

propylene mesh graft was introduced through the 10-mm trocar and tacked with spiral tackers. The patient could be discharged the next day after requiring only minimal analgesics. At this writing, 2½ years after the operation, there is no sign of recurrence.

This Grynfeltt hernia could safely be treated using the extraperitoneal approach, which obviates opening and closing the peritoneum, thereby reducing operative time and possibly postoperative complications.

Key words: Lumbar herina — Grynfeltt hernia — Retroperitoneal endoscopic repair — Prosthetic mesh graft

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Hand-assisted laparoscopic microwave coagulation therapy for hepatocellular carcinoma

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Abstract

Microwave coagulation therapy has been used for local ablation of hepatocellular carcinoma in the setting of liver cirrhosis. This technique can be performed laparoscopically when the tumor is located on the surface of the liver or attached to other intraabdominal organs. However, a laparoscopic approach becomes difficult when it is necessary to mobilize the liver or lyse adhesions to gain access to the tumor. We used a hand-assisted laparoscopic technique for the application of microwave coagulation therapy in two cirrhotic patients with hepatocellular carcinoma to ensure safe mobilization of the liver and adhesiolysis. The first patient presented with a 4.5-cm mass in the left lobe of the liver that was densely adherent to the lesser omentum. The use of a hand-assist device allowed us to perform a safe exploration, adhesiolysis, and subsequent tumor ablation. In the second patient, the tumor was located on the posterior aspect of the right lobe of the liver. The hand-assist device allowed safe mobilization of the liver and exposure of the tumor. No significant postoperative complications were noted in either patient. Complete ablation of the tumors was confirmed with contrast-enhanced computed tomography scanning. In conclusion, hand-assisted laparoscopy is an effective adjunct to microwave ablation therapy in patients with hepatocellular carcinoma and liver cirrhosis. It enables the safe completion of the procedure under laparoscopic guidance, thereby averting laparotomy.

Key words: Hepatocellular carcinoma — Microwave ablation therapy — Hand-assisted laparoscopic surgery
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Spillage of stones from the gallbladder during laparoscopic cholecystectomy and complication of a retroperitoneal abscess mimicking gluteal abscess in elderly patients

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Abstract

Gallbladder perforation during laparoscopic cholecystectomy with spillage of bile and gallstones occurs in a substantial percentage of patients (up to 40%). We report the case of a 77-year-old woman who presented with fever of unknown etiology and a complication of retroperitoneal abscess mimicking a gluteal abscess with gallstones and clips the abscess. Spillage of gallstones from perforation of the gallbladder is a well-recognized complication of laparoscopic cholecystectomy, especially several months after the initial surgery, as in the reported case.

Key words: Laparoscopic cholecystectomy — Gallstones spillage — Gluteal abscess

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Splenic cysts

A new approach to partial splenectomy

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Abstract

Laparoscopic partial splenectomy of a splenic cyst in a 19-year-old female patient is discussed. We successfully performed a laparoscopic partial splenectomy and achieved meticulous hemostasis using an Endo-GIA stapling device. The patient tolerated the procedure well and was discharged on postoperative day 2. At this writing, she has been followed for 30 months without cyst recurrence. Minimally invasive surgery provides an alternative to conventional surgical procedures, with a short hospital stay and without the added morbidity of laparotomy.

Key words: Laparoscopic — Partial splenectomy — Splenic cyst

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