

出國報告（出國類別：國際會議發表論文）

第 52 屆泛太平洋小兒外科醫學會年會

服務機關：臺中榮民總醫院外科部兒童外科

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摘要 (含關鍵字)

Clinical Presentation and Surgical Outcome of Pediatric Congenital Biliary Dilatation: a Study Based on Pancreaticobiliary Maljunction (PBM) Types

BACKGROUND

Traditional anatomical classification of congenital biliary dilatation is not related to pancreaticobiliary maljunction (PBM), which is regarded as etiology of choledochal cysts. The Japanese Study Group on Pancreaticobiliary Maljunction (JSGPM) proposed a classification, yet application is not popular in Taiwan. This work is to investigate clinical symptoms, associated inflammations, biliary stones, Todani's types, choledochal bile amylase levels, complications, and outcome according to PBM classification, junction angle and common channel length.

METHOD

Total 129 patients were operated in our institute for congenital biliary dilatation from July, 1992 to July, 2018. Medical records were reviewed and parameters were retrospectively collected. PBM types were determined based on magnetic resonance cholangiopancreatography (MRCP) or computed tomography (CT). Patients without biliary reconstruction or preoperative images were excluded.

RESULTS

After exclusion, 78 patients (40 open; 38 laparoscopy) were enrolled. Among them, 4 (5.1%) patients had normal pancreaticobiliary junction within duodenum. PBM Type A (stenotic), Type B (non-stenotic) and Type C (dilated channel) consisted of 51 (65.4%), 9 (11.5%) and 14 (17.9%) patients respectively. No statistical difference of mean operative age and body weight was observed in three types. More cases of pancreatitis were observed in Type B ($p=.013$) and hepatitis was more frequent in Type C ($p=.032$). Amylase level of choledochal bile was insignificantly higher in Type A ($p=.864$). Overall complication rates were similar ($p=.480$).

CONCLUSION

PBM classification from JSGPM is convenient. Different PBM types, junction angle and common channel length influenced clinical presentation.

Keywords: Congenital biliary dilatation; Pancreaticobiliary Maljunction (PBM); Clinical presentation; Surgical outcome

本文：

一、目的：

參加國際會議發表論文，代表臺灣小兒外科醫學會擔任該學會出版之國際期刊 *Journal of Pediatric Surgery* 出版委員會委員出席出版會議，同時了解各國小兒外科發展現況並與各國小兒外科醫師交流。

二、過程：

本次第 52 屆泛太平洋小兒外科醫學會(PAPS)年會約有環太平洋地區之國家上千名之小兒外科醫師參加，其中還包括阿富汗、愛爾蘭及今年第一次參加之奈及利亞等非環太平洋國家，在紐西蘭基督城 Town Hall 舉行，臺灣小兒外科總共有 20 多位醫師參與盛會。會議在四天內分別將所有論文依照 Basic science, Neonatal, Thoracic, Hepatobiliary, GI, MIS Robotics, Urology 和 Urology 等不同 sessions 進行 oral presentation 和 poster 之論文發表。

這次佳滿很榮幸獲得學會推薦，代表臺灣小兒外科醫學會擔任該學會出版之國際期刊 *Journal of Pediatric Surgery* 出版委員會委員，因此於會議開始的前一天(3月10日)就需出席出版委員會會議，與各國代表之出版委員共同討論審查後之投稿論文。會議第二天舉辦 Conference Tour 帶與會人員參觀紐西蘭 Arthur's Pass 國家公園及位於機場之國際南極中心；第三天晚上之 Gala Dinner 除宴請與會醫師外，同時按照 PAPS 之傳統由各國分別合唱一首歌。

三、心得：

本次年會臺灣小兒外科醫師有 14 位參與發表 15 篇論文，中國大陸及日本的參加人數最多，台灣則以義守大學附設醫院共 4 位醫師參加並口頭發表論文為最踴躍，精神值得學習。

佳滿此次參加會議，於會議第二天一早代表臺中榮民總醫院發表一篇 oral presentation，雖然在臺灣的小兒外科臨床病例數目無法和部分的國家相比，但臺灣在品質、基礎醫學研究及微創手術等先進技術之進展絕對是可與國際匹敵的；藉由與各國醫師之交流，也從中獲取豐富且寶貴之經驗對未來工作上有極大幫助。

本次臺灣小兒外科醫學會同樣由去年已代表臺灣成功爭取到 2020 年在臺灣臺南市舉辦第 53 屆泛太平洋小兒外科醫學會(PAPS)年會之亞東醫院陳芸副院長再次報告準備進度，表現優異獲得大會及各國代表讚許；同時在第三天晚上之 Gala Dinner 大家一起唱歌跳舞表演「高山青」，熱情邀請各國醫師明年一起到台灣參加第 53 屆泛太平洋小兒外科醫學會(PAPS)年會。

四、建議事項(包括改進作法)：

鼓勵住院醫師出國開會發表成果、吸收新知並與國際學者交流。

附錄

註冊櫃檯留影



口頭論文發表



與會臺灣小兒外科醫師合影

