men, which appeared suspicious for acute appendicitis. The patient was referred to the operating room, and laparoscopic appendectomy was performed. With the appendix showing no macroscopic signs of inflammation, laparoscopy was continued and a perforated MD was identified 50 cm proximal to the ileocecal valve. The findings included pus and localized peritonitis between the ileal loops adjacent to the perforation site. The diverticulum was longitudinally resected with an Endo-Gia stapler. The histopathologic workup confirmed the diagnosis of a perforated MD. The patient completely recovered and was discharged 8 days after the procedures. At this writing, he is completely asymptomatic 6 months later. We conclude from our observation that laparoscopic resection of a perforated MD can be performed safely even when localized peritonitis is present. Inspection of the small intestine should be performed to exclude a symptomatic or perforated MD when the appendix does not show any signs of acute appendicitis.

Key words: Perforated Meckel's diverticulum — Laparoscopic approach

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A technique for thoracoscopic aortopericardiosternopexy

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Abstract. *Background:* A left thoracotomy is the standard access for aortosternopexy in severe tracheomalacia. We report a modified technique for thoracoscopic aortopericardiosternopexy.

Methods: The thymus is mobilized, and the needle is passed through the sternum and back. In extensive or recurrent tracheomalacia, not only the ascending aorta but also the innominate artery and pericardial base are fixed to the sternum. The effect is monitored bronchoscopically.

Results: This technique showed dramatic success in two children, one 4-year-old and a 2-year-old. In the younger child, the thoracoscopy was a redo procedure after a previous open aortosternopexy.

Conclusions: Thoracoscopic aortopericardiosternopexy is an effective procedure that does not impair postoperative respiration. It should therefore be considered for severe tracheomalacia or even redo operations.

Key words: Tracheomalacia — Aortopexy — Aortosternopexy — Thoracoscopy — Expiratory stridor — Dying spells — Esophageal atresia — Apnea

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Congenital double pyloric ostium in the adult

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Abstract. Duplication of the pylorus, an extremely rare congenital anomaly of the stomach, consists of two openings connecting the antrum of the stomach to the duodenal bulb. Approximately 70 cases of double pylorus have been described in the literature, most of which are associated with the presence of chronic peptic ulcers, thus indicating an acquired origin of the condition. We report a case of congenital double pylorus in a 64-year-old man who complained about mild postprandial epigastric discomfort and nausea of approximately 3 months' duration. Endoscopic examination of the stomach showed a double pyloric ostium connecting the stomach to the duodenum. No signs of acute or chronic peptic ulcer were noted. A biopsy was taken from the region between the two openings, which showed normal mucosa and a muscularis mucosae layer. Apart from a mild gastritis, no other pathology (chronic peptic ulcer, ulcerated malignancy) suggesting an acquired origin of the double pylorus was observed. Therefore, the case was considered to be congenital in origin. The patient was successfully treated conservatively with antacids and gastrokinetics.

Key words: Congenital — Double pylorus — Single lumen

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