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SURGICAL ENDOSCOPY
and Other Interventional Techniques

Robot-assisted choledochotomy

Feasibility

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Abstract
Because clearing stones from the common bile duct is demanding with conventional laparoscopic techniques, the ''da Vinci'' robotic system can be of additional value in inserting a kehr drain and suturing the common bile duct. As far as we could ascertain, we report the first case of a laparoscopic choledochotomy with the assistance of this robotic system. Thanks to it, we were able to suture the common bile duct meticulously.
Key words: Laparoscopic choledochotomy — Common bile duct stones — Choledochotomy — Laparoscopy
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Laparoscopic repair of a right paraduodenal hernia

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Abstract
Background: Laparoscopic repair of a right paraduodenal hernia has never been described in the literature. A 24-year-old woman was admitted after 2 weeks of intermittent abdominal pain associated with nausea and vomiting. Physical examination was normal. Laboratory studies and upper endoscopy were normal. Computed tomography revealed that the small bowel was on the right side of the abdomen and the colon on the left, suspicious for malrotation. Subsequent upper gastrointestinal series with small bowel follow-through revealed the ligament of Treitz on the right with the small bowel encased within a probable hernia sac. A presumptive diagnosis of a right paraduodenal hernia was made.
Methods and Results: Initial access was obtained with a 10-mm infraumbilical port followed by placement of 5-mm ports in the right and left upper and lower quadrants. The duodenum was identified and the small bowel was found encased within a hernia sac, which was opened widely from the duodenum to the pelvis. The hernia sac was opened laterally to avoid injury to the superior mesenteric vessels. The small bowel was then released from the sac into the peritoneal cavity. The entire bowel was inspected and no other abnormalities were noted. The patient had resolution of her abdominal pain and her postoperative course was uncomplicated. She was discharged home on postoperative day 3 and has since done exceptionally well.
Conclusions: Paraduodenal hernia, a rare cause of small bowel obstruction, can present a diagnostic challenge. However, when the diagnosis is made preoperatively, a laparoscopic repair is a feasible and practical option.
Key words: Internal hernia — Paraduodenal hernia — Mesocolic hernia — Retroperitoneal hernia — Laparoscopic
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Endobiliary endoprosthesis without sphincterotomy for the treatment of biliary leakage

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Abstract
Endoscopic retrograde cholangiopancreatography with biliary drainage is an effective therapeutic tool in the management of bile duct injuries associated with laparoscopic cholecystectomy. Placement of a stent or a nasobiliary drain in the common bile duct, or biliary

sphincterotomy, is an effective treatment for bile leaks and obviates the need for otherwise complex biliary tract surgery. Although there are no controlled comparative trials, placement of a 7-, 8.5-, or 10-Fr biliary stent without sphincterotomy may cause the least morbidity and be the most comfortable nonoperative management option. We report a child who presented with a bile leak that occurred after laparoscopic cholecystectomy and was successfully treated with the placement of a biliary stent without sphincterotomy. To our knowledge, this is the second pediatric case of a bile leak successfully treated by endoprosthesis placement without sphincterotomy.

Key words: Endoscopic retrograde cholangiopancreatography — Bile leak — Biliary endoprosthesis

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