

## Hong Kong Journal of Paediatrics

香港兒科醫學雜誌 (New Series)

An Official Publication of  
Hong Kong College of Paediatricians &  
Hong Kong Paediatric Society  
c/o Hong Kong College of Paediatricians, Room 801,  
Hong Kong Academy of Medicine Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

### Editorial Board

#### Chief Editor

CHEUNG Yiu Fai (張耀輝)

#### Associate Editors

HON Kam Lun (韓錦倫)

IP Patrick (葉柏強)

#### Honorary Secretary

FUNG Cheuk Wing (馮卓穎)

#### Members

BUT Wan Man (畢慧文)

CHAN Chi Fung (陳志峰)

CHAO Sih Yin (趙式言)

FUNG Po Gee (馮寶姿)

KWAN Yat Wah (關日華)

KWONG Ling (龔玲)

LAM Hung San (林鴻生)

LEE Mun Yau (李敏尤)

LEE So Lun (李素輪)

LEUNG SY (梁詩彥)

LIU Sze Wai (廖思維)

Lo Fai Man (盧輝文)

LUK Chi Kong (陸志剛)

WONG Hiu Lei (王曉莉)

YEUNG Wai Lan (楊慧蘭)

#### Honorary Advisors to the Editorial Board

Andrew BUSH, *United Kingdom*

Don M. ROBERTON, *Australia*

David K. STEVENSON, *USA*

GUI Yong-Hao, *China*

#### Business Manager

Tsoi Nai Shun (蔡迺舜)

#### Publisher

Hong Kong Journal of Paediatrics is published  
by Medcom Ltd, Flat E8, 10/F, Ka Ming Court,  
688-690 Castle Peak Road, Kowloon, Hong Kong  
SAR. Tel: (852) 2578 3833, Fax: (852) 2578 3929,  
Email: mc1@medcom.com.hk

Indexed in EMBASE/Excerpta Medica, Science  
Citation Index Expanded (SCIE) and Scopus

Website: www.hkjpaed.org

ISSN 2309-5393 (online)

ISSN 1013-9923 (print)

## Editorial

# Towards Holistic Paediatric Medicine and Surgery: A New Paradigm

Historically Surgeons and Physicians practiced quite independently of each other with very different mindsets in their clinical care. By origins from middle-age Europe surgeons were originally 'barber surgeons' with no physician training. Even through subsequent centuries till now, the fully trained British surgeons would continue to distinguish themselves from 'Dr' physician by titling themselves 'Mr' surgeon or 'Miss' lady surgeon. But in the realms of modern health care, however, with advances in the understanding of medicine and complexity of clinical management, there are increasing collaborations between the two health care streams. Holistic clinical management seems to be a key to better patient care and clinical outcomes. Nowhere is this more relevant than in Paediatrics and Child Health. Meanwhile in recent years our editorial board enjoys receiving a growing number of manuscript submissions on Surgery related Child health topics from all over the world, partially also reflecting a global trend towards greater collaborations between Surgeons and Paediatricians in clinical practice.<sup>1,2</sup>

Advances in Neonatal Surgery has led to improved survival of neonates from many lethal neonatal and congenital conditions, but without a doubt it has also been advances in Neonatal Critical Care that has led to improved overall surgical outcomes in Neonatal Surgery. The original article herein by Ohba et al, although seemingly focused on technical interests reviewing the feasibility of single-stage repair of anorectal malformation, precisely reflects the importance holistic Neonatal Medicine with supportive perioperative critical care that makes surgery advances feasible.<sup>3</sup> Successful endeavor of one-stage operation means obviating additional surgeries and scars plus many weeks of intensive stomal care for the parents in between surgeries.

Definitive management of Intussusception and appendicitis in children are domains of the surgeon. But of interest to the paediatrician these two very common acute abdominal conditions too often present with the general symptoms to the family physician and general paediatrician, who are faced with the grave responsibility of early suspicion with timely referral for surgical management, which is crux to good treatment outcomes. In their succinct review of cohort of ileo-colic intussusception, Kim and Lim's original article elucidates the significant rate of recurrence after initial radiological treatment, revisiting thoroughly and disputing eloquently the evidence that previously argued for ambulatory management for intussusception not requiring initial operative surgery.<sup>4</sup>

It is noteworthy that local paediatric surgical centres have observed in recent years an increasing number of complicated appendicitis presenting with significant sepsis associated with perforations and abdominal abscesses. While minimally invasive surgery is becoming a norm as definitive treatment in general, it is often a technical challenge for the young frontline surgeon during emergency setting. Indeed published data in the past did not always support

## List of Reviewers

BUT WM (畢慧文)  
 CHAN HS (陳凱珊)  
 CHAO SY (趙式言)  
 CHAU SK (周淑娟)  
 CHEE YY (池月兒)  
 CHENG WT (鄭偉才)  
 CHEUK KL (卓家良)  
 CHEUNG PT (張璧濤)  
 CHIANG KS (蔣國誠)  
 CHIEN YH (簡穎秀)  
 CHIU SS (招瑞生)  
 CHOW CM (周中武)  
 CHUNG HY (鍾侃言)  
 CHUNG HY (鍾浩宇)  
 CHUNG HP (鍾漢平)  
 FUNG CW (馮卓穎)  
 FUNG LW (馮麗華)  
 FUNG PG (馮寶姿)  
 HA SY (夏修賢)  
 HO CC (何智聰)  
 HO HK (何學工)  
 HO PL (何栢良)  
 HON KL (韓錦倫)  
 HUI J (許鍾妮)  
 IP P (葉柏強)  
 KWAN YW (關日華)  
 KWAN YW (關彥華)  
 KWOK MK (郭美均)  
 KWOK SY (郭煥義)  
 KWONG L (鄭玲)  
 LAM A (林麗娜)  
 LAM HS (林鴻生)  
 LEE LK (李勵嘉)  
 LEE PW (李珮華)  
 LEUNG CW (梁赤華)  
 LI CK (李志光)  
 LIU KW (廖鑑榮)  
 LOW CK (盧忠啟)  
 LUK CK (陸志剛)  
 LUK HM (陸浩明)  
 LUN KS (倫建成)  
 PUCK J  
 SIU WK (蕭偉光)  
 SIU KL (蕭僑樂)  
 TSAO YC (曹延洲)  
 TSAO S (曹小玲)  
 TSE KC (謝紀超)  
 TUNG YL (童月玲)  
 WONG DML (黃美玲)  
 WONG KY (黃格元)  
 WU SP (胡信平)  
 YAM MC (任文青)  
 YU CM (余則文)

The editors like to acknowledge with gratitude the major contributions of the reviewers who have rendered their valuable service in reviewing the articles submitted to our Journal in 2020.

minimally invasive technique over conventional open surgery for complicated appendicitis. Lv et al in their study provide substantial evidence in their astounding cohort in support of the feasibility and safety of laparoscopic surgery with comparable outcomes to open surgery in these complicated cases. Local trainee-surgeons and young specialists likewise are fast accumulating similar technical experiences with steep learning curves. It is ironically mixed blessings to our surgeons and patients.<sup>5</sup>

Biliary atresia was a devastating infantile condition before the era of Dr Morio Kasai. The greatest technical breakthrough dated back to 1951 with Dr Kasai's portoenterostomy. Together with overall advances in paediatric critical care, the operation had enormously mitigated the related infant mortality. With inherent intrahepatic disease affecting a subgroup of patients after surgery, unfortunately no further technical refinement to-date has proven to significantly improve native liver survival since Kasai's era. The main advances subsequently have been the adjunctive medical therapies endeavoring to improve jaundice clearance and native liver survival. While current clinical practice and research on this remain a hot topic among surgeons, Dong et al in their joint-effort meta-analysis between Gastroenterologists and Surgeons critically appraised the published data to contribute further robust evidence for clinicians.<sup>6</sup> While successful liver transplant programs worldwide benefitted many long term survivors of biliary atresia, hopefully with future collaborative research in adjunctive treatments by holistic approach we may see an increase in the rate of long term native liver survival.

Locally many fields of transdisciplinary Paediatric care are already ensuing industriously with advent of our new Children's Hospital in the region. These include Neonatology, Oncology, Nephrology, Neurometabolic Medicine, Primary Cleft Care, Cardiology and many more specialties, all in collaboration with variety of surgical stream subspecialties and other clinical disciplines dedicated to children. Following suit other established children's hospitals in the world, the centralisation of complex paediatric patients and resources into this purpose-driven arena provides the ideal settings for seamless patient-centred paediatric care. We as stakeholders in child health shall enter a new paradigm with new standards of care.

**Dr. NSY CHAO**  
**Guest Editor**

## References

1. Cuff PA. Establishing transdisciplinary professionalism for improving health outcomes. 2014 ISBN 978-0-309-28901-6.
2. Wong J, Tan KY. Current challenges of surgical care and the transdisciplinary model. Transdisciplinary perioperative care in colorectal surgery: an integrative approach. 2015 Springer-Verlag Berlin Heidelberg. eBook ISBN 978-3-662-44020-9. 2015: Pages 1-11.
3. Ohba G, Yamamoto H, Nakayama M, Honda S, Taketomi A. Feasibility of one-stage correction for recto-bulbar anorectal malformations. *HK J Paediatr (new series)* 2020;25:206-10.
4. Lim YJ, Kim KH. Is hospital admission unnecessary after successful reduction in paediatric patients with intussusception? *HK J Paediatr (new series)* 2020;25:211-6.
5. Lv CC, Qi SQ, Huang H, Le SL, Huang BS, Xiang Y. Laparoscopic appendectomy for complicated appendicitis in children: A retrospective study. *HK J Paediatr (new series)* 2020; 25:217-21.
6. Dong XT, Huang L, Mao DQ, Yang H. Efficacy of postoperative high-dose steroids in infants with biliary atresia: A meta-analysis. *HK J Paediatr (new series)* 2020;25:222-31.