



Preface

Any discussion of common problems in pediatric surgery must first answer the question, "What are the most common procedures in pediatric surgery?" A database of more than 32,000 operations performed by 7 surgeons over the past several years was therefore queried. The top 10 procedures are shown in Table 1. Our practice is perhaps unusually broad, with a higher than average number of urologic procedures. Nevertheless, it is safe to assume that most pediatric surgeons encounter these problems quite frequently. Editorial discretion was used to supplement or prune the list of topics.

A review of common problems, although of interest to a broad audience, runs the risk of banality. However, there have clearly been profound changes in the practice of pediatric surgery over the past several years: the widespread use of CT scans to diagnose appendicitis; the decline of the physical examination in favor of ultrasonography for pyloric stenosis; laparoscopy to evaluate the contralateral side in unilateral inguinal hernias as well as a wide range of laparoscopic procedures; and improved understanding of the genetic and molecular basis of disease, to name only a few. It is interesting to note that, even with the common problems discussed in this issue, a preponderance of the data supporting treatment decisions is still based on low level evidence, primarily expert opinion and case studies. One justification for the lack of prospective studies in pediatric surgery is the rarity of the conditions encountered. This is certainly accurate in regard to many conditions, but hardly

a justification for these commonly encountered problems. Fortunately, this appears to be improving in our subspecialty, as well as medicine as a whole.

Authors were selected based on recognized expertise in the subject area (perhaps excluding the section on umbilical abnormalities). Dr. Thomas Tracy and associates provided an overview of common head and neck problems, including lymphadenopathy and common congenital abnormalities. Drs. Langer and Aspelund contributed a review of the changing management of pyloric stenosis: the increasing use of ultrasound, laparoscopic versus open approaches, and nonoperative management. Dr. Scott Engum lent his expertise to a summary of common thoracic problems: empyema, spontaneous pneumothorax, thoracoscopic exposure for spinal procedures, single lung anesthesia, and biopsy of lung nodules. Dr. Mike Caty and associates address both common and controversial issues in the management of inguinal hernias: timing of repair in the neonate, the issue of contralateral evaluation, and others. I presented current data on problems related to the umbilicus: umbilical lesions, hernias, and urachal and vitelline abnormalities. Drs. Newman and Morrow reviewed the literature and their considerable experience to discuss the current management of a classic surgical problem, appendicitis. Drs. Lund and Stites authored a review of current approaches to common anorectal problems, including anal fissures and fistulas, hemorrhoids, and pilonidal disease. Drs. Hutson and Clarke provide a superb analysis of the undescended testis: timing of orchidopexy, bilateral undescended testes, adolescent cryptorchidism, among others. Drs. Gatti and Murphy, with their wide pediatric urologic experience, contributed a section on the acute scrotum: torsion of the testicle and its appendages, epididymitis, and other problems.

Each contribution succinctly reviews the state of the art in the subject area. I think many readers will discover useful and interesting information herein. Some examples: 1) it may not be necessary to close the hernia sac in orchidopexies, 2) pressure dressings are probably not useful after umbilical herniorrhaphy, 3) chemical epididymitis (from retrograde urinary reflux into the vas) may present as an acute scrotum in children with voiding dysfunction, 4) skipping breakfast may increase your risk of hemorrhoids, 5) macrolide antibiotics may render node excision unne-

Table 1 Top ten procedures by CPT based on 32,000 procedures/patient encounters

Rank	Procedure
1	Circumcision
2	Inguinal Hernia - 49500
3	Laparoscopy, Diagnostic
4	Inguinal Hernia - 49495
5	Inguinal Hernia - 49505
6	Orchidopexy
7	Laparoscopic Appendectomy
8	Hickman Catheter Placement
9	Hypospadias Repair - TIP
10	Pyloromyotomy

essary in some patients with atypical mycobacterial involvement of the cervical lymph nodes, and 6) wireless capsule endoscopy has been used to identify Meckel's diverticula in children.

All of the sections address diseases the pediatric surgeon encounters on a daily basis. The diligent reader may still fail to identify the genetic loci for MEN IIA on the certification or recertification examination, but hopefully will have en-

countered information useful in their daily practice of pediatric surgery.

I am deeply indebted to each of these outstanding contributors, and to Dr. Grosfeld for the opportunity to participate in this issue of *Seminars*.

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Guest Editor