

# Relatos de Casos Selecionados

## Selected Related Cases

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Editora da Revista Brasileira de Videocirurgia

### GINECOLOGIA

**[Laparoscopic cystectomy during pregnancy-a case report]**

**[Laparoskopowe wyluszczenie torbieli jajnika u ciężarnej-opis przypadku]**

**Szyłło K; Krekora M; Lewy J; Oleszczuk JJ; Wilczynski J; Malinowski A**

**Ginekol Pol 2002 Apr;73(4):386-9**

Kliniki Ginekologii Operacyjnej ICZMP w Łodzi.

#### Abstract

We present a case report of a pregnant patient in whom a laparoscopic cystectomy was performed at 11 weeks' gestation. Included in the report is the diagnostic work-up, pharmacotherapy, review of laparoscopic technique employed as well as the course of pregnancy, labor and delivery and postpartum.

**Uterine rupture in pregnancy subsequent to previous laparoscopic electromyolysis. Case report and review of the literature**

**Nkemayim DC; Hammadeh ME; Hippach M; Mink D; Schmidt W**

**Arch Gynecol Obstet 2000 Nov;264(3):154-6**

Department of Obstetrics and Gynecology, Medical College, University of Saarland, Homburg/Saar, Germany.

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#### Abstract

Reports about uterine rupture in pregnancy subsequent to previous laparoscopic surgery are not frequent. This may be due to the lack of long term follow up of patients who had undergone this surgery

rather than the rarity of this complication. A case of uterine rupture subsequent to laparoscopic myomectomy is reported. An increasing rate of the occurrence of this complication is reviewed in current literature, thus reiterating the need for more stringent selection criteria for patients who benefit from this surgical technique.

**Laparoscopic creation of a neovagina in a woman with a kidney transplant: case report**  
**Fedele L; Bianchi S; Zanconato G; Raffaelli R; Zatti N**

**Hum Reprod 2000 Mar;15(3):692-3**

Department of Obstetrics and Gynecology, University of Verona, Policlinico di Borgo Roma, 37134 Verona, Italy.

#### Abstract

The successful use of Vecchiatti's technique for creating a neovagina in a case of Rokitansky syndrome with an associated transplanted kidney is reported. The technique is performed by means of a laparoscopic approach, adapted to the special anatomical situation, in order to avoid renal injuries. The accomplishment of a normally functioning neovagina, with no intra-operative or post-operative complications, proves that this technique can also be applied satisfactorily to this type of patient.

**Migration of sterilisation clips: case report and review**

**Amu O; Husemeyer RP**

**Br J Fam Plann 1999 Apr;25(1):27-8**

Grantham and District Hospital (NHS) Trust, UK.

### Abstract

A case is reported of a sterilisation clip which was discovered, three years after operation, to have migrated to the subcutaneous tissue. A review of current techniques of female sterilisation is given together with a discussion of other relevant accounts of clip migration. It is shown to be a rare event with no reported serious sequelae. There is no conclusive evidence to suggest that one type of clip is more likely to migrate than another.

### Laparoscopic microsurgical anastomosis of the blocked, solitary post-ectopic Fallopian tube: case report

**Templeman C; Davis C; Janik G; Koh C**  
*Hum Reprod* 2002 Jun;17(6):1630-2

Reproductive Speciality Centre, 2315 North Lake Drive,  
 Milwaukee, Wisconsin 53211, USA.

### Abstract

The surgical options for the management of ectopic pregnancy include linear salpingotomy or salpingectomy. If salpingotomy is performed, subsequent tubal blockage may result and if this occurs in a solitary Fallopian tube then assisted reproductive technology is recommended as the treatment of choice. We describe a case report detailing the application of laparoscopic microsurgical tubal reanastomosis in two patients with post-ectopic blockage in a solitary Fallopian tube. Both patients conceived post-operatively and subsequently delivered term pregnancies. Laparoscopic microsurgery offers an alternative to assisted reproductive technology in patients with post-ectopic tubal obstruction in a single Fallopian tube.

### Persistent ectopic pregnancy-a case report

**Shamini N; Chem B**

*Singapore Med J* 2002 Feb;43(2):093-4

Department of General Obstetrics and Gynaecology,  
 KK Women's and Children's Hospital, Singapore.  
[sham@kkh.com.sg](mailto:sham@kkh.com.sg)

### Abstract

The following case report describes a case of persistent ectopic pregnancy following laparoscopic segmental salpingectomy. The patient had an unusual presentation of acute abdomen and focal haemorrhage from omental implantation of the trophoblastic tissue.

### Bilateral tubal torsion treated by laparoscopy: a case report

**Barisic D; Bagovic D**

*Eur J Obstet Gynecol Reprod Biol* 1999

Sep;86(1):99-100

Department of Ob/Gyn, Medical School of Zagreb University, Croatia.

### Abstract

The history is described of a patient with bilateral torsion of the fallopian tubes successfully managed by laparoscopy.

## CIRURGIA GERAL/PROCTOLOGIA

### Diagnosis and treatment of cystic lymphangioma of the ascending colon by laparoscopic-assisted surgery: a case report

**Wang HS; Chen WS; Lin JK; Li AF**

*Zhonghua Yi Xue Za Zhi* (Taipei-China) 1999

May;62(5):322-5

Department of Surgery, Veterans General Hospital-Taipei, Taiwan, ROC.

### Abstract

Lymphangioma of the colon is a rare disease. Its clinical silence and absence of specific symptoms and signs make it difficult to diagnose preoperatively. We present a case of cystic lymphangioma of the ascending colon associated with constipation in a 72-year-old man and review the pertinent literature. The patient underwent laparoscopic-assisted segmental resection of the colon. The characteristic histologic appearance of cystic lymphangioma provided the definitive diagnosis. The recovery

course was uneventful. Two years postoperatively, the patient was symptom-free and without evidence of tumor recurrence.

**Laparoscopic repair of a Morgagni hernia presenting with syncope in an 85-year-old woman: case report and update of the literature**

*White DC; McMahon R; Wright T; Eubanks WS*  
*J Laparoendosc Adv Surg Tech A* 2002

Jun;12(3):161-5

Division of General and Thoracic Surgery, Duke University Medical Center, Durham, North Carolina 27710, USA.

**Abstract**

An 85-year-old woman was transferred from her local hospital for cardiac evaluation after presenting with repeated episodes of syncope during bowel movements. A thorough evaluation revealed no cardiac abnormalities but did reveal a Morgagni hernia with transverse colon in the mediastinum. She underwent laparoscopic reduction of the colon and repair of the hernia with mesh and had a rapid and uneventful recovery.

**Laparoscopic intragastric resection of gastric leiomyoma using needlescopic instruments.**

**Case report**

*Tagaya N; Kita J; Kogure H; Kubota K*

*Surg Endosc* 2001 Apr;15(4):414

Second Department of Surgery, Dokkyo University School of Medicine, 880 Kitakobayashi, Mibu, Tochigi 321-0293, Japan.

[tagaya@dokkyomed.jp](mailto:tagaya@dokkyomed.jp)

**Abstract**

Laparoscopic intragastric resection of gastric leiomyoma was performed using needlescopic instruments. The patient was a 71-year-old man who had a 2-year history of gastric submucosal tumor 2 cm in diameter located near the esophagocardiac junction. After getting informed consent, we performed a laparoscopic intragastric tumor resection under an oral endoscope. There were no intra- or postoperative complications. The patient was discharged uneventfully. Histopathologic diagnosis of the tu-

mor was leiomyoma. Laparoscopic intragastric resection of a benign gastric submucosal tumor using needlescopic instruments is technically feasible and as safe as a less invasive procedure.

**Liver hematoma after laparoscopic nissen fundoplication: a case report and review of retraction injuries**

*Pasenu J; Mamazza J; Schlachta CM; Seshadri PA; Poulin EC*

*Surg Laparosc Endosc Percutan Tech* 2000

Jun;10(3):178-81

University of Toronto Centre for Minimally Invasive Surgery, St Michael's Hospital, Ontario, Canada.

**Abstract**

Laparoscopic fundoplication is a safe and effective alternative to long-term medical therapy in select patients with gastroesophageal reflux disease. Among the technical challenges of laparoscopic fundoplication, retraction of the left lobe of liver can cause significant morbidity. Intraoperative complications from retraction injuries have been reported in the literature, but postoperative complications arising from liver retraction have not been published. The authors present a case of a symptomatic liver hematoma requiring hospital readmission for diagnosis and pain control and a review of retraction injuries.

**[Biliary tract injury in laparoscopic cholecystectomy-case report]**

**[Poraneni zlucovych cest pri laparoskopicke cholecystektomii-kazuistika]**

*Fidler F*

*Rozhl Chir* 2000 May;79(5):234-6

Chirurgicke oddeleni nemocnice Na Homolce, Praha.

**Abstract**

The author presents a case of injury of the efferent biliary pathways after laparoscopic cholecystectomy in a 81-year-old female patient. Reconstruction of the injury is always an important procedure for the patient not only with regard to immediate

postoperative complications but also for his future life. Referring the patient to a superior department is indicated but often impossible. The author summarize briefly the principles of treatment. After revision which was more than 5 weeks after the primary operation the patient survived the reconstruction and is now, after 18 months, in good health.

**Hernia of foramen of Morgagni in adult: case report of laparoscopic repair**

*Angrisani L; Lorenzo M; Santoro T; Sodano A; Tesauro B*

JLS 2000 Apr-Jun;4(2):177-81  
University of Naples Federico II, Italy.

**Abstract**

The videolaparoscopic repair of a diaphragmatic hernia of Morgagni by external knot tying technique is described. A 69-year-old woman with subocclusive symptoms by intrathoracic migration of abdominal viscera had an immediate and complete postoperative recovery. The hernial sac was not excised. A four-year follow-up shows no hernia recurrence. This case indicated that the laparoscopic approach can be considered a suitable and safe procedure for treatment of Morgagni's hernia.

**Venous thromboembolism after laparoscopic surgery: two case reports and review of the literature.**

*Alatri A; Tronci M; Bucciarelli P; Moia M*  
Ann Ital Med Int 1998 Jan-Mar;13(1):53-5  
Centro Emofilia e Trombosi Angelo Bianchi Bonomi,  
IRCCS Ospedale Maggiore, Milano.

**Abstract**

Two cases of deep vein thrombosis and pulmonary embolism in patients who had undergone laparoscopic surgery (cholecystectomy and inguinal hernioplasty in the first and crural hernioplasty in the second) are described. These cases suggest that prophylaxis for venous thromboembolism should also be given to patients who undergo relatively

noninvasive surgery such as laparoscopic intervention. The presentation concludes with a review of the last 7 years' literature on this topic.

**Richter's hernia in the laparoscopic era: four case reports and review of the literature**

*Boughy JC; Nottingham JM; Walls AC*  
Surg Laparosc Endosc Percutan Tech 2003  
Feb;13(1):55-8

Department of Surgery, University of North Carolina  
School of Medicine, Two Medical Park, Suite 402,  
Columbia, SC 29203, USA.

**Abstract**

Richter's hernia can occur at trocar sites after laparoscopic procedures, and 10-mm or larger ports are the usual culprits. Most surgeons now routinely close the fascia of these sites to prevent herniation. The usual presentation is of crampy abdominal pain with nausea and vomiting. Treatment is reduction of the bowel that is incarcerated and then repair of the fascial defect. We describe four cases of Richter's hernia after laparoscopy, two that were repaired by open procedure and two that were repaired laparoscopically, and review the literature. A laparoscopic hernia repair is acceptable treatment at the time of diagnosis, especially in the obese patient, as long as the incarcerated bowel is not compromised or frankly ischemic.

**Small bowel herniation around an anterior gastropexy for a gastric volvulus: a case report**

*Talhok AS; Sorin A*  
JLS 2000 Jul-Sep;4(3):271-3

Department of Surgery, North Shore University Hospital,  
Manhasset, New York 11030, USA.

**Abstract**

Gastric volvulus can be a medical emergency with life-threatening complications. Early surgical intervention is important to avoid potential ischemic complication that may lead to infarction of the stomach. The condition has been reported in children and in the elderly, but the majority of cases are reported in the fifth decade of life. We present

a case of a complication arising from corrective laparoscopic surgery for gastric volvulus, whereby most of the small bowel herniated around the anterior laparoscopically performed gastropexy. The herniation was reduced during a laparotomy, and the space through which the herniation occurred was closed.

**One-trocar laparoscopy: a valid procedure to treat abdominal complications in children with peritoneal shunt for hydrocephalus**

*Esposito C; Colella G; Settimi A; Centonze A; Signorelli F; Ascione G; Palmieri A; Gangemi M*  
**Surg Endosc** 2003 May;17(5):828-30

Department of Experimental and Clinical Medicine, Chair of Pediatric Surgery, Magna Graecia University, Via Tommaso Campanella 115, 88100, Catanzaro, Italy.  
[ciroesp2@unicz.it](mailto:ciroesp2@unicz.it)

**Abstract**

**BACKGROUND:** The aim of this paper is to show the efficacy of laparoscopy using only one umbilical trocar to treat abdominal complications of hydrocephalic children with ventriculoperitoneal shunts (VPS). **MATERIALS AND METHODS:** In a 15-year period, 14 laparoscopies were performed on as many children with VPS complications: in the last 4 patients only one trocar was used to solve the complications, and this subgroup will be the object of the present study. Concerning the indication for surgery, the patients presented one catheter lost in the abdominal cavity; one cerebrospinal fluid pseudocysts; one bowel obstruction; and one malfunctioning peritoneal limbs of the catheter. We used the one-trocar laparoscopic approach in all the 4 patients, and the 10-mm trocar was always introduced through the umbilical orifice in open laparoscopy. **RESULTS:** The laparoscopic technique was curative in all four cases and permitted the solution of the complication. **CONCLUSIONS:** One-trocar laparoscopic surgery can be considered as the ideal procedure in case of abdominal complications of VPS in children with hydrocephalus.

**Trocar-site hernia complicated by necrotizing fasciitis-case report and review of the literature**

*Losanoff JE; Richman BW; Jones JW*  
**Hernia** 2003 Dec;7(4):220-3

Department of Surgery M580 Health Sciences Center, University of Missouri-Columbia School of Medicine, One Hospital Drive, MO 65212, Columbia, USA.

Only a few reports have been published describing necrotizing soft tissue infection (NSTI) following laparoscopic surgery; none identify trocar-site hernia as an etiologic factor. We present a case report and review of the literature. A 43-year-old previously healthy man underwent uneventful laparoscopic cholecystectomy. An unrecognized strangulated lateral trocar-site hernia resulted in fatal NSTI. A Medline database search (1966-2002) identifies ten detailed reports of NSTIs following laparoscopic surgery. Multiple risk factors were identified in almost all patients. The mortality rate was 20%. Patient survival from NSTI requires early recognition, aggressive surgical intervention, and intensive medical care. NSTI can occur following minimally invasive surgery, and physicians should maintain a high index of suspicion when patients begin to develop postoperative symptoms. Trocar-site hernia arises as another etiologic factor for NSTI in the domain of minimally invasive surgery.

**CIRURGIA TORÁCICA**

**Laparoscopic repair of pleural laceration produced during truncal vagotomy: case report**

*Weber A; Garteiz D; Esquinca T; Hurtado C; Weber GR; Rojas O; Cueto J*

**Surg Laparosc Endosc Percutan Tech** 1999  
 Jun;9(3):234-8

Surgery Department of the American British Cowdray Hospital, Mexico City, Mexico.

**Abstract**

A partial pneumothorax developed in a patient undergoing laparoscopic truncal vagotomy when a small pleural laceration was accidentally produced. Changes in oxygen saturation and PETCO<sub>2</sub> were immediately detected by the anesthesiologist and measures were taken to maintain the patient's

ventilatory stability. The pleural laceration was repaired laparoscopically, and the pneumothorax was corrected by ventilatory manipulation, avoiding the placement of a chest tube. The procedure was completed uneventfully. Literature about the causes of pneumothorax during laparoscopic procedures as well as preventive and therapy viewed.

**Thoracoscopic resection of Castleman disease: case report and review**

*Seirafi PA; Ferguson E; Edwards FH*

*Chest* 2003 Jan;123(1):280-2

Division of Cardiothoracic Surgery, University of Florida-Shands Jacksonville, Jacksonville, FL, USA.

[peter.seirafi@jax.ufl.edu](mailto:peter.seirafi@jax.ufl.edu)

**Abstract**

Castleman disease is an uncommon entity, most often occurring in patients presenting with localized mediastinal lymph node enlargement. While surgical resection is the preferred treatment, there are concerns about approaching this highly vascular tumor with thoracoscopy. We present the second reported case of thoracoscopic resection of a patient with Castleman disease and review the literature.

**[A case of pulmonary mucormycosis diagnosed through video-assisted thoracoscopic surgery: report of a case]**

*Ikedou Y; Emori M; Nagata N; Harada S;*

*Horiuchi M; Kitahara Y; Takamoto M*

*Nihon Kokyuki Gakkai Zasshi* 2003

Apr;41(4):310-4

National Omuta Hospital, Omuta, Fukuoka, Japan.

**Abstract**

We report a case of pulmonary mucormycosis successfully treated by medical methods only. The patient was a 51-year-old man with diabetes mellitus who presented with general fatigue and appetite loss. His chest radiograph and CT scan showed multiple thin-walled cavities in the left upper lobe. Because we could arrive at a clear diagnosis, video-assisted thoracoscopic surgery was performed. Lung biopsy of the left upper lobe revealed pulmonary mucormycosis.

Our diagnosis was pulmonary mucormycosis with diabetes mellitus and alcohol addiction. The patient was treated with antifungal drugs—mainly amphotericin-B—while the diabetes mellitus was well controlled, and his diet and nutritional state was improved, resulting in the disappearance of symptoms, improvement of the radiological findings, and the absence of any relapse of the disease of at least 3 years.

**[Catamenial pneumothorax in a young patient diagnosed by thoracoscopic surgery: report of a case]**

*Ishikawa N; Takizawa M; Yachi T; Hiranuma C; Sato H*

*Kyobu Geka* 2003 Apr;56(4):336-9

Department of Thoracic Surgery, Ishikawa Prefectural Central Hospital, Kanazawa, Japan.

**Abstract**

A 16-year-old woman presented with chest pain on 2 days before the onset of menstruation and was referred to our hospital because of a pneumothorax. She was diagnosed as spontaneous pneumothorax and surgical treatment was performed. Thoracoscopy revealed the presence of multiple blueberry spots near central tendon of the diaphragm and little pleural effusion. No other abnormal lesions were found in the left pleural cavity and left lung. Thoracoscopic biopsy and coagulation of the lesions were successfully performed. Histological findings of biopsied specimen did not contradict as an endometriosis and catamenial pneumothorax was diagnosed. CA 125 level of the pleural effusion had increased to 99.2 U/ml. Because she was young, she did not receive a systemic hormonal therapy.

**Resection of a symptomatic pericardial cyst using the computer-enhanced da Vinci Surgical System**

*Bacchetta MD; Korst RJ; Altorki NK; Port JL; Isom OW; Mack CA*

*Ann Thorac Surg* 2003 Jun;75(6):1953-5

Department of Cardiothoracic Surgery, The New York Presbyterian Hospital-Weill Cornell Medical Center, New York, New York 10021, USA.

**Abstract**

Traditionally, symptomatic pericardial cysts have been treated with thoracotomy and resection. More recently, video-assisted thoracoscopic procedures for pericardial cysts have been reported. We present the case of a 43-year-old man who was suffering from a symptomatic pericardial cyst. He underwent successful resection using a computer-enhanced robotic surgical system. This case is an example of the continued extension of robotic-assisted thoracic surgery.

Department of Anesthesia and Division of Critical Care Medicine, Kyoto University Hospital, 54 Shogoin Kawahara-cho, Sakyo-ku, Kyoto, Japan.

**Abstract**

**IMPLICATIONS:** This report concerns a case for which the intraoperative use of magnesium sulfate as an adjunct to the conventional use of nicardipine was effective for managing a pediatric patient with pheochromocytoma who was undergoing a laparoscopic operation.

**CIRURGIA PEDIÁTRICA****Retroperitoneoscopic adrenalectomy in an infant with adrenocortical virilizing tumor**

*Tobias-Machado M; Cartum J; Santos-Machado TM; Gaspar HA; Simoes AS; Cruz R; Rodrigues R; Juliano RV; Wroclawski ER*

*Sao Paulo Med J* 2002 May 2;120(3):87-9

Department of Urology, Pediatric Oncology and surgery, Faculty of Medicine of ABC, Sao Paulo, Brazil.

[telmamsm@icr.hcnet.usp.br](mailto:telmamsm@icr.hcnet.usp.br)

**Abstract**

**CONTEXT:** Adrenocortical virilizing tumors are rare in the pediatric age group. Laparoscopic surgery is the gold standard method for treatment of adrenal functional tumors under 6 cm in size, in adults. There has been very little use of laparoscopy in children and there is no report of its application in the treatment of adrenal carcinoma in childhood. **DESIGN:** Case report. **CASE REPORT:** We performed the first laparoscopic resection using retroperitoneal access for the treatment of an adrenocortical virilizing tumor in a pediatric patient. We believe that retroperitoneoscopic access is a viable and promising option for the treatment of adrenal tumors in children.

**An effective use of magnesium sulfate for intraoperative management of laparoscopic adrenalectomy for pheochromocytoma in a pediatric patient**

*Minami T; Adachi T; Fukuda K*

*Anesth Analg* 2002 Nov;95(5):1243-4, table of contents

**UROLOGIA****Retroperitoneoscopic ureteroureterostomy for retrocaval ureter.**

*Miyazato M; Kimura T; Ohyama C; Hatano T; Miyazato T; Ogawa Y*

*Hinyokika Kiyo* 2002 Jan;48(1):25-8

Department of Urology, Nakagami Hospital.

A 10-year-old boy presented to our hospital with pain in the flank and was subsequently diagnosed as having a retrocaval ureter. He underwent retroperitoneoscopic surgery, during which the retrocaval segment of the right ureter was divided and reanastomosed anterior to the inferior vena cava using 5-0 polyglactin. He returned to normal activities from three days after the procedure. Hydronephrosis was markedly decreased on excretory urography at 6 months after surgery. To the best of our knowledge, this is the eighth case report on retroperitoneoscopic surgery for retrocaval ureter in the English and Japanese literature.

**Telementoring between Brazil and the United States: initial experience**

*Rodrigues Netto N; Mitre AI; Lima SV; Fugita OE; Lima ML; Stoianovici D; Patriciu A; Kavoussi LR*

*J Endourol* 2003 May;17(4):217-20

Division of Urology, University of Campinas-Unicamp, São Paulo, Brazil.

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### Abstract

**BACKGROUND AND PURPOSE:** To assess the safety and feasibility of transcontinental telementored and telepresence surgery, we report on two procedures carried out with participation by surgeons in Baltimore in the United States and Sao Paulo and Recife in Brazil. **PATIENTS AND METHODS:** Over a period of 3 months, a laparoscopic bilateral varicocelectomy and a percutaneous renal access for a percutaneous nephrolithotomy were performed. The mentoring surgeon (LRK) was the same for both procedures. He used a 650-MHz personal computer fitted with a Z360 video COder/ DECOder (CODEC) and a Z208 communication board (Zydacron Corp, Manchester, NH) that comprise the core of the telesurgical station. In the first case, a surgical robot, AESOP 3000 (Computer Motion Inc.), was attached to a laparoscope, and the remote surgeon drove the robot via a controller on the remote computer. In the second case, another robot (Percutaneous Access to the Kidney; PAKY) was used for percutaneous needle placement into the renal collecting system. **RESULTS:** The two procedures were completed successfully. In the first case, the operative time was 25 minutes, with minimal estimated blood loss. The patient was discharged home the next day. At 3-month follow-up, there was no scrotal pain or varicocele. In the second case, access to the urinary tract was achieved with the first needle pass, and percutaneous nephrolithotomy was uneventful. Blood loss was minimal, and the patient was discharged home on the second postoperative day. At 3-month follow-up, the patient was free of urinary stones and of symptoms. **CONCLUSIONS:** The first transcontinental telementored and telepresence urologic surgical procedures have been reported previously. The success observed with the novel surgical techniques has motivated great interest. The cases reported here demonstrate that several types of procedures can be mentored safely and effectively with telemedicine technology.

[Sjogren's syndrome with bilateral hydronephrosis caused by pseudolymphoma of bilateral renal pelves: a case report]

*Teranishi J; Ogawa T; Saito K; Noguchi K; Kubota Y*

*Hinyokika Kiyo* 2003 Feb;49(2):91-3 ]

Department of Urology, Yokohama City University Medical Center Hospital.

### Abstract

We report a case of bilateral hydronephrosis caused by pseudolymphoma of bilateral renal pelves. A 52-year-old woman with Sjogren's syndrome and bronchial asthma was found to have bilateral hydronephrosis. Abdominal plain computerized tomography showed an irregular thickening of the bilateral renal pelves with moderate hydronephrosis. The gallium scintigraphy revealed intense tracer uptake in bilateral renal pelves. Open biopsy of the right renal pelvis was performed under the diagnosis of malignant lymphoma. The pathologic diagnosis was pseudolymphoma of the renal pelvis. Steroid therapy dramatically improved pseudolymphoma and hydronephrosis within a month. There were no signs of recurrence.

## CIRURGIA VASCULAR

### Laparoscopic exclusion of a splenic artery aneurysm-a case report

*Muscari F; Bossavy JP; Chaufour X; Ghouti L; Barret A*

*Vasc Endovascular Surg* 2003 Jun-Aug;37(4):297-300

Vascular Surgery Unit, Purpan Hospital, Toulouse, France.  
[fmuscari@club-internet.fr](mailto:fmuscari@club-internet.fr)

### Abstract

Splenic artery aneurysm is a rare but serious vascular disease. The mortality risk is 36% when one is ruptured. Surgical therapy has traditionally consisted in resection through a laparotomy. The authors' experience of a case of laparoscopic exclusion of a splenic artery aneurysm is reported. This surgical approach is simple, safe, and minimally invasive. This procedure should increase the indication for surgical treatment of a splenic artery aneurysm.