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