
S.I.V.I.
9° Joint Meeting
SIVI-ESPES
Zappeion Megaron, Atene
15 October 2025
Zappeion Conference & Exhibition Center
Athens, Greece

INTRODUZIONE DEL PRESIDENTE

Il 15 ottobre avrà luogo ad Atene, il 9° Joint Meeting Sivi-ESPES, preludio del Congresso ESPES del 16 e 17 ottobre.

Quest'anno insieme con il CD ed il Comitato Scientifico abbiamo deciso di focalizzare il Meeting sulla chirurgia mininvasiva nel neonato, difficile nel difficile.

Avremo ospiti esperti chirurghi stranieri e italiani che ci illustreranno problemi e soluzioni della chirurgia dell'esofago e del torace, con un approccio di teaching, utile per giovani e meno giovani.

Ai giovani sarà data anche l'opportunità di presentare i loro abstract in un ambiente sereno, e di poter conoscere chirurghi esperti in un ambiente familiare.

Vi aspettiamo numerosi a questo rinnovato appuntamento europeo della SIVI che ha raggiunto la nona edizione.

La Presidente SIVI
Simona Gerocarni Nappo

Comitato Scientifico

Simona Gerocarni Nappo - Torino

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Francesco Fascetti Leon - Padova

Simona Gerocarni Nappo - Torino

PROGRAMMA DEL 9° SIVI-ESPES JOINT MEETING

ZAPPEION CONGRESS CENTER - ATENE - 15 ottobre 2025

14.00 Introduzione e saluti presidente ESPES

Isabela Draghici

14.15 "Chirurgia mini-invasiva: l'esperienza in Grecia".

Aggelos Marantos

14.30. "AI in Pediatric Surgery".

Sonia Perez

14.45 "Teacher Project": esophageal atresia.

Maud Lindeboom

15.00 Lettura Asensus: New technologies in Pediatric Surgery

15.15 Coffee Break

15.40 ROUND TABLE: "Training in mini-invasive surgery on neonates and infants"

Moderatori Giovanni Casadio, Fabio Beretta

Andrea Conforti: "Thoracoscopic lobectomies step by step"

Francesco Fascetti Leon: "Training in pediatric robot-assisted surgery"

Salvatore Fabio Chiarenza: "Esophageal atresia: how to improve a MIS learning curve in a Pediatric Centre"

16.40 Comunicazioni libere (5' + 2')

Moderatori: Simona Gerocarni Nappo, Cosimo Bleve

25-01. "Incidentaloma" in laparoscopic surgery: from occasional discovery to clinical advantage

Claudia Di Mento, Maria Escolino, Francesca Carraturo, Stefania Vicario, Francesco Tedesco, Ciro Esposito

25-02. Transition from open to thoracoscopic lung resections in a low-volume center – feasibility, safety and outcome

Alberto Ratta, Niel Di Salvo, Veronica Carlini, Tommaso Amato, Vincenzo Domenichelli

25-03. Mininvasive treatment of a neonatal "hybrid" lesion (HL): a rare malformation, a challenging surgery and the role of ICG.

Cosimo Bleve, Maria Luisa Conighi, Giulia Brooks, Salvatore Fabio Chiarenza

25-04. Giant thymolipoma mass: thoracoscopic resection and surgical management challenges

Maria Luisa Conighi, Cosimo Bleve, Giulia Brooks, Salvatore Fabio Chiarenza

25-05. Minimally Invasive Management of Pediatric Acquired Broncho-Esophageal Fistula Using Endoscopic–Radiological Therapy

Federica Varner, Miriam Duci, Ilaria Macchia, Luca Maria Antoniello, Cesare Cutrone, Michele Battistel, Francesco Fascetti Leon

25-06. Uso della capsula pH-metrica wireless Bravo in età inferiore ai 4 anni: esperienza preliminare e considerazioni di fattibilità

Giovanni Parente, Mara Colusso, Elvira Zaranko, Iacopo Maglitto, Maurizio Cheli

25-07. Utilizzo dell'Endoflip per lo studio della distensibilità esofagea in età pediatrica: esperienza preliminare di un singolo centro.

Michele Bosisio, Paolo Orizio, Filippo Parolini, Giacomo Mandarano, Valentina Gheza, Giovanni Boroni, Daniele Alberti

25-08. EPSIT: the right path to follow for the treatment of pilonidal sinus

Veronica Carlini[1], Alberto Ratta[1], Gabriella Pelusi[1], Francesco Italiano[1], Tommaso Amato[2], Vincenzo Domenichelli[1]

25-09. Eosinophilic cystitis of the child: when endoscopic biopsy can completely change the management.

S. Gerocarni Nappo, E. Cerchia, M. Catti, L. Cirigliano, C. Mangione. A. Soto Torselli, F. Fagioli

25-10. 3D-printed simulator for training endoscopic bulking agent injection in vesicoureteral reflux: a pilot study

Maria Escolino, Francesca Carraturo, Claudia Di Mento, Valerio Mazzone, Roberta Guglielmini, Ciro Esposito

25-11. Robot-assisted oophorectomy in a previous ovarian torsion: a case report

Fabio Beretta, Silvia Bisoffi, Federica Fati, Elisa Pani, Clara Revetria, Hamid Reza Sadri, Giosuè Mazzero

LIBRO ABSTRACT

25-01. "Incidentaloma" in laparoscopic surgery: from occasional discovery to clinical advantage

Claudia Di Mento, Maria Escolino, Francesca Carraturo, Stefania Vicario, Francesco Tedesco, Ciro Esposito

Federico II University Hospital, Naples, Italy

Purpose

Incidentaloma refers to the unexpected finding of a coexisting pathology during laparoscopic surgery performed for another indication. This study aimed to evaluate how laparoscopy facilitates the detection and simultaneous treatment of silent concomitant pathologies, potentially avoiding reinterventions.

Methods

Between January 2018 and January 2023, 595 pediatric patients undergoing laparoscopic procedures were enrolled. Patients were divided into four groups according to the primary pathology or anatomical region: G1 included 331 children undergoing unilateral inguinal hernia repair; G2 included 115 children receiving laparoscopic varicocelectomy; G3 included 40 children undergoing laparoscopic exploration for non-palpable testis; G4 included 109 children undergoing other laparoscopic abdominal procedures (53 appendectomies, 10 ovarian cystectomies, 14 renal surgeries, 28 cholecystectomies, 4 esophageal surgeries).

Results

A total of 170 incidentalomas were identified intraoperatively (28.6%). In G1, 126/331 (38.1%) had contralateral persistent peritoneal-vaginal duct (PPVD) and 2/331 (0.6%) had ovarian cyst (n=1) and paratubaric cyst (n=1). In G2, incidental finding occured 2/115 (1.7%), including PPVD (n=1) and omphalomesenteric duct remnant (n=1). In G3, PPVD was detected in 11/40 (27.5%). In G4, 54/109 (49.5%) had concomitant adnexal pathologies, 4/109 (3.7%) PPVD, 2/109 (1.8%) pelvic masses, 2/109 (1.8%) subhepatic appendix, 1/109 (0.9%) Meckel's diverticulum, 1/109 (0.9%) urachal sinus were discovered intra-operatively. All incidentalomas were treated during the same surgeries. Postoperative course was uneventful in all patients and no postoperative complications were reported.

Conclusion

Laparoscopy, beyond being the gold standard for minimally invasive treatment of many pediatric pathologies, enables the intraoperative detection and management of concomitant asymptomatic pathologies. The incidence of incidentalomas in our pediatric cohort was significant (28.6%). Early detection and treatment via laparoscopy can prevent future reinterventions or emergency surgeries, highlighting its added clinical value.

25-02. Transition from open to thoracoscopic lung resections in a low-volume center – feasibility, safety and outcome

Alberto Ratta, Niel Di Salvo, Veronica Carlini, Tommaso Amato, Vincenzo Domenichelli

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Introduction

Thoracoscopic lung resections are considered technically difficult and therefore are regarded as the last step in MIS training by many pediatric surgeons. Also, a sufficient case volume is required to reach a plateau of competence, which is typically challenging in pediatric surgery. Collaboration with adult thoracic surgeons at our hospital facilitated the introduction of minimally invasive lung resections regardless of a low case volume.This study aims to analyze the introduction of pediatric thoracoscopic lung resections in a low-volume center to assess the feasibility and safety in a general hospital with previous limitated experience in pediatric thoracoscopic surgery.

Materials and Methods

A retrospective analysis of data emerging from the our first 12 consecutive thoracoscopic lung resection made in a ten year period (January 2015 - December 2024) was made. Open thoracotomic lung resections and thoracoscopic resections of extralobar sequestrations were excluded from this analysis. The first 4 lung resections were performed under the guidance of a pediatric surgeon experienced in thoracoscopic surgery in 2015. The next 8 surgeries were instead performed in collaboration with the adult thoracic surgeon. Collected data were age, weight, duration of surgical procedure, lenght of hospital stay, postoperative complications and follow-up.

Results

The cohort included 10 thoracoscopic lobectomies for congenital pulmonary airway malformation (n=7) or bronchial atresia (n=3) and 2 thoracoscopic lung resections of intralobar pulmonary sequestration during a ten-year period (January 2015 - December 2024). The median follow-up was 78 months (20-120 months). Mean age at surgery was 15 months (7-24 months). Mean weight was 10 Kg (7-13 Kg). Operative time ranged from 60 to 240 minutes (mean = 152 minutes) for lobectomies and was 60 and 90 minutes (mean = 75 min) respectively for the two intralobar sequestration resections. Convertion to open thoracotomy was needed in 1 patient because of intraoperative bleeding, Postoperative course has been uneventful in all cases, Mean lenght of hospital stay was 3.9 days (2-6 days).

Conclusions

The findings of the current study suggest that introduction of pediatric thoracoscopic lung resections in a small volume center is safe and feasible. In our experience, the assistance provided by an experienced pediatric surgeon first, and by an adult thoracic surgeon subseguently has been crucial in the introduction of this new technique.

25-03. Mininvasive treatment of a neonatal “hybrid” lesion (HL): a rare malformation, a challenging surgery and the role of ICG.

Cosimo Bleve, Maria Luisa Conighi, Giulia Brooks, Salvatore Fabio Chiarenza

Pediatric Surgery and Urologic Unit, Regional Center of Minimally Invasive Surgery and Urology, San Bortolo Hospital, Vicenza, Italy

Introduction

Congenital pulmonary airway malformation (CPAM) with an aberrant systemic blood supply is considered a "hybrid" lesion (HL). Extra-lobar sequestration (ELS) with associated cystic adenomatoid malformation is rarest in particular with a subdiaphragmatic localization. We reported a laparoscopic resection in a 6 months boy with a prenatal diagnosis.

Case presentation

A left subdiaphragmatic mass was diagnosed at 20+5W prenatal US and confirmed by fetal MRI (28+3W): 35x30mm polylobed mass with heterogeneous content, paravertebral location, which dislocated adjacent organs. A systemic afferent vessel was suspected at 33+2W US. The full-term boy underwent abdominal US and neoplastic markers screening (negative) at birth, thoracic and abdominal CT scan at 1 month of life. The latter confirmed the suspicious of an ELS. A preoperative abdominal MRI was performed at 4 months of life and surgery at 6 months.

A laparoscopic approach was performed: the mass developed within the left diaphragm, near esophageal hiatus, with an intraperitoneal extension; the major blood supply derived from aorta while multiple minor vessels arised from diaphragmatic irroration. Dissection was helped by intravenous injection of 0.2mg/mL/Kg of ICG. Operative time was 150’, complete excision was achieved laparoscopically without intra or postoperative complication. No allergy nor anaphylactic reaction to ICG. Histological diagnosis: subdiaphragmatic ELS with a type II CPAM.

Conclusion

A subdiaphragmatic HL is a very rare malformation, laparoscopic excision could be very challenging, but the use of ICG can help the surgeon to perform a safe and effective minimally invasive surgery enhancing the identification of critical anatomical elements and pathological structures.

25-04. Giant thymolipoma mass: thoracoscopic resection and surgical management challenges

Maria Luisa Conighi, Cosimo Bleve, Giulia Brooks, Salvatore Fabio Chiarenza

Pediatric Surgery and Urologic Unit, Regional Center of Minimally Invasive Surgery and Urology, San Bortolo Hospital, Vicenza, Italy

Introduction

Tumors arising from the thymus are usually benign mediastinal masses primarily occurring in young adults but they can also present in pediatric populations. Usually asymptomatic, they could reach huge size causing significant diagnostic and therapeutic challenges.

Case presentation

A teenage girl (12 years old) was incidentally diagnosed with a giant right intrathoracic mass during a CT-scan performed after a major trauma (car accident). Her clinical history was silent about previous respiratory difficulties or other possible related symptoms: she was asymptomatic despite the tumor's considerable size and its impact on surrounding thoracic structures. Tumor markers and miastenia gravis screening resulted negative. After 4 months, a second preoperative thoracic CT was performed to better ruled out tumor's extent, characteristics, relationships and eventual growth: crucial informations for surgical planning. CT-scan confirmed a well-defined anterior mediastinal mass extended in the right hemithorax for about 16 cm, predominantly composed of fatty tissue with interspersed fibrous septa, poorly vascularized by branches from the right inferior thyroid artery. Under general anesthesia, with a single-lung ventilation, the patient underwent a right thoracoscopy. The procedure was performed using a tri-portal approach: a 10mm port for the thoracoscope and two 5mm ports for the surgical instruments. The mass originated from the thymus and presented an extra-pleural extension along the right mediastinum, reaching the diaphragmatic surface that was completely covered by it, the right lung was superiorly and posteriorly dislocated and partially compressed. Dissection of the mass from the large vessels (right innominate vein, right superior vein, aortic arch, ascending aorta, right pulmonary veins) was helped by ICG i.v. injection (dosage 0.2mg/mL/kg). Resection was successfully thoracoscopically performed. The postoperative course was uneventful. Histopathological examination confirmed the diagnosis of a thymolipoma.

Conclusion

To the light of our experience, thoracoscopic surgery appears to be feasible and effective even for large benign mediastinal tumors. ICG application allows the surgeon to reduce the rate of complications enhancing the identification of critical anatomical elements and pathological structure, consenting to easier preserve vital structures.

25-05. Minimally Invasive Management of Pediatric Acquired Broncho-Esophageal Fistula Using Endoscopic–Radiological Therapy

Federica Varner, Miriam Duci, Ilaria Macchia, Luca Maria Antoniello, Cesare Cutrone, Michele Battistel, Francesco Fascetti Leon

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Background:

Bronchoesophageal fistula (BEF) is a rare but serious complication after esophageal surgery, especially following esophageal atresia/tracheoesophageal fistula repair in neonates. Its clinical characteristics remain unclear and the etiology is still under investigation. Management strategies vary—ranging from open repair to fibrin-glue or sclerosing-agent injection—without a standardized therapeutic protocol. We report two pediatric cases of acquired BEF successfully managed with a combined endoscopic-radiological approach.

Case Reports:

We report two children with acquired BEF after previous esophageal atresia surgery. The first patient developed BEF following anastomotic dehiscence after multi-stage long-gap esophageal atresia repair, for which an endoluminal vacuum therapy (EVAC) was attempted. Radiological follow-up revealed an acquired BEF at the site of dehiscence, and the child subsequently underwent thoracotomy with fistula closure and fascia lata reinforcement. Two years later, recurrent respiratory infections prompted endoscopic and radiological reassessment, which demonstrated persistent BEF. The second case, with repaired type III esophageal atresia, presented at 5-year old with recurrent tracheoesophageal fistula. After failed endoscopic attempts, he underwent robotic-assisted surgery, during which indocyanine green was injected from the esophageal side to facilitate fistula identification and closure, reinforced with fascia lata. Postoperative evaluation revealed an residual esophageal mucosal defect and an unrecognized BEF component. The patient was treated with EVAC applied to the esophageal pouch without success with a persistent BEF. Both patients underwent combined endoscopic–radiologicalmanagement. Under fluoroscopic guidance, selective fistula catheterization was performed with endoesophageal installation of ethiodized oil and N-butyl-2 cyanoacrylate. In the second case, endoluminal EVAC was applied adjunctively until complete healing was achieved. At 10-day follow-up, endoscopic and radiological examinations confirmed complete fistula closure. Oral feeding was resumed without recurrence of airway infections, and sustained closure was observed at three-months follow-up.

Conclusion:

These cases highlight the potential role of endoscopic-radiological therapy, in combination with EVAC, as an effective minimally invasive strategy for pediatric acquired BEF. This approach may represent a valuable alternative to traditional open surgery, particularly in patients with complex postoperative courses or recurrent fistulae.

25-06. Uso della capsula pH-metrica wireless Bravo in età inferiore ai 4 anni: esperienza preliminare e considerazioni di fattibilità

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Introduzione

La capsula Bravo® è un sistema di pH-metria esofagea wireless che consente il monitoraggio dell'esposizione acida fino a 96 ore, senza necessità di sondino nasoesofageo. Il dispositivo, una piccola capsula adesiva posizionata endoscopicamente, trasmette i dati a un ricevitore esterno, migliorando la tollerabilità e l'accettabilità dell'esame. In età pediatrica l'impiego è consolidato sopra i 4 anni, mentre l'utilizzo in età prescolare è poco riportato in letteratura, anche per l'assenza di indicazioni operative specifiche.

Materiali e metodi

Da gennaio a luglio 2025 abbiamo eseguito il posizionamento endoscopico della capsula Bravo® in due pazienti di 3 anni, in sedazione profonda. Entrambi avevano precedenti pH-metrie convenzionali non concludenti per rimozione spontanea della sonda. Il primo paziente presentava tosse stizzosa ricorrente; il secondo era stato sottoposto a fundoplicatio sec. Nissen per reflusso refrattario alla terapia, con sintomi persistenti. In entrambi i casi la capsula è stata applicata 3 cm sopra il cardias.

Risultati

Il posizionamento è risultato semplice e ben tollerato, senza eventi avversi. La capsula si è distaccata spontaneamente dopo 3 e 2,5 giorni, fornendo comunque dati diagnostici adeguati. Nel primo caso è stata confermata MRGE patologica (Boix-Ochoa 18.4) con significativa correlazione sintomi–reflusso, indirizzando a terapia medica. Nel secondo, l'esame ha escluso recidiva (Boix-Ochoa 1.2), confermando il successo dell'intervento.

Conclusioni

La pH-metria wireless con capsula Bravo®, priva di sondino nasale, è risultata tecnicamente fattibile e ben tollerata anche in età <4 anni, se eseguita da team esperti. La qualità diagnostica è stata mantenuta nonostante il distacco anticipato, rendendo la metodica potenzialmente applicabile anche in età prescolare nei casi selezionati in cui la pH-metria convenzionale non risulti praticabile.

25-07. Utilizzo dell'Endoflip per lo studio della distensibilità esofagea in età pediatrica: esperienza preliminare di un singolo centro.

Michele Bosisio, Paolo Orizio, Filippo Parolini, Giacomo Mandarano, Valentina Gheza, Giovanni Boroni, Daniele Alberti

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Introduzione

La valutazione funzionale dell'esofago in ambito pediatrico rappresenta una sfida diagnostica importante. L'EndoFLIP® (Endoluminal Functional Lumen Imaging Probe) è una tecnologia innovativa che consente una misurazione dinamica della distensibilità esofagea attraverso un catetere con sensori di impedenza e pressione collocato all'interno di un pallone distensibile. L'obiettivo dello studio è presentare la nostra esperienza preliminare nell'utilizzo dell'EndoFLIP in un centro di chirurgia pediatrica di terzo livello.

Pazienti e Metodi

Abbiamo incluso tutti i pazienti pediatrici che tra 2024 e 2025 sono stati studiati con Endoflip (EF) analizzando età, sesso, indicazioni e risultati dello studio.

Risultati

L'Endoflip è stato utilizzato in 5 pazienti (4 M; 80%), con una mediana di età pari a 13,6 anni (range 9,2–18 anni). In 4 casi l'EF è stato utilizzato intraoperatoriamente: in 2 pazienti durante fundoplicatio secondo Nissen per MRGE e in 2 durante esofagomiotomia secondo Heller con successiva fundoplicatio secondo Dor per acalasia esofagea. In 1 caso l'EF è stato utilizzato per conferma diagnostica di acalasia. Durante le fundoplicatio, è stato possibile misurare l'indice di distensibilità (DI) dello sfintere esofageo inferiore (LES) prima e dopo la procedura: abbiamo osservato una riduzione non ostruttiva del DI del 23 %, con valori che sono passati da 3 e 6.6 mm^2/mmHg (per diametro 11 e 18mm) a 2,3 e 5.1 mm^2/mmHg (per diametro 9.3 e 17.2mm), suggerendo la persistenza di una compliance adeguata del LES. Nelle esofagomiotomie+Dor, i dati intraoperatori hanno evidenziato un importante miglioramento dei DI, che sono passati da 0.7 e 1.18mm^2/mmHg a 3 e 9mm^2/mmHg, supportando l'adeguatezza della correzione chirurgica. Infine, nel caso diagnostico di acalasia, l'EF ha confermato un DI patologicamente basso (<2 mm^2/mmHg) e un diametro del lume esofageo significativamente ridotto.

Conclusioni

La nostra esperienza, seppur limitata, suggerisce che l'EF sia uno strumento sicuro, affidabile e promettente nella valutazione funzionale dell'esofago anche in età pediatrica. L'utilizzo intraoperatorio ha permesso una valutazione immediata e oggettiva della distensibilità esofagea anche dopo confezionamento della plastica antireflusso, riducendo il rischio di disfagia post-operatoria; mentre, nel caso diagnostico, l'EF ha fornito dati complementari alle metodiche diagnostiche tradizionali. I dati disponibili in letteratura pediatrica sono ancora assai scarsi e questo è, a nostra conoscenza, il primo report italiano presentato sull'utilizzo dell'EF nella patologia chirurgica pediatrica. Saranno necessari studi su più ampia scala per validarne l'utilità clinica e definirne le indicazioni specifiche soprattutto per quanto riguarda l'utilizzo nel neonato e nel bambino piccolo.

25-08. EPSIT: the right path to follow for the treatment of pilonidal sinus

Veronica Carlini[1], Alberto Ratta[1], Gabriella Pelusi[1], Francesco Italiano[1], Tommaso Amato[2], Vincenzo Domenichelli[1]

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Endoscopic pilonidal sinus treatment (EPSIT) is a reliable minimally invasive surgical technique in the treatment of pilonidal sinus disease. Italian Society of Colorectal Surgery published a consensus statement where EPSIT, compared with conventional open surgery, had a significantly decrease rate of complication, post-procedure pain and hospital stay with a faster return to daily activities. Despite its potential benefits, EPSIT uptake had been slow due to evolving evidence, lack of guidelines and concerns regarding its success in both primary and recurrent disease. In June 2025, an international Delphi consensus study based of the association of laparoscopic surgeons of Great Britain and Ireland (ALSGBI) has been performed to develop recommendations and to standardize a protocol of the uptake of EPSIT technique.

In this abstract, we reported the results of a 5-years pediatric monocentric study where we compare our results and key points with those of Delphi consensus, in order to help draft guidelines for EPSIT technique.

47 patients were selected for the study from January 2020 to July 2025, their median age were 13 years (8-17 years), 27 were female and 20 male. 42 patients underwent to EPSIT technique, while 5 patients were excluded due to the dimension of the open wound that did not allow the dissection of pilonidal sinus.

In 4 cases (9%) recurrence occurred after a mean of 6-8 months: in 3 of them EPSIT re-do was performed, while one case was converted to open techinque. In 1 case the MRI was useful to exclude the recurrence. Infection appeared in 10% of patients and we administered oral antibiotics. In all cases manuka honey dressing and laser epilation were used after procedure.

In conclusion we consider that diagnosis of pilonidal disease is clinical, the MRI should be done in doubt cases. EPSIT should be the preferred technique to treat both primary and recurrent, and a single dosed intravenous induction antibiotics should routinely be administered. Finally large open wound is a relative controindication of procedure and laser epilation is necessary to prevent recurrences.

25-09. Eosinophilic cystitis of the child: when endoscopic biopsy can completely change the management.

S. Gerocarni Nappo, E. Cerchia, M. Catti, L. Cirigliano, C. Mangione. A. Soto Torselli, F. Fagioli

UO Urologia Pediatrica Ospedale "Regina Margherita" - Torino

Patient # 1.

A 4-year-old male child presented to the ER with hematuria, pollakiuria and dysuria not improved after antibiotic therapy. Examination and blood test were normal. Urine test showed leukocytes and blood 3 +. The ultrasonography showed an heterogeneous thickening of 23x16mm of the trigonal area of the bladder, involving the adjacent prostatic structures, the lesion has blurred margins with a "hard" appearance on sonoelastography and with a non-homogeneous vascularization; this lesion causes dilation of the terminal tract of both ureters (8 mm). A CT scan confirmed the lesion, also showing that the adipose tissue of the rectovesical cavity appeared hyperdense and hyperemic, with no clear cleavage plane relative to the anterior rectal wall. No metastasis or suspect lymphonodes were found. At cystoscopy the trigonal bladder mucosa appeared hyperemic, markedly thickened, and mammillary-like. Bilateral uretheral stents were placed and several biopsies of the mucosa were taken. Bladder Rhabdomiosarcoma seemed the most suggestive diagnosis

Patient #2.

A 10 year old girl, single left kidney, in CIC , already undergone several complex surgical procedures (ureterostomy, ureteric reimplantation, substituition of left ureter with appendix) underwent bladder augmentation with ileum for increasing creatinine, polyuria and reduced bladder compliance. She was discharged at postop day XIV with progressive bladder cycling. She was then admitted two weeks later for lumbar and suprapubic pain and intolerance to bladder distention. After ruling out any UTI, for persistent pain botox injection, bladder biopsy and sprapubic tube were placed. Unfortunately 3 months after, bladder distention was still not tolerated and she was readmitted for a redo bladder augmentation.

Discussion

Unexpectedly, both bladder biopsy showed eosinophilic cystitis. Both patients underwent a 12 weeks treatment with corticosteroids and antihistaminics with complete resolution of symptoms. At three-month cystoscopy showed a normal, trophic, bladder mucosa. For patient #2 the redo bladder augmentation was cancelled, and bladder capacity is now 600 ml @25 cm H2O.

Conclusion

Eosinophilic cystitis is a rare and atypical form of cystitis, believed to result from an abnormal immune response caused by allergic reactions, medications, infections (mostly parasitic), autoimmune disorders. The symptoms are dysuria, hematuria, increased frequency, pelvic pain, nocturia. The diagnosis includes anamnestic history, urine tests (showing mostly hematuria, pyuria and eosinophiliuria) and blood tests (usually eosinophilia is present), imaging (ultrasound/CT), but only cystoscopy with biopsy gives the definitive diagnosis. Remember to make a biopsy in complex cases when you do not have the clue

25-10. 3D-printed simulator for training endoscopic bulking agent injection in vesicoureteral reflux: a pilot study

Maria Escolino, Francesca Carraturo, Claudia Di Mento, Valerio Mazzone, Roberta Guglielmini, Ciro Esposito

Federico II University Hospital, Naples, Italy

Purpose

This study aimed to evaluate a novel 3D-printed model as a training tool for endoscopic bulking agent injection.

Methods

Forty-three attendees and ten teaching faculty members completed a post-training questionnaire following sessions using the Fish Tank Simulation Model (FTSM). The survey included seven questions on a 5-point Likert scale to assess the model's realism (face validity) and its effectiveness as a training tool (content validity).

Results

Among the 53 respondents, 20 (37.7%) were fellows or specialists in pediatric surgery, while 33 (62.3%) were surgeons in training. Participants' confidence in performing endoscopic injection was classified as novice (<10 procedures/year) in 33/53 (62.3%), intermediate (10–20 procedures/year) in 10/53 (18.9%), and expert (>20 procedures/year) in 10/53 (18.9%). No statistically significant differences were found in face or content validity scores between novice and intermediate/expert groups. Similarly, content validity scores did not differ significantly between participants and faculty. The FTSM was considered an effective teaching tool for beginners by 44/53 (83%) and for pediatric surgeons/urologists by 38/53 (71.7%).

Conclusions

the 3D-printed Fish Tank Simulation Model proved to be a high-fidelity, accessible, cost-effective, hygienic, valuable and user-friendly training tool for pediatric surgeons and urologists. Its realistic design enhanced learning opportunities for trainees across all experience levels.

25-11. Robot-assisted oophorectomy in a previous ovarian torsion: a case report

Fabio Beretta, Silvia Bisoffi, Federica Fati, Elisa Pani, Clara Revetria, Hamid Reza Sadri, Giosuè Mazzero

UO Chirurgia Pediatrica Ospedale "Santa Chiara" - APSS, Trento, Italy

Case Presentation

We report the case of an 11-year-old female patient from the Dominican Republic who presented to our emergency department with acute pelvic pain accompanied by emesis. Her medical history was notable for a prior diagnosis of right ovarian torsion, confirmed by pelvic magnetic resonance imaging (MRI) approximately three months earlier. No surgical intervention had been performed at that time in her country of origin.

Subsequent transabdominal ultrasound yielded inconclusive findings, with three separate radiological and gynecological assessments failing to definitively localize the ovary involved. The patient's symptoms resolved spontaneously within few hours, and she was discharged.

A follow-up pelvic MRI demonstrated a right ovarian remnant located in a left retrouterine position, while the left ovary appeared eutrophic and anatomically normal, above the right remnant. Approximately one month later, the patient returned with recurrent acute pelvic pain. Ultrasonographic evaluation revealed a significantly enlarged left ovary (measuring 54 × 30 mm) with absent Doppler flow, raising concern for torsion.

Surgical Intervention

Diagnostic laparoscopy confirmed left ovarian torsion. Detorsion of the gonad resulted in partial restoration of vascular flow. Intraoperatively, the presumed right ovarian remnant was found to be densely adherent to the left lateral pelvic wall, pelvic floor, and uterine body, and was not easily accessible due to the enlarged left ovary. A decision was made to defer excision and proceed with robotic-assisted surgery.

One month later, robotic-assisted laparoscopy was performed. Three 8 mm robotic ports were placed at the umbilicus and bilateral flanks, with an additional 5 mm accessory trocar positioned in the left paraumbilical region. The left ovary was viable but remained slightly enlarged and inadequately fixed. The right gonadal remnant, exhibiting torsion at the midportion of the right fallopian tube, was meticulously dissected from surrounding structures and excised along with the tube. A pexy of the left ovary was also performed to prevent recurrence.

Postoperative Course and Follow-Up

The patient was discharged on postoperative day two without complications. Follow-up evaluations revealed no abnormal findings.

Conclusions

Robotic-assisted laparoscopy facilitated precise and safe dissection, particularly in delineating a secure cleavage plane between the gonadal remnant, ureter, iliac vessels, and uterine wall. This approach proved advantageous in managing complex pelvic anatomy and adhesions in a pediatric patient.