

Relatos de Casos Seleccionados

Selected Related Cases

Edna Delabio Ferraz (RJ)

Membro Titular da Sobracil, Membro Titular da SBCE, Membro ACBC, UFRJ-Rio de Janeiro, Brasil

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Prezados Colegas,

Esta seção foi criada com a finalidade de divulgar **Relatos de Casos**, de ocorrência incomum em Videolaparoscopia, obtidos de periódicos nacionais e internacionais.

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ou

ednaFerraz@pobox.com.br

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Cholelithiasis caused by migration of a surgical clip after video laparoscopic cholecystectomy.

**Dell'Abate P; Del Rio P; Soliani P;
Colla G; Sianesi M**

Institute of General Surgery and Organ Transplant, School of Medicine, University of Parma, Italy.

J Laparoendosc Adv Surg Tech A
2003; 13(3): 203-4

Abstract

We present a case of a 67-year-old woman, in which a clip in the common bile duct (CBD) was the nidus of stone formation. The ultrasonographic examination reported a CBD with an abnormally large diameter and an endoscopic retrograde sphincterotomy showed a stone in the ampulla. The stone was extracted through the Vater's Papilla and the patient was discharged after 24 hours.

Port-site tuberculosis after laparoscopy: report of eight cases.

**Ramesh H; Prakash K; Lekha V; Jacob G;
Venugopal A; Venugopal B**

Department of Gastrointestinal Surgery, PVS Memorial Hospital, 31/543, Subhash Nagar, Edappally, Cochin 682024, Kerala, India. hramesh@vsnl.com.

Surg Endosc 2003 Jun; 17(6): 930-2

Abstract

In light of the explosive increase in laparoscopic surgery, there is concern about the effectiveness of sterilizing reusable laparoscopic instruments by immersion in 2% glutaraldehyde. This article describes the clinical features of eight patients who presented with biopsy-proven tuberculosis at the port-site unassociated with other clinical features of tuberculosis. Three of the eight patients had positive cultures for Mycobacterium tuberculosis. The port-site sinuses healed with antituberculous chemotherapy. There is conflicting information in the literature regarding the effectiveness of a 20-min instrument soak in 2% glutaraldehyde to clear M. tuberculosis. In light of the preceding information, the current practice of glutaraldehyde disinfection for reusable laparoscopes needs to be reexamined.

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Laparoscope-assisted distal gastrectomy for early gastric cancer in a 76-year-old man with situs inversus totalis.

**Yamaguchi S; Orita H; Yamaoka T; Mii S;
Sakata H; Hashizume M**

Department of Disaster and Emergency Medicine, Graduate School of Medical Sciences, Kyushu University, Japan. shohei@surg2.med.kyushu-u.ac.jp.

Surg Endosc 2003 Feb; 17(2): 352-3

Abstract

We report a case of a 76-year-old man with situs inversus totalis (SIT) who developed early gastric cancer. He was successfully treated by laparoscope-assisted distal gastrectomy for the gastric cancer. This case suggests that patients with SIT with malignancy could also undergo laparoscopic surgery. To the best of our knowledge, no case of laparoscopic surgery for malignant neoplasms associated with SIT has been reported in the English literature. We therefore believe this is the first case report.

Gallstone in a hernia sac

*Aspelund G; Halldorsdottir BA;
Isaksson HJ; Moller PH*

Department of Surgery, Landspítali-University Hospital,
Reykjavik, Iceland.

Surg Endosc 2003 Apr; 17(4): 657

Abstract

Perforation of the gallbladder with spillage of stones into the abdominal cavity is relatively common during laparoscopic cholecystectomy. We report a patient presenting with a symptomatic groin hernia 10 days after laparoscopic cholecystectomy for acute cholecystitis. The hernia sac was found to contain a gallstone. The patient underwent an uneventful hernia repair. Various complications due to retained gallstones have been described as case reports emphasizing how important it is to prevent perforation of the gallbladder or else make an effort to retrieve spilled stones from the abdomen.

Fatal aortic injury during laparoscopy: report of two cases.

*Romain N; Michaud K;
Brandt-Casadevall C; Mangin P*

Institut Universitaire de Medecine Legale de Lausanne,
Lausanne, Switzerland.

Am J Forensic Med Pathol
2003 Mar; 24(1): 80-2

Abstract

The authors report the cases of two young women who died of massive hemorrhage resulting from

trocac aortic injuries during abdominal laparoscopy. In the first case, wherein the patient underwent laparoscopy for cecopexy, the forensic autopsy showed a through-and-through perforation of the abdominal aorta and of the ileum. The other woman, who had morbid obesity, underwent a laparoscopy for gastroplasty. In this second case, the main postmortem findings were stab wounds of the thoracic aorta and of the diaphragm.

Diagnosis of a small, androgenizing Brenner cell tumor in a postmenopausal woman aided by laparoscopic salpingo-oophorectomy.

A case report.

Silva PD; Caplan RH; Virata RL

Sections of Reproductive Endocrinology and Medical
Endocrinology, Department of Pathology, Gundersen
Lutheran Medical Center, La Crosse, Wisconsin, USA.

J Reprod Med 2003 May; 48(5): 381-3

Abstract

BACKGROUND: Rapidly progressive hirsutism or virilization in the postmenopausal woman raises the suspicion of an androgen-secreting tumor. Hormonal testing and imaging studies usually rule out an adrenal tumor. However, small, androgenizing ovarian tumors may not be detectable by imaging studies. **CASE:** A postmenopausal woman presented with rapidly progressive hirsutism and elevated androgens. Imaging studies did not localize the tumor. Bilateral laparoscopic oophorectomy was performed, and a small, androgenizing Brenner cell tumor of the left ovary was demonstrated on histologic examination. **CONCLUSION:** Because of the low morbidity associated with laparoscopic salpingo-oophorectomy, it may be reasonable to remove the ovaries of postmenopausal women who display virilization or rapidly progressive hirsutism and elevated androgens, even if imaging studies do not detect the ovarian tumor.

Adenomatous hyperplastic polyp of the gall bladder associated with cholelithiasis in a child.

Kikiros C; Arunachalam P; Lam MH

Division of Paediatric Surgery, Princess Margaret Hospital for

Children, G.P.O. Box D184, Perth 6001, Western Australia.
colin.kikiros@health.wa.gov.au.

Pediatr Surg Int 2003 Apr; 19(1-2): 118-9

Abstract

Polyps of the gall bladder are uncommon conditions in children. We present a case report of a 14-year-old girl who had calculous cholecystitis and an adenomatous hyperplastic polyp of the gall bladder. She was treated by laparoscopic cholecystectomy.

Omental trophoblastic implants and hemoperitoneum after laparoscopic salpingostomy for ectopic pregnancy. A case report.

Pal L; Parkash V; Rutherford TJ

Departments of Gynecology and Pathology, Yale University
School of Medicine, Yale New Haven Hospital, New
Haven, Connecticut, USA. lubnapal@hotmail.com.

J Reprod Med 2003 Jan;48(1):57-9

Abstract

BACKGROUND: In this era of cost containment, laparoscopic management of ectopic pregnancy has become the mainstay of dealing with this common gynecologic emergency. The aim of surgical intervention remains conservation of the fallopian tube, if possible; salpingectomy is reserved for cases of tubal rupture and/or recurrent ectopic pregnancy, where little hope exists of salvaging tubal function. **CASE:** A 28-year-old woman, para 2, underwent laparoscopic salpingostomy for ectopic pregnancy. She experienced intraabdominal bleeding within the initial 12 hours of the postoperative period. On exploratory laparotomy, there was active bleeding from the site of the salpingostomy, and a salpingectomy was performed. The patient was lost to follow-up and on postoperative day 21 presented with signs of intraabdominal bleeding; repeat laparotomy revealed active bleeding from trophoblastic implants within the greater omentum. The omentum was adherent to the anterior abdominal wall at the site of umbilical trocar placement. An infracolic omentectomy was performed, with a subsequent uneventful postoperative course; the patient was followed until resolution of the serum beta-hCG.

CONCLUSION: Postoperative surveillance is important. Positive intraabdominal pressure during laparoscopic surgery and the Trendelenburg position may be contributory to cephalad migration of trophoblast remnants, with the scavenging action of the omentum and adherence to the site of umbilical trocar placement theoretically providing a mechanism for neovascularization and sustenance of the parasitic trophoblast.

Acute congestive heart failure after laparoscopic cholecystectomy: a case report.

Giaquinto D; Swigar K; Johnson MD

Melrose Wakefield Hospital, Melrose, Mass., USA.

AANA J 2003 Feb;71(1):17-22

Abstract

Compared with open procedures, laparoscopic surgery is safe with a low incidence of complications. In rare circumstances, however, intraoperative complications such as acute pulmonary edema have been reported. The patient described herein is a 59-year-old woman with obesity, gastroesophageal reflux disease, and chronic obstructive pulmonary disease who developed acute congestive heart failure (CHF) and cardiomegaly immediately following laparoscopic cholecystectomy. She required emergent reintubation, diuresis, and admission to the intensive care unit for postoperative mechanical ventilation. Potential causes of pulmonary edema associated with laparoscopic surgery (extreme Trendelenburg position, venous carbon dioxide embolism, absorption of crystalloid irrigation fluid, cardiopulmonary disease, adverse drug reactions, negative pressure [postobstructive pulmonary edema]) were considered. A process of exclusion revealed that the hemodynamic changes induced by insufflation with an intra-abdominal pressure of 20 mm Hg were the most likely causes of the CHF. Suggestions to prevent occurrence of CHF are tight control of hemodynamics with use of invasive monitoring in high-risk patients and gentle, slow insufflation of the abdomen to an intra-abdominal pressure of 15 mm Hg or less. Intraoperative and/or

postoperative CHF should be treated with diuretics, intravenous nitroglycerin, arterial vasodilators, and/or inotropic agents as needed.

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Mesh penetration of the sigmoid colon following a transabdominal preperitoneal hernia repair.

Lange B; Langer C; Markus PM; Becker H

Department of Surgery, University of Gottingen, Robert-Koch-Strasse 40, 37075 Gottingen, Germany.

Surg Endosc 2003 Jan; 17(1): 157

Abstract

The laparoscopic transabdominal preperitoneal (TAPP) repair of an inguinal hernia is an established technique associated with notably low rates of recurrence and complication. Inguinal pain and anal bleeding following a TAPP procedure may result from the penetration of the repair mesh into the sigmoid colon. In this case report, we discuss this particular complication following the TAPP procedure. Subsequently, we describe the diagnostics as well as the surgical treatment necessary.

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Portal vein thrombosis after laparoscopic sigmoid colectomy for diverticulitis: report of a case.

Baixauli J; Delaney CP; Senagore AJ;

Remzi FH; Fazio VW

Department of Colorectal Surgery/A-30, Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, OH 44195, USA.

Dis Colon Rectum 2003 Apr;46(4):550-3

Abstract

Portal vein thrombosis is a very uncommon complication after laparoscopic surgery. Although only one case of portal vein thrombosis has been reported after laparoscopic colectomy, there are several reports of mesenteric vascular occlusion after other laparoscopic procedures. We present a case of portal vein thrombosis in a patient with no other demonstrable hypercoagulable states or risk factors, who underwent an uneventful laparoscopic sigmoid colectomy. Because

alteration in coagulation may occur after establishing a pneumoperitoneum, we suggest that heparin prophylaxis may be advisable to avoid these kinds of complications, especially if a past history of coagulable disorders is present.

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Culdolaparoscopic cholecystectomy during vaginal hysterectomy.

Tsin DA; Sequeria RJ; Giannikas G

Department of Gynecology, The Mount Sinai Hospital of Queens, Astoria, New York, USA. lasergyn@aol.com.

JSLs 2003 Apr-Jun; 7(2): 171-2

Abstract

BACKGROUND: Exploration of the abdominal cavity is routinely performed during abdominal and laparoscopic hysterectomies. The visualization of the abdomen during vaginal hysterectomy, however, is not usually done. During a vaginal hysterectomy, after the uterus is removed, an opening is present in the cul-de-sac, which offers a unique opportunity for the performance of not only exploratory but also concomitant surgeries, such as a cholecystectomy. **METHOD:** Culdolaparoscopy is a culdoscopy assisted laparoscopic technique that utilizes a 12-mm trocar in the vagina as a multifunctional port in conjunction with laparoscopy and minilaparoscopy. A cholecystectomy was performed utilizing the vaginal trocar as an insufflation, visual, and extracting port during a vaginal hysterectomy. **CONCLUSION:** Culdolaparoscopy, when performed during vaginal hysterectomy, can be used for exploration and operation in the abdominal cavity. This case report illustrates the feasibility of a cholecystectomy performed using this surgical concept.

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**Rupture of a uterine horn after laparoscopic salpingectomy.
A case report.**

Ayoubi JM; Fanchin R; Lesourd F; Parant O;

Reme JM; Monrozies X

Departments of Obstetrics and Gynecology, University Hospital, Grenoble, Antoine Beclere Hospital, Clamart, France. jamayou@aol.com.

J Reprod Med 2003 Apr; 48(4): 290-2

Abstract

BACKGROUND: Uterine rupture after salpin-ectomy, especially associated with cornual resection, is a rare, serious pregnancy complication. **CASE:** A spontaneous uterine rupture occurred during the second trimester of pregnancy, following salpingectomy with resection of the interstitial portion. Conservative treatment was performed, and fertility was preserved. **CONCLUSION:** Postsalpingectomy pregnancies must be carefully and frequently monitored, with ultrasonography used at the slightest clinical symptom. A postsalpingectomy rupture must be treated surgically, preferably with conservative treatment rather than hysterectomy.

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Malignant struma ovarii: a case report of laparoscopic management.

Volpi E; Ferrero A; Nasi PG; Sismondi P

Department of Gynecologic Oncology, University of Turin, Turin, Italy. [GINECOLOGIA@MAURIZIANO.IT](mailto:ginecologia@mauriziano.it)

Gynecol Oncol 2003 Jul; 90(1): 191-4

Abstract

BACKGROUND: Struma ovarii is a rare disease. Malignant transformation is even rarer. Data about its management are lacking. We describe the first reported case of a malignant struma ovarii treated and staged by laparoscopy. **CASE:** A 49-year-old patient was operated by laparoscopy for a right ovarian teratoma. The patient did not show symptoms of hyperthyroidism. The ovarian teratoma was removed in a plastic bag and definitive histology showed foci of papillary adenocarcinoma in a struma ovarii. The patient was then staged by laparoscopic surgery undergoing left adnexectomy, multiple peritoneal and omental biopsies, and common iliac and paracaval lymph node sampling. Hysterectomy was not performed. The postoperative course was uneventful and the patient was released on the second day. Thyroglobulin level was monitored and the patient is free of disease after more than 1 year. **CONCLUSION:** The preoperative diagnosis of malignant struma ovarii is difficult. Even with cautious evaluation of the patient, some risk of wrong diagnosis is possible. This is why a meticulous technique of laparoscopic surgery in removing the

ovary is important. Laparoscopic staging may also intervene in very limited cases; the expertise to perform open staging of the patient is necessary but the postoperative course is fast.

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[Intraperitoneal neoplastic dissemination of incidental gallbladder carcinoma after laparoscopic surgery] [La disseminazione neoplastica intraperitoneale da carcinoma incidentale della colecisti dopo chirurgia laparoscopica.]

Cucinotta E; Lorenzini C; Lazzara S; Melita G; Melita P

Cattedra di Chirurgia Generale, Università degli Studi, Messina.

Tumori 2003 Jul-Aug; 89(4 Suppl): 34-9

Abstract

BACKGROUND: Several laboratory and clinical studies have raised the concern that laparoscopic procedures might worsen the prognosis of patient with malignant disease due to premature intraperitoneal cancer cell dissemination. The aim of the study was to examine the risk of the dissemination in patients with unsuspected gallbladder cancer diagnosed after laparoscopic cholecystectomy (LC). **METHODS:** A retrospective clinicopathologic study was performed on 5 patients with unsuspected gallbladder cancer without preoperatively diagnosis among 1280 patients that underwent LC in the period 1993-2002. The possible neoplastic dissemination was compared to that reported in 8 patients affected from unsuspected gallbladder cancer diagnosed after open cholecystectomy. **RESULTS:** Two patients with unsuspected gallbladder cancer (T1a-T2) presented a port-site recurrence after respectively six and four months. There was not statistically significant difference between types of cholecystectomy (LC or OC). Survival rate did not change according to whether the operation was carried out using LC or OC. **CONCLUSION:** After an accurate checking of the factors indicated to explain the early neoplastic dissemination frequently observed in the patients undergone LC and an analysis of their own experience the Authors conclude that LC does not worsen the prognosis of unsuspected gallbladder cancer.