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Laparoscopic drainage of a peripancreatic tuberculous abscess

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Abstract

A 28-year-old woman presented with abdominal pain, anorexia, low-grade pyrexia, and a palpable abdominal lump. An abdominal CT scan revealed a mass in the region of the pancreatic head comprised of enlarged lymph nodes interspersed with loculi of pus. Because a fine-needle aspiration failed to establish a diagnosis, the abscess was drained laparoscopically and biopsy specimens were obtained; the specimens confirmed lymph nodal tuberculosis. Postoperatively, the patient received a 9-month course of antitubercular therapy; she remains asymptomatic on follow-up. To the best of our knowledge, this is the first report describing the use of laparoscopy for the drainage of a peripancreatic tuberculous abscess.

Key words: Laparoscopy — Abdominal tuberculosis — Tuberculous lymphadenitis — Drainage

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Portal vein thrombosis following laparoscopic surgery in a patient with sickle cell disease

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Abstract

We report a case of portal vein thrombosis following prolonged laparoscopic intervention in a patient with

Sickle cell disease. The operation combined a laparoscopic splenectomy, cholecystectomy, appendectomy. Presentation was insidious with vague abdominal pain and persistent postoperative pyrexia. The literature is reviewed, possible pathogeneses are discussed in the light of currently available data, and a strategy is suggested to recognize, avoid, and prevent this rare but potentially lethal complication.

Key words: Portal vein — Thrombosis — Laparoscopic surgery — Sickle cell anemia disease — Pathogenesis — Splenectomy — Cholecystectomy — Appendectomy

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Recurrent intussusceptions in an infant that were terminated by laparoscopic ileocolonic pexie

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Abstract

For children with ileocolic intussusceptions, laparoscopy has been proposed as an emergency intervention, but it has not been elaborated for elective prevention of recurrences. We report about an infant who developed his first ileocolic intussusception at the age of 12 months. Radiologic devagination was successful, but had to be repeated for two consecutive recurrences within several days. Six months later, he presented with another episode of intussusception, which again was managed conservatively. At this time, preventive surgery seemed indicated. Diagnostic laparoscopy using three trocars and 5-mm instruments showed an insufficient closure of the ileocecal valve, allowing the surgeon easily to provoke an intussusception. Consequently, the distal ileum was attached to the ascending colon with several interrupted 3-0 sutures. The infant's postoperative course was uneventful. Oral feeding was started immediately, and he could be discharged after 3 days. Within

a follow-up period of 1 year, no evidence of intussusception was noted. We conclude that for children with recurrent episodes of intussusception, laparoscopic ileocolonic pexie presents a beneficial strategy for protective surgery.

Key words: Recurrent intussusception — Childhood — Laparoscopic ileocolic pexie

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Meralgia paresthetica as a complication of laparoscopic appendectomy

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Abstract

Laparoscopy is becoming a current approach for appendectomy. The technique is considered safe with few complications. We observed a young woman affected by meralgia paresthetica that developed after laparoscopic appendectomy. The femorocutaneous lateral nerve probably was damaged by insertion of a trocar in the right abdominal quadrant too close to the nerve course. Although meralgia paresthetica is not considered a frequent complication of laparoscopic appendectomy, it should be taken into account to avoid nerve lesion.

Key words: Laparoscopy — Appendectomy — Complication — Meralgia paresthetica

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Facilitation of open spigelian hernia repair by laparoscopic location of the hernial defect

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Abstract

A spigelian hernia is an uncommon entity. The diagnosis and location of this disorder often is difficult. We present a case in which the hernia could not be located at the time of operation, despite exploration. Laparoscopy performed subsequently enabled location and repair of the hernia under direct visualization, with good results. Laparoscopy is advocated as an adjunct to the diagnosis and treatment of spigelian hernia.

Key words: Laparoscopy — Spigelian hernia — Surgical technique

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Laparoscopic treatment of mesenteric cysts

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Abstract

Mesenteric cysts are rare intraabdominal tumors. We review the diagnosis, laparoscopic management, patient's outcome and follow-up of evaluation for three cases of mesenteric cyst that presented to Istanbul University, Istanbul Medical School, Department of General Surgery, from 1999 to 2002. All of the patients presented with nonspecific abdominal symptoms such as constipation, abdominal discomfort, and anorexia. Preoperative evaluation for differentiating mesenteric cyst from malignancy is made by abdominal ultrasound and computed tomography. The procedure was completed laparoscopically using three trocars in three patients. In one patient retroperitoneal resection was performed. There were no intraoperative or postoperative complications. The follow-up periods ranged from 6 to 36 months, and there were no recurrences. Currently, the surgical treatment of mesenteric cyst should be performed by laparoscopy, which offers significant advantages in terms of reduced morbidity and hospital stay. For appropriate cases in which cyst arises from mesenterium of colon, the retroperitoneal approach should be applied.

Key words: Laparoscopy — Mesenteric cyst — Surgery

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Syndrome of inappropriate secretion of antidiuretic hormone following laparoscopic inguinal hernia repair

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Abstract

Syndrome of inappropriate secretion of antidiuretic hormone (SIADH) after cardiac surgery and traditional open abdominal surgery has been reported. This disorder also has been associated with minor operative procedures with the patient under local anesthesia. However, SIADH after laparoscopic surgery is not well documented in the literature. We report a case of SIADH after laparoscopic inguinal hernia repair in an elderly woman.

Key words: Laparoscopic — Inguinal hernia — Complications — SIADH

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Complete gallbladder and cystic pedicle torsion

Laparoscopic diagnosis and treatment

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Abstract

Complete gallbladder torsion is an unusual emergency that requires immediate surgical treatment. Since it was first reported in 1898, < 400 cases have been described in the literature, and only three of them were diagnosed and treated by laparoscopic cholecystectomy. Our objective here is to describe an approach that allows a definitive diagnosis and treatment. First we present the case of a febrile 81-year-old woman with acute right upper quadrant pain. Ultrasound showed an alithiasic distended gallbladder with a multilayered wall and a transverse orientation. When exploratory laparoscopy was performed, a gangrenous gallbladder secondary to a 360° clockwise cystic pedicle torsion was found. Laparoscopic decompression, detorsion, and cholecystectomy with an intraoperative cholangiogram were completed. The patient was discharged 72 h later. Next, several preoperative diagnostic methods are reviewed. We conclude that the laparoscopic treatment of this entity is feasible and obviates the performance of unnecessary and nonspecific tests. It offers a favorable and rapid postoperative recovery, in addition to the other well-known advantages of the minimally invasive surgical approach.

Key words: Gallbladder torsion — Bile duct torsion — Detorsion — Laparoscopic cholecystectomy — Minimally invasive surgery — Alithiasic cholecystitis
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Laparoscopic identification and removal of focal lesions in persistent hyperinsulinemic hypoglycemia of infancy

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Abstract

Background: Persistent hyperinsulinemic hypoglycemia of infancy (PHHI) is a heterogeneous condition. A number of children have focal lesions, and removal of these lesions is curative. However, these lesions are difficult to detect, even during surgery. A laparoscopic approach is beneficial.

Methods: Two children with PHHI underwent laparoscopic pancreatic inspection at 32 and 29 days of age, respectively.

Results: In both children, a lesion was easily found in the head of the pancreas. The lesions looked more lobular, had a more pronounced blood supply, and ap-

peared to have a firmer texture than the remaining pancreas. Enucleation was curative.

Conclusion: A laparoscopic approach seems to be ideal for patients with PHHI not only because of the magnification but also because of the delicate surgery it allows and the avoidance of major abdominal wall problems.

Key words: Persistent hyperinsulinemic hypoglycemia of infancy — PHHI — Laparoscopy
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Late abscess formation after spilled gallstones masquerading as a liver mass

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Abstract

The most common complication during laparoscopic cholecystectomy is the spillage of stones into the abdominal cavity. Although spillage occurs in 30% of cases, the potential adverse effects of this event are rare and generally manifest within months. When complications do occur, however, they may cause significant morbidity for the patient. We report an unusual case in which an inflammatory mass mimicking a liver tumor developed 5 years after the stones had been lost during a laparoscopic cholecystectomy. We therefore urge all surgeons to make every attempt to retrieve gallstones from the abdominal cavity once they have been accidentally dropped.

Key words: Gallstone spillage — Inflammatory mass — Abscess — Liver mass — Laparoscopic cholecystectomy — Laparotomy
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Mucous cystadenoma of the appendix

Is it safe to remove it by a laparoscopic approach?

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Abstract

Mucinous cystadenoma is an uncommon neoplasm of the appendix usually discovered intraoperatively. Its clinical significance lies in the possible rupture and consequent spillage of mucin into the peritoneal cavity, leading to pseudomyxoma peritonei. Even if laparoscopy has been successfully used to perform appendectomy, some concerns exist regarding its use in dealing with mucinous secreting lesions because of possible spillage of mucin during surgery. We report a case of mucous cystadenoma of the appendix, which was successfully re-

moved using a laparoscopic approach. At a 12-month follow-up assessment, the patient was free of disease. We believe that the laparoscopic approach is safe if surgery can be performed without grasping the lesion, and if the specimen is removed through the abdominal wall using a bag. Conversion to laparotomy should be considered if the lesion must be traumatically grasped, or if the tumor clearly extends beyond the appendix.

Key words: Mucinous cystadenoma — Mucocele — Appendix — Laparoscopy — Miniinvasive surgery
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Laparoscopic radiofrequency–assisted liver resection

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Abstract

Laparoscopic liver resection has not yet gained wide acceptance among hepatic surgeons, mainly because of the difficulties encountered in dealing with possible intraoperative bleeding. A new technique of laparoscopic liver resection is presented. A 43-year-old man with a large and symptomatic hemangioma underwent a laparoscopic radiofrequency energy–assisted liver resection. After induction of pneumoperitoneum, four trocars were introduced and intraoperative ultrasonography and coagulative desiccation were performed along a plane of tissue 1 cm away from the edge of the lesion using the Cool-Tip radiofrequency probe and a 500-kHz, radiofrequency generator. The necrosed band of parenchyma then was divided and the specimen removed. The operative time was 300 min with a resection time of 240 min. The intraoperative blood loss was 75 ml. The postoperative course was uneventful and the patient was discharged on postoperative day 6. Laparoscopic radiofrequency–assisted liver resection is feasible, and with greater experience may contribute to the wider use of mini-invasive video-assisted liver surgery.

Key words: Radiofrequency energy — Liver resection — Primary hepatic tumor — Laparoscopy

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Laparoscopic removal of a large gastric bezoar in a mentally retarded patient with pica

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Abstract

Whereas small gastric bezoars may be removed endoscopically, large bezoars traditionally are removed at laparotomy. We describe a 33-year-old mentally retarded woman with pica syndrome who had experienced episodes of upper abdominal pain and distension of 10 months duration. Gastroscopy showed a large bezoar in the stomach, and attempted endoscopic removal was unsuccessful. The patient underwent laparoscopic extraction of the bezoar, which proved to be an ingested glove. She made an uneventful recovery and was discharged home on postoperative day 1. She had no wound complications, and her symptoms had not recurred at a 3-month follow up assessment. The operative technique is described, and the merits of the laparoscopic approach are discussed.

Key words: Bezoars — Stomach — Laparoscopy — Endoscopy — Pica

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Laparoscopic left hemicolectomy in a patient with cirrhosis scheduled for liver transplantation

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Abstract

Hepatic cirrhosis is a negative prognostic factor for major abdominal surgery, with a greater risk of bleeding, infection, and ascites. The case of a 54-year-old man with adenocarcinoma of the sigma affected by hepatitis B virus and hepatitis C virus hepatopathy as well as micro- and macronodular cirrhosis (Child's B7 stage) waiting for liver transplantation is reported. After a consultation with the liver transplantation our hospital, and considering the the patient's age laparoscopy was determined to be the procedure of choice because it would give him the possibility of a transplantation in the future. A typical left hemicolectomy with left flexure mobilization and mechanic colorectal T-T-anastomosis was therefore performed. All surgical maneuvers in the right hypochondrium were avoided. Mobilization was performed using an ultrasonic scalpel to reduce the risk of bleeding, and the anatomic stump was pulled out by means of a midline minilaparotomy, sparing the anastomotic circles of the abdominal wall. Follow-up evaluation was uneventful. At an 8-month follow-up visit, the patient was in good general condition. In this case, laparoscopic surgery allowed an oncologically suitable colonic resection without complication and poor surgical stress. Moreover, open surgery would have reduced the possibility of a transplantation in the future.

Key words: Laparoscopic surgery — Colon cancer — Cirrhosis

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