

the characteristics physical of the APC too, whose thermal energy is constant and well controlled, it doesn't penetrate beyond the 3-4mm.

Results: Now the patient has practiced 3 sitting of APC with 15 days interval, with good clinical answer being nearly of the all passing the disfigal symptomatology.

Conclusions: Use of the APC can represent a valid therapeutic alternative in the treatment of the superficial neoplastic lesions to low invasivity of the esophagus.

PO.7

ACCIDENTAL CAUSTIC INGESTION IN CHILDREN. A REVIEW

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Background and aim: Ingestion of caustic substances represents one of the most common medical emergencies in childhood. The frequency and severity of accidents is high.

Aim A retrospective review included pediatric patients from our unit who presented with caustic ingestion during six months

Material and methods: 5 patients (2 males; age range: 3 – 13 years) hospitalized for ingestion of 4 alkaline agents and 1 acid agent. All of the patients underwent to anamnesis, physical examination and esophagogastroduodenoscopy (EGDS).

Results: Only one patient presented epigastric pain, sialorrhea and lesions of oral cavity with high erythrocyte sedimentation rate, C-reactive protein and neutrophilic leukocytes. EGDS performed in this patient showed a severe esophageal injury and gastric lesion. He received methylprednisolone, proton pump inhibitor and antibiotic therapy. After 20 days barium contrast examination of upper gastrointestinal tract was performed. Radiological finding in the esophagus was solitary stricture in the medial tract. This patient is currently on an oesophageal dilatation program. EGDS revealed a normal oesophagus in the others 4 patients.

Conclusions: Caustic ingestion in children is a serious problem, thus special epidemiological surveillance for each country is necessary to determine the problem according to which preventive measures can be taken.

PO.8

TELEMETRIC PHMETRIA WITH BRAVO® SYSTEM

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Background and aim: Scope of this job is the appraisal of the method BRAVO®: phmetric technique.

It consists in the application for endoscopical way of one telemetric cap 5cm over the Z line.

Material and methods: The parameters considered are:

- % of exposure time of the esophageal mucosa to pH < 4 in erected position
 - % of exposure time of the esophageal mucosa to pH < 4 in supine position
 - % of total exposure time of the esophageal mucosa to pH < 4
 - No. of the episodes of gastroesophageal reflux in the 24h
 - Duration of the episode of longer gastroesophageal reflux in the 24h
 - Total No. of episodes of gastroesophageal reflux longer than 5m'
- Practically the index more important turns out to be the percentage of time passed total to pH < 4; anyway all the parameters come it elaborates from the software that at last expresses a print of the recording with a diagram, the indices considered and an easy score of immediate visualization also for who is not penetrates to problematic ph-metric ones, for the same patient too.

Results: Ten patients have carried out a recording of the 48 hours in particular those with endoscopical negative examinations and atypical symptoms: it's to point out like 7 patients of this subgroup have show significant refluxes only in the second day of recording to demonstration of the importance of extended recording.

In 45 patients (75%) the examination with method BRAVO® has allowed to confirm the suspicion clinician-anamnesic of sintomatic gastroesophageal reflux allowing to better monitoring the clinical history of the patient and modulating the medical therapy also related to the gravity of the score.

In 5 patients (0.9%) already candidates to the surgery for the dimensions of the iatal hernia, the recording has confirmed the necessity of the above-said for the severity of the score. It is to point out as 4 of these patients were obese (BMI > 35) to confirmation of the grip relation between obesity and gastroesophageal reflux.

Last two patients with endoscopical and istological negative examination and negative BRAVO® pH metria have been characterized like psychosomatic problematic subjects.

Conclusions: Especially the grip correlation between recording with the BRAVO® system and symptomatology consists in possibility to carry out a normal activity of daily life and physiological food by the patient, so to eliminate of all negative and/or positive falsehood and technical artifices.

PO.9

LAPAROSCOPIC TRANSHIATAL APPROACH IN THE TREATMENT OF EPIPHRENIC DIVERTICULA

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Background and aim: Very few data are reported in literature regarding laparoscopic treatment of epiphrenic diverticula. We present our long-term results with laparoscopic diverticulectomy, myotomy and Nissen-Rossetti fundoplication in the treatment of epiphrenic diverticula.

Material and methods: From 1994 to 2005, 16 patients (7 M, 9 F), mean age 57.0 (range 45-71) came to our observation. Pre-operative work-up included upper gastrointestinal barium meal, endoscopy, stationary manometry and 24 hour esophageal pH monitoring. All underwent laparoscopic diverticulectomy, subdiverticular myotomy prolonged for 2 cm on the anterior gastric wall and Nissen-Rossetti fundoplication, with intraoperative endoscopy and stationary manometry: the valve was calibrated at a range of 20-40 mmHg.

Results: All the interventions were completed via laparoscopic approach. Mean operative time was 145 minutes (range 110-180). No operative mortality was observed. In one patient (6.2%) a mucosal lesion was repaired during the procedure by direct suture. Postoperative complications were as follows: in the first three patients operated (18.7%) a partial disruption of the suture staple line occurred on the fourth postoperative day; two of them were successfully treated with apposition of a CT-guided drain and TPN, the third one only with TPN. One patient (6.2%) died on the fourth postoperative day for a myocardial infarction. Mean postoperative hospital stay was 13.9 days (range 7-25). At a mean clinical follow-up of 75 months, all the patients were free from symptoms. Upper gastrointestinal barium meal was obtained in 8 patients (50%) at 6 months from the intervention and it showed no diverticular recurrence. Stationary manometry was performed in 5 patients (30.8%): mean value of the new high pressure zone was 18.7 mmHg (15.1-22.3) with 75.5% of postdeglutitive relaxations (69.8-80.0%).

Conclusions: Laparoscopic treatment of epiphrenic diverticula seems as safe and effective as traditional approach, although a limited number of patients were treated and longer follow-up is necessary to confirm these results.