8) Rpeated ultrasound-guided aspirations of the hip joint for "septic arthritis"

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The most common treatment of the septic hip is arthrotomy with variable periods of drainage , combined with IV antibiotics treatment.

We present a group of fifty six children diagnosed with septic arthritis of the hip joint. Fifty two of the patients were treated only with repeated aspirations of the hip and lavage. The aspirations were done under ultrasound guidance using topical anesthesia or under sedation . The joints were irrigated on daily basis. The mean number of aspirations were 3.6 (range 3-5), and 75% of the patients resumed walking after 24 hours

Repeated hip joints aspiration is a safe and effective method of treatment of septic hip, enabling to avoid surgical intervention and general aneasthesia. Early Recovery was noted in this series.

Arthrotomy of the hip joint followed by a variable period of drainage or continuous irrigation and drainage is considered the accepted treatment of septic arthritis of the hip joint (SAHJ). The authors reviewed the results of a cohort of children with SAHJ with repeated aspirations of the hip joint. Thirty-four children diagnosed with SAHJ were treated with repeated aspirations of the hip joint. The aspirations were performed under ultrasound guidance and topical anesthesia or under sedation. After the aspiration the joint was irrigated using the same needle, and the procedure was repeated daily. Six of the patients were operated on and then treated with aspirations because of drain dislodgement or clogging. Twenty-eight of the patients were treated primarily with repeated aspirations. Four of those patients did not improve and underwent arthrotomies, and 24 were treated only by repeated aspirations and healed completely. The mean number of aspirations was 3.6 (range 3-5), and 75% of the patients resumed walking after 24 hours. anesthesia complications were seen. Repeated aspiration is a safe and efficacious method of treatment for SAHJ. This method of treatment is not associated with surgery and its complications and prevents scarring of the skin and the need for general anesthesia. Faster return to normal activity was noted in this series.

9) Awareness of Ambiguous Genitalia ln Gaza

Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, *European Gaza Hospital-EGH*

Abstract:

Ambiguous genitalia is a rare disease but noted to be a common presentation in our pediatric endocrinology and urology clinics. The aim of our study is to identify the size of the problem, and to evaluate the family response to gender assignment.

Method: We review the files of the patients with ambiguous genitalia during a period of 5 years. A total of 80 children with ambiguous genitalia have been evaluated and treated. The three most common causes were Congenital adrenal hyperplasia CAH, deficiency of Ketosterod Reductase 17KR,and , deficiency of 5 alpha-reductase..

Most of the cases (42%) were from the north governorate .Consanguinity was very high (84%).17KR deficiency almost confined to the north governorate which indicates inbred gene effect in this area.

Gender assignment was a problem in few cases, Social shame was present in almost all cases .The result of **Surgical Reconstruction Gentiplasty** of these Ambiguous genitalia was comparable to the international figures.

***Conclusion**:* Though Gaza strip is a small geographic area there is marked geographic distribution differences of the cases which reflect the general attitude of the population towards consangeuous marriage and inbred gene effect. In general the early the diagnosis the easier to make decision on gender assignment to rear the child in a socially a acceptable role .Education of the medical personnel as well as the public education is highly recommended to reduce the impact of this health problem.

10) One stage feminizing genitoplasty: 4 years of experience with 29 cases

Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, *European Gaza Hospital-EGH*

Abstract:

***Purpose**:* We retrospectively evaluated the results of one-stag feminizing genitoplasty in children with congenital adrenal hyperplasia (CAH).

PATIENTS AND METHODS; Twenty nine patients with 46XX CVAH (congenital verilized adrenal hyperplasia)patients were referred following complete evaluation of gender, chromosomal and biochemical data by pediatric endocrinologists in 6 year period between 2001 and 2007- at European Gaza Hospitan –Gaza ; 28 patient(new cases 26 + Redo 2)were managed by one-stage feminizing genitoplasty (vaginoplasty-valvoplasty and clitroplasty),age 3monthes to 12 years.We used the Passerini-Glazel technique, and in 5 patients we mobilize the urogenital sinus en bloc , one female patient underwent gender reversal and was raised as males.

RESULTS; Follow up was 3 monthsto 6 years. Preoperative ultrasound plus or minus genitogram and endoscopy provide the correct data regarding the vaginal and internal genital anatomy in all cases, Operating time ranged between 90 and 180 minutes, average hospitalization period was 4 to 9 days Complications consisted of intraoperative uretheral injury in 1 case wound infection in 2 and stenosis at the suture line in 2 patients -corrected by introitoplasty . All patients have had successful cosmetic results except one need redo clitroplasty for residual clitoromegalia.

CONCLUSION: Most patients with 46XX CVAH are preferably raised as females and require a feminizing genitoplasty . Preoperative investigations and surgical managment of every case on its own merits gives satisfactory primary results , some revision at puberty should be anticipated in some cases.

11) Masculinizing Genitoplasty in Intersex Patients (Severe Hypospadias)

Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, *European Gaza Hospital-EGH*

Abstract:

***Purpose**:* Perineal & scrotal forms are the most severe, uncommon and challenging variants in the spectrum of hypospadias These forms are often associated with extreme chordee, penoscrotal-transposition and bifid or absent scrotum We reviewed cosmetic and functional outcome of masculinizing genitoplasty (MGP) in intersex patients assigned as a male performed in our service in the last 6 years.

***Materials and Methods**:* A total of55 patients underwent MPG by one surgeon during 6 year period. Patient age ranged from 6 months to 16 years .The presenting disease was severe hypospadias or intersex, scrotal hypospadias in 30 cases , and perineal hypospadias in 25 .Some patients were evaluated for gender, chromosomal and biochemical data by pediatric endocrinologists. Most of our patients had idiopathic male pseudohermaphroditism.. MGP was performed using Augmented Koyanagi Nonomura one-stage surgical techniques in the first 2 years,then we used *extended unilateral parameatal flape with minimal mobilization technique* in the next 4 years, dorsal plication needed in7 patients. .Scrotoplasty and orchiopexy was performed in the same operation.