

## Pediatric Surgery and Methods **Mo. Rahiman Ahmad\***

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### Abstract

An effective case report delivers clear and valuable clinical or surgical information to the medical community. Case reports dealing with pediatric surgical issues raise the medical community's awareness of rare diseases, unusual presentations of common disorders, or novel surgical or nonsurgical treatment approaches. Thus, case reports contribute substantially to medical advance by sharing remarkable or unexpected findings. For this reason, case reports should be prepared with vigilance, and current conventions on good medical writing practice should be observed. This guideline aims to assist clinicians and surgeons in the successful publishing of a compelling case report in pediatric surgery that is read and understood by the intended audience.

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### Introduction

A case report is an account of anecdotal evidence and is therefore usually located at the bottom of the hierarchy of clinical evidence. [1] However, case reports are of substantial value to the scientific community. They enable scientists and physicians to share information on unknown illnesses, unexpected outcomes, or novel treatment approaches, thereby broadening current medical knowledge. In addition, case reports are often the first publication format encountered when researching an atypical clinical situation. In the field of pediatric medicine and surgery, case reports represent an important platform for sharing information on the presentation of rare disorders, atypical course of illnesses, novel surgical or nonsurgical treatment approaches, and associated complications [2].

To ensure effectiveness of a case report, the text should be presented as a "story" which readers will want to read. This implies an enticing opening statement and finally a logical conclusion that ties in with the initial query. The part between the beginning and ending of the report must guide the reader smoothly from one statement to the next thus constituting a "red thread." Although case reports do not have statistical power, their publication can be educational for authors, as well as readers. As early as 1920, Sir William Osler, one of the four founders of the Johns Hopkins Hospital located in Baltimore, Maryland, United States, stated, "Always note and record the unusual .... Publish it; place it on permanent record as a short, concise note. Such communication is always of value. Writing a case report is not

only an excellent way to improve the writing skills of medical scientists new to publishing but it also provides first-hand insight into the critical peer-review process [3, 4].

### Methods

A questionnaire was emailed to pediatric surgeons registered with the Associação Brasileira de Cirurgia Pediátrica in 2018. The data assessed included training time, maximum age of care, subspecialty of practice, outpatient follow-up of adult patients, reason for continuing care of adult patients, referral to adult specialties, concern with transition of care, and what has been done to improve it [5].

The project was approved by the Research Ethics Committee of the Universidad Federal de São Paulo. The survey was directed to pediatric surgeons throughout Brazil, of both sexes, who worked at public or private hospitals or/and private offices. A questionnaire prepared by the authors on a virtual platform was kindly emailed by the Associação Brasileira de Cirurgia Pediátrica [Brazilian Association of Pediatric Surgery] (CIPE) to registered pediatric surgeons from all over the country, in 2018. Those who did not complete the questionnaire in full were excluded from the analysis [6]. A standardized Informed Consent Form (ICF) standardized by UNIFESP was available for reading at the beginning of the questionnaire, and its completion was considered as acceptance. Data evaluated were the time since completion of training in the specialty (more than 20 years, 10 to 20 years and less than 10 years), state where they worked as pediatric surgeon, type of setting (public hospital, private hospital, private clinic),

maximum patient age at the public and/or private hospital and private office, subspecialty, presence or absence of outpatient follow-up of patients older than 18 years, reason for continuing the follow-up of adult patients, how patients were referred to adult specialties, concern about the transition of care, and what had been done to improve transition of care [7].

## Result

Most pediatric surgeons had more than 20 years of experience, and approximately 61% worked simultaneously at a public hospital, private hospital and private office. The maximum age of care at public, private hospitals and private offices proved to be quite varied. The follow-up of patients aged over 18 years at public hospitals, private hospitals and private clinics was 32%, 23.58% and 20.75%, respectively [8]. The main reason for patients aged over 18 years continued to be accompanied by pediatric surgeons was lack of knowledge about the disease by adult specialties. Most patients were referred to the adult specialty of the hospital, and roughly 37% of pediatric surgeons responded that they were in contact with the adult specialty. Most believed in autonomy of care of their patients and were concerned with transition of care [9, 10].

## Discussion

Pediatric surgery is a new specialty. It emerged in the United States in the 1940's and in Brazil in the 1960's. Several congenital malformations have long survival and require care in adulthood.

In this research, we noticed great variation in the maximum age of care at public hospitals, private hospitals, and private offices. In public hospitals, care up to 12 years and 11 months prevails, while at the private offices, patients are treated with no restrictions until adulthood. The age group served at the organizations with medical residency may impact on the training of these specialists related to the clinical and surgical management of adolescents. Outpatient follow-up of patients aged over 18 years was found in both public and private services. In the Pediatric Urology Department of the Escola Paulista de Medicina da UNIFESP, in a recent unpublished survey, approximately 13% of adult patients continued to be followed up in the service. At The University of Virginia, in the United States, 20% of outpatient urological patients are aged over 18 years.(2) The presence of adults seen in pediatric specialty outpatient clinics is frequent both at national and international levels. Several congenital and acquired malformations require clinical follow-up during childhood, adolescence and adulthood. In this survey, there was a higher

prevalence of follow-up of patients aged over 18 years among surgeons with an area of interest, such as urology, coloproctology, thoracic surgery, oncology, and transplantation, both at public and private services. In these more specific areas of interest, there are patients whose clinical conditions require long-term follow-up. These surgeons reported being more concerned with the transition of their patients than those without an area of interest. The main reason why patients aged over 18 years continued to be followed by pediatric surgeons in the services where they worked was the discomfort of the patient in not wanting to be referred to an adult specialty, followed by the long-established physician-patient relationship. In the literature, the unpreparedness of adult specialists to monitor congenital diseases or those acquired in childhood, associated with the unwillingness of pediatric health professionals to transfer their patients, and of patients to abandon the familiar environment established by the long bonding, is pointed out as factors that hinder this transition of care. Other gaps in supporting the transition are limited team training, lack of an identified team responsible for the transition, financial barriers, and anxiety on the part of paediatricians, adolescents and their parents about planning for their future health care.

## Conclusion

Both cases of penile SCC following childhood hypospadias repair occurred in the context of untreated surgical complications likely driving chronic inflammation of the penis and urethra. Our case should remind that complications of childhood hypospadias repair are common and may only declare in young adulthood. Children presenting with upper urinary tract obstruction and haematuria should be considered for 3D imaging and/or intraoperative retrograde pyelogram to improve detection of ureteric FEP. Local excision with appropriate minimal reconstruction is suitable for positive patient outcomes. Transition of care for adult specialty still needs to be organized and standardized in most pediatric surgery services in Brazil. It is a relevant subject that needs to be studied and debated, to ensure appropriate follow-up in the long run for patients seen in this pediatric specialty. BXO appears to be more common in North Queensland than stated in previous epidemiological studies.

## Acknowledgement

None

## Conflict of Interest

None

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