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CLINICAL OUTCOMES OF EARLY SURGICAL INTERVENTION IN CONGENITAL INTESTINAL ANOMALIES IN CHILDREN

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Introduction

Congenital intestinal anomalies represent a significant cause of neonatal and pediatric morbidity and mortality. Conditions such as intestinal atresia, malrotation, Meckel's diverticulum, and Hirschsprung's disease often require surgical correction. Early diagnosis and timely surgical intervention are considered crucial factors influencing clinical outcomes, postoperative recovery, and long-term intestinal function. Evaluation of the effectiveness of early surgical management remains an important aspect of pediatric surgery.

Aim

To evaluate the clinical outcomes of early surgical intervention in children with congenital intestinal anomalies.

Materials and Methods

This study included children diagnosed with congenital intestinal anomalies who underwent surgical treatment. Patients were divided according to the timing of surgical intervention, with emphasis on early surgery performed shortly after diagnosis. Clinical parameters analyzed included postoperative complication rates, duration of hospital stay, time to initiation of enteral feeding, and overall recovery outcomes.

Results

Early surgical intervention demonstrated favorable clinical outcomes in children with congenital intestinal anomalies. Patients who underwent timely surgery showed lower rates of postoperative complications, earlier restoration of bowel function, and shorter hospital stays. Initiation of enteral feeding occurred earlier in the early intervention group, contributing to improved nutritional status and recovery. Mortality and severe postoperative morbidity were reduced in patients receiving prompt surgical treatment.

Conclusion

Early surgical intervention plays a critical role in improving clinical outcomes in children with congenital intestinal anomalies. Timely operative management is associated with reduced complication rates, faster recovery, and improved postoperative intestinal function. Early diagnosis and prompt referral to specialized pediatric surgical centers are essential for optimizing treatment results and long-term prognosis.