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Laparoscopic excision of a Brunner's gland hamartoma of the duodenum

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Abstract. Brunner's gland hamartoma (adenoma) was first described in 1876. It is a rare hamartomatous lesion, with only ~100 cases reported in the world literature. Treatment has been by endoscopic snaring. Open surgical excision was reserved for cases where snaring had failed. We report a case of a Brunner's gland hamartoma (2.4 cm) that was successfully resected by laparoscopic techniques. Postoperative hospital stay was brief (2 days), and there were no complications. This is the second reported case to be resected laparoscopically.

Key words: Brunner's gland hamartoma — Duodenum — Adenoma — Hamartoma — Laparoscopic excision

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Laparoscopic removal of retroperitoneal accessory spleen in patient with relapsing idiopathic thrombocytopenic purpura 30 years after classical splenectomy

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Abstract. The clinical success of therapeutic splenectomy for idiopathic thrombocytopenic purpura depends on the complete removal of all functional splenic tissue. Among reasons

for poor response to splenectomy, failure to remove accessory spleens is mentioned. We present our experience with laparoscopic removal of accessory spleen from retroperitoneal space in a patient with relapse of ITP 30 years after classical splenectomy. A 45-year-old female patient underwent in 1972 classical splenectomy for ITP. Progressive decline in thrombocyte count was observed 7 years ago. Scintigraphy, CT, and ultrasound revealed residual splenic tissue. A laparoscopic approach was proposed. Four trocars placed along left costal margin were used. After dissection of all the adhesions behind the pancreatic tail deep in the retroperitoneal space a round structure 4 cm in diameter, macroscopically resembling splenic tissue, was found. The accessory spleen was removed intact. The patient recovered well; 2 months later steroids were discontinued while the thrombocyte level was $251 \times 10^9/L$. Identification of accessory spleen seems to be major intraoperative problem. We believe that accessory spleen can be safely removed laparoscopically, avoiding a major open procedure, and a satisfactory postoperative result could be expected.

Key words: Accessory spleen — Laparoscopic splenectomy — Idiopathic thrombocytopenic purpura

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Intestinal perforation in a parastomal hernia by a migrated plastic biliary stent

A case report

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Abstract. Organ perforation is a well-described complication of plastic biliary stent placement [1–10]. Most commonly, a stent will cause duodenal perforation while still in the area of the biliary system. This often occurs in the setting of a periampullary diverticulum. Less frequently, a perforation occurs as a result of stent migration into the distal luminal gastrointestinal tract. These cases have involved a migrated stent impacting at the level of the ileum or a sigmoid colon diverticulum. A plastic biliary stent causing perforation inside an