

Postoperatively, the patient was discharged on the third postoperative day and remained disease free at the 9-month follow-up. Although the follow-up in this case was too short to determine the long-term result of this approach, we believe that this is a single unique case posing a challenging problem to clinicians for which radiofrequency ablation may have a role in offering an alternative to major resections.

Key words: Jehovah's Witness — Gallbladder cancer — Blood transfusion — Radiofrequency ablation
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Laparoscopic cholecystectomy in a patient with situs inversus totalis and previous abdominal surgery

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Abstract

Situs inversus totalis is a rare congenital defect that can present difficulties during laparoscopic surgery due to the mirror-image anatomy. We report a patient with symptomatic cholelithiasis and previous abdominal surgery in whom a chest X-ray revealed a right-sided heart, whereas abdominal ultrasound revealed that his gallbladder was located in the left hypochondrium. At surgery, the surgeon and the camera assistant were standing on the right-hand side of the patient, and the first assistant was standing on the left. The camera was introduced through an umbilical incision, and laparoscopy confirmed the situs inversus. The other 10-mm trocar was placed in the midline left of the falciform ligament and two 5-mm trocars were placed in the left subcostal midclavicular line and anterior axillary line, respectively. After dissection of multiple adhesions caused by previous abdominal surgery, a standard laparoscopic cholecystectomy was performed successfully. This report suggests that situs inversus is not a contraindication for laparoscopic surgery. However, the procedure is more difficult and potentially hazardous due to the mirror-image anatomy (particularly the transposition of biliary ducts) causing difficulties in orientation, so that extreme care is required to avoid iatrogenic injuries. Despite these factors, laparoscopic cholecystec-

tomy can be performed safely in patients with situs inversus totalis.

Key words: Laparoscopic cholecystectomy — Situs inversus totalis — previous abdominal surgery —
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Laparoscopic splenectomy for torsion of wandering spleen associated with celiac axis occlusion

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Abstract

Background: Wandering spleen is a spleen lacking its normal ligamentous attachments, and thus subjected to free movement in the abdominal cavity, and even torsion around its pedicle. Surgical treatment includes either fixation (splenopexy) or resection (splenectomy). Both procedures can now be accomplished using the laparoscopic approach.

Methods and results: We describe a case of a torsion of a wandering spleen, leading to recurrent episodes of abdominal pain, and eventually to splenic ischemia, necessitating splenectomy. The diagnosis was complicated by associated angiographic findings of celiac axis occlusion, possibly by median arcuate ligament compression. Laparoscopic splenectomy was successful, and led to complete resolution of symptoms.

Conclusions: Although a rare condition, wandering spleen can be diagnosed accurately by imaging studies, mainly CT scan and angiography. Nowadays, the laparoscopic approach is preferred and enables the surgeon to perform either splenopexy or splenectomy, depending on the vascular status of the spleen.

Key words: Wandering spleen — Torsion — Laparoscopy — Splenectomy — Celiac axis — Median arcuate ligament

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