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Multiple small bowel metastasis after laparoscopically assisted abdominoperineal resection:

A case report and review of the literature

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Abstract

Long-term outcome after laparoscopic surgery for colorectal cancer is still unknown. Trocar-site implantation and local recurrence has raised concerns about this new method. We present a case of a laparoscopically assisted abdominoperineal resection (APR) with small bowel recurrence 19 months after the APR. A review of the literature also is presented.

Key words: Abdominoperineal resection — Colorectal cancer — Laparoscopy, recurrence — Small bowel

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Laparoscopic repositioning of a ventriculo-peritoneal catheter tip for a sterile abdominal cerebrospinal fluid (CSF) pseudocyst:

A case report and review of the literature

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Abstract

Abdominal cerebrospinal fluid (CSF) pseudocyst is an uncommon but well-described complication that is reported to occur in <1% of ventriculo-peritoneal (VP) shunts. Management options for pseudocysts include various types of shunt revisions, which recently have been conducted laparoscopically. We report the case of an 11-year-old girl in

whom a sterile abdominal CSF pseudocyst was successfully fenestrated and the VP catheter repositioned using laparoscopy. This technique in the setting of a noninfected pseudocyst has proven to be safe, with results comparable to the conventional open technique. However, the long-term success rate is still unknown.

Key words: Cerebrospinal fluid (CSF) — Pseudocyst — Laparoscopy — Ventriculo-peritoneal (VP) shunt

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Translaparoscopic jejunal approach for benign stricture of Roux-en-Y hepaticojejunostomy

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Abstract

Although the Roux-en-Y hepaticojejunostomy is the most common surgical procedure for the treatment of bile duct strictures, providing durable long-term results in most patients, when a stricture is present, the management is more difficult, and a reoperation generally will be proposed. However, balloon dilation and endoscopic stenting using the percutaneous transhepatic or transjejunal approach under fluoroscopic guidance have been suggested as the first step or even as definitive management in treating these patients. We present a case report of a patient with a benign biliary stricture as a consequence of a Roux-en-Y hepaticojejunostomy, who was managed through a translaparoscopic jejunal approach because of an unfixed Roux-en-Y loop. In conclusion, we recommend this strategy as the first step for managing the restructure of Roux-en-Y hepaticojejunostomy in patients with an unfixed Roux-en-Y loop.

Key words: Bile duct stricture — Laparoscopic jejunal approach — Roux-en-Y hepaticojejunostomy

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Laparoscopy and unsuspected intraabdominal malignancy with rapid peritoneal spread

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Abstract

Use of the laparoscopic approach for intra-abdominal malignancy remains controversial because there have been multiple reports of tumor metastases at port sites after laparoscopy. Although several randomized trials have documented no difference in recurrence rates between laparoscopic and open surgery, there are still many questions about the behavior of tumor cells in laparoscopic conditions. The speed of tumor spread and time to recurrence appear to be variable. Abdominal insufflation and other effects of laparoscopy are only now being delineated. It is not clear whether tumor characteristics, preoperative tumor stage, or the laparoscopic milieu itself affect tumor spread during and after laparoscopic surgery. We present an unusual case of very rapid tumor dissemination in a young patient who underwent diagnostic laparoscopy.

Key words: Laparoscopy — Metastases — Oncology — Port site — Urachal carcinoma

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Aortic injury during diagnostic pediatric laparoscopy

A case report and literature review

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Abstract

Major vascular injury during laparoscopic procedures is a rare but catastrophic complication. We report a pediatric case of aortic laceration during the setup phase of diagnostic laparoscopy in a 5-year-old girl with recurrent abdominal pain. The Veress needle inserted below the umbilicus confirmed the proper placement by use of a saline-filled syringe. The abdomen was insufflated without difficulty. The first trocar was inserted at the same point as Veress needle. The video laparoscope was introduced, and a small amount of blood was seen in the abdomen. We converted the procedure to laparotomy immediately. There was a large retroperitoneal hematoma. The vascular laceration was identified at the origin of the iliac arteries. It was sutured with prolene 5/0. The girl was discharged without further complication on the 10th postoperative day. The incidence of major vas-

cular injuries is 0.03% to 0.07%. The vessels most frequently involved are the aorta, the iliac arteries, the mesenteric vessels, and the vena cava. More than 400 cases have been reported in the literature, but only four of these involve pediatric patients. In the vast majority of cases, the complication took place during the setup phase of laparoscopy (75%), and were related to the introduction of either the Veress needle (30%) or the first umbilical trocar (43%), although the rate is opposite this in some studies.

Key words: Childhood — Laparoscopy — Vascular injury
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Accessory gallbladder originating from the right hepatic duct

A case report

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Abstract

A patient with symptomatic cholecystolithiasis underwent laparoscopic cholecystectomy after confirmation of the diagnosis by sonography. Intraoperative cholangiography was normal and the operation was completed laparoscopically. Due to the postoperative persistence of right upper abdominal pain, another sonogram and then an endoscopic retrograde cholangiogram (ERCP) were performed. To our surprise, an accessory gallbladder with a remaining gallstone was revealed. The accessory cystic duct was shown as arising directly from the right hepatic duct. The patient underwent a second laparoscopic cholecystectomy, but due to hemorrhaging the operation had to be converted to an open procedure. The two gallbladders and their corresponding cystic ducts and arteries were entirely separate. To our knowledge, this is the first publication of a duplicate gallbladder where the cystic duct arose directly from the right hepatic duct.

Key words: Gallbladder — Double gallbladder — Biliary anomalies — Cholecystectomy — Laparoscopic cholecystectomy — Endoscopic retrograde cholangiography (ERCP)
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