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Laparoscopic decompression of abdominal compartment syndrome after blunt hepatic trauma

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Abstract

Abdominal compartment syndrome (ACS) can occur in a variety of surgical conditions, particularly those with major life-threatening hemorrhage, massive volume resuscitation, prolonged operation times, and coagulopathy. In severely traumatized patients, the incidence of ACS is reported to be as high as 14% to 15% after damage control laparotomies. Although favorable results have been achieved with non-surgical management of adult blunt hepatic trauma, the failure rates still range from 0% to 19%. Exploratory laparotomy is considered the intervention of choice in patients with blunt hepatic trauma who fail nonsurgical treatment. Expedient abdominal decompression currently is the treatment of choice after ACS. Oliguria, tachypnea, and tachycardia developed in two blunt hepatic trauma patients with grade IV and V injuries while they were receiving nonsurgical treatment. The intra-abdominal pressures measured more than 35 and 25 cm H₂O, respectively. Two patients with grade II and III ACS received laparoscopic examination instead of laparotomy. Their ACS was decompressed effectively via laparoscopy without any adverse effects. Therefore, we suggest that laparoscopy can be used as a safe alternative for the decompression of ACS.

Key words: Abdominal compartment syndrome (ACS) — Blunt hepatic trauma — Intra-abdominal hypertension (IAH) — Laparoscopy

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Transhepatic balloon sphincteroplasty for bile duct stones after total gastrectomy

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Abstract

Previous upper gastrointestinal surgery with the construction of a Roux-en-Y jejunal loop may prevent endoscopic access to the second part of the duodenum. We report a technique of percutaneous transhepatic balloon sphincteroplasty to facilitate the removal of common bile duct (CBD) stones. A 67-year-old woman presented with a 1-week history of right upper quadrant abdominal pain and fever, deranged liver function tests, and dilated intrahepatic ducts. The patient had previously had a total gastrectomy with Roux-en-Y reconstruction for a high-grade B-cell lymphoma of the stomach. Peroral endoscopic access to the biliary tree was unsuccessful. Percutaneous transhepatic cholangiography confirmed the presence of CBD stones. Over a period of 8 weeks, sequential dilatation of the percutaneous tract was undertaken. After a further 2 weeks, percutaneous choledochoscopy was performed. Several large stones were visualized and then fragmented. The choledochoscope would not pass through to the duodenum due to postinflammatory stenosis of the papilla, so the papilla was dilated with an endoscopic balloon. The remaining fragments were pushed through, and the duct was thoroughly irrigated with saline. Repeat cholangiography confirmed a clear CBD. Balloon catheter sphincteroplasty and biliary stone extrusion into the duodenum is a novel technique that enabled clearance of the CBD in an elderly patient who may otherwise have required open surgical exploration.

Key words: Bile duct stones — Gallbladder — Sphincteroplasty — Sphincterotomy

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Laparoscopic repair of a Morgagni hernia

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Abstract

Morgagni hernias are unusual diaphragmatic hernias which usually present in adulthood. They have traditionally been repaired through transabdominal or transthoracic approaches. The authors present a case of a laparoscopic repair of a Morgagni hernia in a 52-year-old female. A tension free repair of the defect was accomplished utilizing Goretex (W.L. Gore & Associates, Inc., North Elkton, MD) mesh. The patient had an uneventful recovery and is asymptomatic at 6 months follow-up. The etiology, diagnosis and tradi-