



Original Article

Children and adolescents ostomized in a reference hospital. Epidemiological profile[☆]



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ABSTRACT

Objectives: To assess the epidemiological profile of children and adolescents with intestinal stoma, assisted at the Presidente Dutra University Hospital (HUPD), São Luís (MA).

Methods: Observational, descriptive, retrospective, and individuated study. Data were collected from 110 children and adolescents with elimination intestinal stoma, from January 2006 to February 2013. The following variables were analyzed: age, gender, patient origin, and stomata indication, type, and temporal character. After data collection, descriptive analysis was made by Bioestat 5.0 program.

Results: Of 110 patients, 78.2% were male and 21.8% female. The average age was 9.4 years old. 55.5% came from the Maranhão state countryside, and 44.5% from the capital, São Luís. Regarding stoma type, colostomies made up 88.2%, and were 11.8% ileostomies, all temporary stoma. The main cause was trauma (42.7%), with firearm abdominal puncture being the most frequent cause (71.5% of the category); followed by congenital anomalies (38.2%), and obstructive (5.4%) and inflammatory (4.5%) causes.

Conclusion: Studied children and adolescents were mostly male, from Maranhão state countryside. The main cause was trauma, and colostomy was the most common stoma type.

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Perfil epidemiológico de crianças e adolescentes estomizados em hospital de referência

R E S U M O

Palavras-chave:

Estomas cirúrgicos
Colostomia
Ileostomia
Crianças
Adolescentes
Perfil epidemiológico

Objetivos: Avaliar o perfil epidemiológico de crianças e adolescentes portadores de estomas intestinais atendidos no Hospital Universitário Presidente Dutra (HUPD) em São Luís (MA). **Métodos:** Estudo observacional, descritivo, retrospectivo e individuado em que foram coletados dados de 110 crianças e adolescentes com estomas intestinais de eliminação de janeiro de 2006 a fevereiro de 2013. Analisaram-se as variáveis: idade, sexo, procedência dos pacientes, indicação, tipo e caráter temporal dos estomas. Após coleta dos dados, foi feita análise descritiva pelo programa Bioestat 5.0.

Resultados: Dos 110 pacientes, 78,2% eram do sexo masculino e 21,8% do sexo feminino. A idade média foi de 9,4 anos. 55,5% era procedente do interior do Estado do Maranhão e 44,5% da capital, São Luís. Com relação ao tipo: 88,2% eram colostomias e 11,8% ileostomias, todos os estomas temporários. A causa principal foi o trauma (42,7%), sendo a perfuração abdominal por arma de fogo a mais frequente (71,5% da categoria); seguido pelas anomalias congênitas (38,2%), causas obstrutivas (5,4%) e inflamatórias (4,5%).

Conclusão: As crianças e adolescentes estudados eram, em sua maioria, do sexo masculino, proveniente do interior do Estado do Maranhão, tendo como principal causa a traumática e a colostomia como o tipo de estoma mais comum.

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Introduction

Ostomies are a provisional or definitive character surgical therapeutic measure for many diseases shown by children and adolescents, such as: congenital malformations, intestinal obstruction, neoplasia, and trauma. Its purpose is to feed or eliminate.¹

The term comes from the Greek word “stoma”, meaning hole. It corresponds to the construction of a “mouth”, which communicates the hollow viscus to the external medium by creating a new path. Food intake or stool, gases, and urine output, depending on the location and stoma type, are its main uses. Disposal stomata are divided into: ileostomy, which consists of the union of the ileum portion to the abdominal wall; and colostomy, which designates the union of acolon portion to the abdominal wall.¹

Their physical characteristics regarding type, location, size, shape, surface, contour, and protrusion can vary according to the used surgical technique, the externalized segment, the root cause, and permanence time.²

Regarding epidemiology, there are no definitive and timely data on ostomy number in Brazil. Santos reports, based on the 2000 census and with members of the International Ostomy Association, which in Brazil have about 170,000 ostomy. Regarding the estimate based on data from the Brazilian Ostomy Association (ABRASO) of 2005 showed an approximate number of 34,262 people, a figure far below the international estimate.¹

Each year, 1 million and 400,000 surgical ostomy procedures are conducted, at a cost of 153 million reais (Brazilian currency); from January to August 2009, for example, 18 million were spent only in the purchase of collector, safety, and

security equipment (collecting bags and synthetic skin protective barriers).³

Exclusive epidemiological data on stomata in children are also scarce. Nevertheless, it is known that in childhood (0–10 incomplete years old, according to the WHO definition) stomata are mostly temporary, performed in the neonatal period, mainly for congenital megacolon (Hirschsprung’s disease), intussusception, intestinal volvulus, agenesis, and anorectal atresia adjuvant treatments. However, this condition residence time may be of months or years, depending on the disease and the operation amount that the individual is subjected lifelong for damaged areas reconstruction.⁴

In adolescents (10 to incomplete 20 years old, WHO), these data are even rarer. However, traumatic etiology, mainly due to automobile or domestic accidents, is highlighted.⁵

In the state of Maranhão, there are few systematic information and scientific publications within the stomized population, making it difficult to characterize their epidemiological and socio-demographic profile. This can hinder hospital and management planning activities, which could allocate resources to improve assistance for this significant population portion.

Thus, the present study assessed children and adolescents with intestinal elimination stomata epidemiological profile. They were treated at the Coloproctology Service Stomized Assistance Program (PAESC), Presidente Dutra University Hospital (HUPD), one of the main public hospitals in the State of Maranhão. The aim of this study was to contribute to Maranhão ostomized population epidemiological profile construction.

From obtained results, it is sought to provide social and public health policies directing subsidies, improving involved

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