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

Correspondence to: W. L. Law

Laparoscopic options in the treatment of splenic artery aneurysms

A. K. Meinke,¹ N. R. Floch,¹ M. P. Dicorato²

¹ Department of General Surgery, Norwalk Hospital, Norwalk, CT 06856, USA

² Department of Pathology, Norwalk Hospital, Norwalk, CT 06856, USA

Received: 11 May 2001/Accepted in final form: 11 December 2001/
Online publication: 3 May 2002

DOI: 10.1007/s00464-002-0003-4

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

Correspondence to: A. K. Meinke—The Willows, Westport, Connecticut 06880

Synchronous laparoscopic-assisted right hemicolectomy and right adrenalectomy

S. C. K. Lam, F. Y. J. Lee, K. L. Leung, W. Y. Lau

Department of Surgery, The Chinese University of Hong Kong, Prince of Wales Hospital, 30–32, Ngan Shing Street, Shatin, NT, Hong Kong

Received: 23 November 2000/Accepted in final form: 18 December 2001/Online publication: 3 May 2002

DOI: 10.1007/s00464-001-4254-z

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

Correspondence to: W. Y. Lau

Ambulatory laparoscopic repair of inferior lumbar or Petit hernia

A. Moreno-Egea, J. L. Aguayo

Department of General Surgery, Abdominal Wall and Laparoscopy Unit, JM^a Morales Meseguer Hospital, 30500 Murcia, Spain

Received: 6 December 2001/Accepted in final form: 10 January 2002/
Online publication: 3 May 2002

DOI: 10.1007/s00464-001-4250-6

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

Correspondence to: A. Morena-Egea—C/. Río Chicamo 18, La Alcayna, Molina de Segura, 30500 Murcia, Spain

Primary pancreatic lymphoma

L. Boni, A. Benevento, G. Dionigi, L. Cabrini, R. Dionigi

Department of Surgery, University of Insubria, Ospedale di Circolo di Varese, Viale Borri n. 57, 21100 Varese, Italy

Received: 15 August 2001/Accepted in final form: 26 November 2001/
Online publication: 3 May 2002

DOI: 10.1007/s00464-001-4247-1

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

(FNA) of the pancreas requires experienced cytopathologists as well as advanced immunohistochemical assays to obtain a final diagnosis on a small amount of tissue. A 46-year-old man complaining of watery diarrhea and severe weight loss (more than 20 kg) for more than 1 year was admitted to our hospital due to severe diabetic crisis. Enlarged lymph nodes (2.5×1 cm) were found at the right axillary stations. Abdominal ultrasound revealed the presence of a large hyperechogenic mass, mainly located at the pancreatic head. Abdominal computed tomography scan confirmed a diffuse enlargement of the head and body of the pancreas associated with lymphadenopathy along the lesser gastric curvature. Percutaneous ultrasound-guided FNA of the pancreas as well as gross biopsy of the axillary lymph nodes were unable to identify the nature of the mass. Diagnostic laparoscopy was performed: several enlarged lymph nodes along the lesser gastric curvature were revealed. Multiple biopsies of the pancreatic head were taken and lymphadenectomy along the lesser curvature and the hepatic hilus was also performed. The definitive histopathological examination of the pancreatic specimen revealed a primary low-grade non-Hodgkin B cell pancreatic lymphoma. The postoperative course was unremarkable; the patient underwent systemic chemotherapy regime for low-grade B cell Hodgkin lymphoma and he was symptom free at 9-month follow-up.

Key words: Diagnostic laparoscopy — Pancreatic lymphoma

Correspondence to: L. Boni

Laparoscopic renal biopsy in bilateral pelvic kidney with chronic glomerulonephritis

Y. Bayazit,¹ İ. A. Arıdoğan,¹ S. Özdemir,¹ İ. Karayaylali,² S. Doran¹

¹ Faculty of Medicine, Department of Urology, Çukurova University, Balcali, 01330 Adana, Turkey

² Faculty of Medicine, Department of Nephrology, Çukurova University, Balcali, 01330 Adana, Turkey

Received: 11 January 2001/Accepted in final form: 26 November 2001/
Online publication: 3 May 2002

DOI: 10.1007/s00464-001-4243-5

Abstract

Percutaneous needle biopsy under the guidance of ultrasound or computerized tomography is the most valuable method in the diagnosis of parenchymal kidney diseases. However, sometimes it can be difficult to perform in the presence of certain anomalies, anatomic variations, or medical problems. In the presence of bilateral pelvic kidney, which is a rare anomaly, laparoscopy can be used to obtain biopsy. Biopsy of kidney was planned in a 26-year-old woman who presented with a history of hypertension for 7 years and proteinuria with the diagnosis of nephrotic syndrome. For the biopsy, the laparoscopic approach was chosen since the patient had bilateral pelvic kidneys. Under general anesthesia, using three port sites, the right kidney was reached, which was located more anterior than the left one. Three biopsy specimens for histologic evaluation were taken with a Tru-Cut biopsy needle. No complications were en-

countered during or after the operation. The patient was ceased from urological follow-up after performing an ultrasound on the first postoperative day. This is the first case of pelvic kidney with chronic glomerulonephritis reported in the literature in which the histologic diagnosis was made with the help of laparoscopy. Laparoscopic kidney biopsy is a minimally invasive technique that can be done in cases with anatomic variations, making percutaneous needle biopsy impossible.

Key words: Pelvic kidney — Ectopia — Laparoscopy — Biopsy — Glomerulonephritis — Parenchymal disease

Correspondence to: Y. Bayazit

Early small bowel obstruction complicating hand-assisted laparoscopic donor nephrectomy

An uncommon etiology

R. L. Madden, A. Kurbanov, B. J. Benedetto, G. S. Lipkowitz
Department of Surgery, Baystate Medical Center, West Springfield, MA 01199, USA and Tufts University School of Medicine, Boston, MA 02111, USA

Received: 18 October 2001/Accepted in final form: 28 November

2001/Online publication: 3 May 2002

DOI: 10.1007/s00464-001-4142-9

Abstract

Laparoscopic donor nephrectomy is gaining widespread acceptance as a minimally invasive technique for kidney donation. Although it has been associated with decreased patient morbidity and more rapid recovery, it exposes patients to possible complications inherent in its transperitoneal route. We report a case of a small bowel obstruction secondary to midjejunal intussusception occurring on the third postoperative day after a hand-assisted laparoscopic donor nephrectomy. The intussusception proved to be idiopathic since no lead point was identified. The patient recovered without significant sequela after reduction of the intussusceptum. Postoperative idiopathic intussusception is an uncommon cause of bowel obstruction in adults. Surgeons that perform laparoscopic donor nephrectomy will need to remain vigilant for complications that can be associated with the intraperitoneal route of this technique.

Key words: Hand-assisted laparoscopy — Laparoscopic nephrectomy — Small bowel intussusception

Correspondence to: R. L. Madden

Laparoscopic treatment of a gastric outlet obstruction caused by a gallstone (Bouveret's syndrome)

P. Malvaux,¹ R. Degolla,¹ M. De Saint-Hubert,² E. Farchakh,² P. Hauters¹

¹ Department of Surgery, Clinique Notre-Dame, Avenue Delmée, 9, B-7500 Tournai, Belgium

² Department of Gastroenterology, Clinique Notre-Dame, Avenue Delmée, 9, B-7500 Tournai, Belgium

Received: 12 July 2000/Accepted in final form: 15 August 2001/Online publication: 3 May 2002

DOI: 10.1007/s004640042033