Abstract
A case of pancreatic insulinoma with a neuroglycopenic syndrome was treated with laparoscopic body–tail pancreatic resection. An en bloc splenectomy was required due to the close anatomic relation of the insulinoma with the splenic vein, as shown on intraoperative ultrasonography. The operative time was 4 h, and blood loss was minimal (< 200 ml). Laparoscopic coagulating shears were used for the pancreatic mobilization, and an endoGIA was used for the section of the splenic vessels and the central pancreatic transection. The postoperative course was uneventful, and the patient was discharged in good condition on the 7th postoperative day. We concluded that laparoscopic access in patients with pancreatic disease is not only a valuable way to establish or confirm a diagnosis and assess the severity of the disease but also a safe way to perform distal pancreatic resection.
Key words: Laparoscopy — Pancreas — Insulinoma — Laparoscopic ultrasonography — Laparoscopic pancreatic resection
Correspondence to: N. Marrano

Laparoscopic cholecystectomy in a patient with previous open cholecystostomy

A. Polychronidis, A. J. Karayiannakis, S. Perente, S. Anagnostoulis, C. Simopoulos
Second Department of Surgery, Democritus University of Thrace, 6 I. Kaviri Street, 68100 Alexandroupolis, Greece
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Abstract
We report the case of a successful elective interval laparoscopic cholecystectomy in a patient with a previous tube cholecystostomy that had been performed surgically 8 weeks earlier for an attack of acute calculous cholecystitis. At surgery, the major omentum was adherent to the right lateral abdominal wall, completely covering the liver edge, the gallbladder, and the inserted tube. The gallbladder and the tube within it were dissected free from the abdominal wall and the greater omentum, the cholecystostomy tube was removed, and the operation was completed successfully without any further difficulties.
Key words: Cholecystectomy — Laparoscopic cholecystectomy — Open cholecystostomy — Tube cholecystostomy — Gallbladder
Correspondence to: A. Polychronidis

Laparoscopic-assisted resection of giant sigmoid lipoma under colonoscopic guidance

R. Ladurner,[1] T. Mussack,[1] F. Hohenbleicher,[1] C. Folwaczny,[2] M. Siebeck,[1] K. Hallfeldt[1]
[1] Department of Surgery Innenstadt, Klinikum der Universität München, Nussbaumstrasse 20, 80336 Munich, Germany
[2] Medizinische Klinik und Poliklinik, Klinikum der Universität München, Ziemssenstrasse 1, 80336 Munich, Germany
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Abstract
Colonic lipomata are rare and mostly asymptomatic lesions; but as they become larger they may produce abdominal pain, constipation, diarrhea, hemorrhage, and intussusception. We report the case of a 75-year-old man who suffered from nonspecific recurrent abdominal pain in the left upper and lower quadrants and had variable episodes of diarrhea and constipation of 4 weeks' duration. During colonoscopy, a giant intraluminal polyp was diagnosed at 35 cm. Abdominal helical computed tomography (CT) revealed a constipating colonic tumor with a diameter of ≥50 mm and density values equal to fat. During laparoscopic surgery in the lithotomy position, the sigmoid and the descending colon were mobilized using a Harmonic scalpel. The origin of the polyp was localized precisely under colonoscopic guidance. The former 12-mm incision in the left lower quadrant was expanded to ~70 mm for extracorporal tumor resection. The left and sigmoid colon resections were carried out, and the polyp was removed by full-wall excision. After closure with a single-layer suture, the colon was pushed back into the peritoneal cavity. The patient had an uneventful recovery and was discharged 10 days postoperatively. Histology confirmed a benign lipoma of the descending colon. Laparoscopic-assisted resection under endoscopic guidance proved to be suitable for the removal of large colonic polyps without complications.
Key words: Lipoma — Colonoscopy — Laparoscopy — Intussusception
Correspondence to: T. Mussack

Laparoscopic sigmoid colectomy for diverticular disease in a patient with situs inversus

H. Davies, G. H. Slater, M. Bailey
The Minimal Access Therapy Training Unit, The Royal Surrey County Hospital, Egerton Road, Guildford, Surrey GU7 5XX, England
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Abstract
We present the case of a 50-year-old man with situs inversus who underwent laprascopic colonic resection for diverticulitis. The patient, who had right-sided pain due to inversion of the viscera mimicking appendicitis, initially presented a diagnostic challenge. A barium meal confirmed situs inversus and the diagnosis of diverticulitis. We present an overview of the operative technique of what is the first documented laparoscopic colectemy in a patient with situs inversus. We then discuss the benefits of the laproscopic approach to colectomy, with reference to this interesting case with unusual anatomy.