diseases. Direct retroperitoneal pelvic access seems interesting in children when low urinary tract malformations are concerned. We report a case of a 12-year-old boy with a blind ectopic ureter managed by pelvic retroperitoneoscopy. We describe the surgical technique, focusing on the difficulty in the pediatric population. Nevertheless, retroperitoneoscopy is an excellent alternate way to manage such ureteral malformations.

Key words: Retroperitoneoscopy — Ureteral ectopia

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Ectopic liver (choristoma) associated with the gallbladder encountered during laparoscopic cholecystectomy

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Abstract

Ectopic liver has been but rarely described usually in the vicinity of liver such as on the gallbladder, hepatic ligaments, diaphragm, thoracic cavity, adrenal glands, pancreas, omentum, spleen, esophagus and umbilical cord. A simple classification for anomalous liver tissues found on the wall of gallbladder is 1. Accessory liver lobe 2. Ectopic nodule 3. Aberrant microscopic tissue. Ectopic nodules of liver tissue attached to the gallbladder are completely detached from the liver and has been described by various names such as accessory lobe, ectopic liver, accessory liver and heterotopic liver but the specific pathological term for this entity is choristoma introduced by Albert in 1904 meaning displacement. Several possible mechanisms may explain ectopic liver at various sites such as the development of an accessory lobe of the liver with atrophy or regression of the original connection to the main liver or migration of pars hepatica to the rudiment of various organs. In this paper we present a case of ectopic liver or choristoma attached to the gallbladder encountered during an elective laparoscopic cholecystectomy which was successfully removed with the gallbladder.

Key words: Choristoma — Ectopic liver — Laparoscopic cholecystectomy

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Thoracoscopic treatment for spontaneous hemopneumothorax

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Abstract

Spontaneous hemopneumothorax is a rare clinical entity sometimes requiring an operation in the early stage. Two patients who underwent successful video-assisted thoracic surgery (VATS) for spontaneous hemopneumothorax are presented. In both cases, the bleeding point was clearly identified, and hemostasis was easily obtained by clipping the point and placing three access ports in the usual fashion. Furthermore, the evacuation of clotted blood and resection of bulla were performed with no difficulties. The postoperative courses were smooth, and no complications occurred, although the preoperative general condition in the second case was hemodynamically unstable. The advantages of VATS over conventional thoracotomy include less time required to access the pleural cavity, a better view, and more facilitated manipulation during surgery. Because spontaneous hemopneumothorax is a benign disease, VATS should be considered an initial treatment option in all patients with this condition, even those with active bleeding.

Key words: Spontaneous hemopneumothorax — Video assisted thoracic surgery

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Laparoscopic transgastric endoscopic retrograde cholangiopancreatography for benign common bile duct stricture after Roux-en-Y gastric bypass

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Abstract

Access to the gastric remnant and duodenum is lost after laparoscopic Roux-en-Y gastric bypass for morbid obesity. Traditionally, a percutaneous transhepatic access to the common bile duct has been used to manage choledocholithiasis and duct strictures. We present a novel method of laparoscopic transgastric endoscopic retrograde cholangiopancreatography for managing a benign biliary stricture after a Roux-en-Y gastric bypass.

Key words: Gastric bypass — ERCP — Bile duct stricture — Laparoscopic — Transgastric — Roux-en-Y

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Radiation stricture of rectosigmoid treated with self-expanding metallic stent

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Abstract

Radiation stricture of the rectosigmoid with obstruction is a difficult clinical problem, and surgery is associated with high mortality and morbidity. We report a case involving radiation stricture of the rectosigmoid in an 80-year-old woman who presented with acute colonic obstruction. A self-expanding metallic stent was successfully inserted, and the obstruction was relieved. The stent remained patent for 4 months without any complications until the patient died of sepsis resulting from pneumonia and bedsores. The literature on the use of a metallic stent to manage a benign colon condition was reviewed.

Key words: Radiation stricture — Obstruction — Metallic stent

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Laparoscopic options in the treatment of splenic artery aneurysms

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Abstract

Background: The retrogastric and often intrapancreatic position of splenic artery aneurysms (SAA) has discouraged many surgeons from attempting the laparoscopic resection of SAA. Only two reports of successful laparoscopically resected SAA have appeared in the surgical literature.

Methods/Results: The successful laparoscopic resection of a large expanding SAA was accomplished using a modification of currently described techniques.

Conclusions: The semilateral decubitus position affords excellent access to the lesser sac, allowing excision of SAA with good visualization of the splenic artery and splenic hilar vessels should splenic hypoperfusion demand splenic resection. Excision of SAA is preferred to ligation except when dense adhesions or intrapancreatic arterial course preclude safe dissection. Psuedoaneurysms from trauma or pancreatitis are likely best treated with intra-arterial embolization but significant complications should be expected in this high-risk subset of patients.

Key words: Splenic artery aneurysm — Laparoscopic surgery — Visceral artery aneurysm — Laparoscopic aneurysm resection

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Synchronous laparoscopic-assisted right hemicolectomy and right adrenalectomy

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Abstract

In recent years, minimally invasive surgery has been increasingly employed for the treatment of colorectal and adrenal tumors. We report an 82-year-old woman with synchronous right-sided colonic tumor and right adrenal tumor requiring resection. Preoperative workup showed a 6-cm primary right adrenal tumor with no evidence of invasion to adjacent structures. Laparoscopic removal of the two tumors was achieved with the use of a hand-port device, which assured safe retraction of the liver and meticulous dissection of the adrenal tumor, as well as port site protection during retrieval of the specimens. The whole operation lasted 270 min and our patient made an uneventful recovery.

Key words: Laparoscopy — Hand-port — Right hemicolectomy — Adrenalectomy

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Ambulatory laparoscopic repair of inferior lumbar or Petit hernia

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Abstract

Lumbar hernias are an uncommon variety of abdominal wall defect. Diagnosis depends largely on the capacity for clinical suspicion, and confirmation is based on imaging tests. Surgical treatment is controversial due to difficulty in defining the borders of the lumbar defect and the involvement of a bone margin. We present a case of traumatic lumbar hernia in the Petit triangle, diagnosed by computed tomography (CT) and repaired laparoscopically as a major ambulatory surgery procedure. The laparoscopic approach enabled us to identify the whole of the lumbar area and effect a profound reconstruction on the same side as the defect.

Key words: Lumbar hernia — Laparoscopy — Major ambulatory surgery — Hernia — Petit triangle

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Primary pancreatic lymphoma

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Abstract

Primary pancreatic lymphoma (PPL) is a rare form of extranodal lymphoma (less than 0.5% of pancreatic tumors) originating from the pancreatic parenchyma. Histopathological examination is usually mandatory to obtain a definitive diagnosis since symptoms and radiological features are quite similar to those of other pancreatic masses. Percutaneous fine-needle aspiration