from ATM despite improvement of paraparesis and apparent lack of urological symptoms. Long term follow up of these patient should include urodynamic study.

### P87 Long-term follow-up of childhood duodenal ulcers

KL Chan, H Saing, PKH Tam

Department of Surgery, The University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong, China

**Aim:** To evaluate the long-term outcome of childhood duodenal ulcers following initial treatment.

**Method:** The records of children admitted into our institution with endoscopically proven duodenal ulcer between 1970 and 1988 were reviewed.

**Results:** A total of 32 patients were available for study. The ages of the 22 boys and 10 girls ranged from 3 to 16 years (mean: 11.8 yrs). Duration of follow-up ranged from 10.5 to 28 years (mean: 13.6 yrs). Their primary presentations were: epigastric pain 9 (28%), provoked gastrointestinal bleeding (GIB) 6 (18.7%), unprovoked GIB 12 (37.5%), perforation 4 (12.5%) and pyloric obstruction 1 (3%).

All 13 patients with provoked bleeding/pain responded to H2 receptor antagonist therapy and required no further treatment. All 14 patients with unprovoked bleeding/pain, failed to respond to H2 receptor antagonist treatment (H2RAT): ulcer healing was achieved only after eradication of helicobacter pylori with antibiotics (n=8) or definitive surgery either by truncal vagotomy and pyloroplasty (V&P) (n=4) or proximal gastric vagotomy (PGV) (n=2). The patient with outlet obstruction required vagotomy and antrectomy for ulcer control. All 4 patients with perforation were initially treated with patch repair but 2 had persistent ulceration despite H2RAT and required PGV. None of the 4 patients with PGV developed complications whereas 2 of 4 patients with V&P had problems (intestinal hurry: n = 1, bolus obstruction: n = 1).

**Conclusion:** Unprovoked childhood duodenal ulcer is associated with significant long-term morbidity and required continued follow-up. The majority of the ulcers are resistant to H2RAT alone and ultimately require either Helicobacter pylori eradication or definitive surgery, preferably PGV.