

bowel resection was performed. The histopathologic finding was "leucocytoclastic vasculitis, with infarction of the intestinal wall." The patient recovered uneventfully. In conclusion, this case report shows that emergency diagnostic laparoscopy is feasible and useful for acute abdomen in SLE. Currently, this diagnostic possibility could be considered the technique of choice in these cases, partly because, when necessary, it also can allow for mini-invasive treatment therapy.

Key words: Acute abdomen — Laparoscopy — Lupus — SLE — Vasculitis

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The role of laparoscopic biopsies in lumbar spondylodiscitis

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Abstract

The infection of an intervertebral disk is a serious condition. The diagnosis often is elusive and difficult to make. It is imperative to have appropriate microbiologic specimens before the initiation of treatment. We report the case of a 51-year-old woman with lumbar spondylodiscitis caused by infection after the placement of an epidural catheter for postoperative analgesia. A spinal magnetic resonance imaging (MRI) scan confirmed the diagnosis, but computed tomography (CT)-guided fine-needle biopsy did not yield adequate material for a microbiologic diagnosis. Laparoscopic biopsies of the involved disk provided good specimens and a diagnosis of *Propionibacterium acnes* infection. We be-

lieve that this minimally invasive procedure should be performed when CT-guided fine-needle biopsy fails to yield a microbiologic diagnosis in spondylodiscitis.

Key words: Laparoscopy — Spondylitis — Spondylodiscitis

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Endoscopic surgery for lateral cervical cysts

A report of three cases

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Abstract

Recently, endoscopic surgery has been applied to cervical exploration. We have developed new techniques for endoscopic neck surgery, and in this paper report our experience with three patients with lateral cervical cysts. A 5- or 10-mm midline trocar for the endoscope and two 5- or 10-mm lateral trocars were inserted from the anterior chest wall and/or both axillary fossae to avoid neck scars. There were no intraoperative complications. Slight subcutaneous emphysema was present postoperatively, but it was limited to the neck and disappeared in a few days. The incisions were completely covered by the patients' undergarments. This is the first report of endoscopic lateral cervical cystectomy.

Key words: Minimally invasive surgery — Neck tumor — Endoscopic surgery — Lateral cervical cyst

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