

Surgical treatment of focal forms OS Congenital Hyperinsulinism: Is it all defined?



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Biography

Sukhotskaya AA is working in National Medical Research Centre, Saint-Petersburg, Russia and has successfully completed many research works and has published many papers.



Abstract

Introduction: About 30-60% of all patients with congenital hyperinsulinism have delayed psychomotor development, and 15-25% have severe organic brain damage, including epilepsy. Timely diagnosis and intensive treatment can prevent the development of severe neurological complications. During the ineffectiveness of conservative therapy, surgical treatment is necessary. **Objective:** To determine the indications for various methods of surgical correction of focal forms of congenital hyperinsulinism. **Materials and methods:** In the Department of Pediatric Surgery of NMIC named after V.A. Almazov from 2017 to March, 2019 14 children with focal forms of congenital hyperinsulinism were operated according to PET-CT, out of which data of 2 children were doubtful. **Results:** Out of 14 children 13 (93%) had complete relief of hyperinsulinism, a significant improvement in psycho-motor development. 10 children out of (71%) 14 children had complete recovery, and 1 baby (7%) achieved a significant positive trend. 3 (21%) patients need insulin therapy with minimal dosages, these are all children with an atypical (mixed adenomatous-diffuse) forms of hyperinsulinism. **Conclusion:** In case of focal lesions of the pancreas, partial pancreatectomy is shown with maximum preservation of healthy tissue according to express biopsy data for any localization of the lesion, for a typical form the volume of pancreatectomy is determined individually.

Publications

1. Surgical treatment of the Congenital Hyperinsulinism: A preliminary analysis
2. Surgical treatment of Atypical forms of Congenital Hyperinsulinism

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