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Evaluation of Serum Lipase as Predictor of Severity of Acute Pancreatitis in Children

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PREEMPTIVE Meso-Rex BYPASS FOR CHILDREN WITH IDIOPATHIC PREHEPATIC PORTAL HYPERTENSION: TRICK OR TREAT?

To the Editor: Once open a topic, it is as true when the physiology of the hepatic portal system was still unknown, without knowing the complications often caused by its malfunction, that the first reported case of a portal hypertension was described by Litzler in 1772 (1). Since then, a large number of therapeutic procedures have been described to control this condition. The cornerstone procedure is the surgical portosystemic shunt (PSV), which was first described in 1894 by Bennet (2). However, because of the high mortality rate and morbidity associated with these surgical procedures, there has been an increasing interest in non-surgical, endoscopic therapies for portal hypertension. We present a case of a 13-year-old girl who was diagnosed with portal hypertension secondary to idiopathic portal vein obstruction (IPVO) and treated with a Meso-Rex bypass procedure. We present this case as an opportunity to highlight the potential benefits and complications of this procedure.

Non-surgical treatment options for portal hypertension have been described in children with IPVO, but these procedures may not be as effective as surgical procedures for the control of portal hypertension. The Meso-Rex bypass procedure is a minimally invasive procedure that has been described as an alternative to surgical portosystemic shunts. This procedure involves the creation of a biliary-enteric anastomosis using a transhepatic approach. The Meso-Rex procedure has been shown to be effective in controlling portal hypertension in adults and children (3). However, there are few reports of its use in children with IPVO (4).

In conclusion, the Meso-Rex bypass procedure is a promising alternative to surgical portosystemic shunts for the treatment of portal hypertension in children with IPVO. Further studies are needed to evaluate the long-term effectiveness and safety of this procedure in children.

REFERENCES


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