

Relatos de Casos Seleccionados

Selected Related Cases

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Editora da Revista Brasileira de Videocirurgia

GINECOLOGIA

**Laparoscopic-assisted vaginal myomectomy:
a case report and literature review**

Goldfarb HA; Fanarjian NJ

JSLs 2001 Jan-Mar;5(1):81-5

Montclair Reproductive Center, Montclair, NJ 07042,
USA.

Abstract

The purpose of this article is to present a case of laparoscopic myomectomy (LM) that led to the identification of a new minimally invasive technique [laparoscopic-assisted vaginal myomectomy (LAVM)] for removing multiple transmural uterine myomas and facilitating uterine suturing. In addition, we reviewed the literature to (1) describe the history leading up to LAVM, (2) relate the benefits of this technique to other more widely performed myomectomy procedures [LM and laparoscopic-assisted myomectomy (LAM)], and (3) identify criteria for LM and LAVM.

Microlaparoscopy for an intact ectopic pregnancy and endometriosis with the use of a diode laser: case report

Abrao MS; Ikeda F; Podgac S; Pereira PP

Hum Reprod 2000 Jun;15(6):1369-71

Department of Obstetrics and Gynecology,
Sao Paulo University School of Medicine, Brazil.

Abstract

Microlaparoscopy is a development of endoscopic surgery which further reduces invasiveness of surgical procedures. The use of a diode laser in microlaparoscopy for the treatment of a patient with an intact ectopic pregnancy and endometriosis is described for the first time. As the diode laser has easy management and widely recognized precision, its use could be highly advantageous in such situations. The success achieved in this case contributes to the wider use of micro-endoscopic procedures.

**Removal of a voluminous serous papillary
paraovarian cystadenoma by endoscopic surgery.**

A case report

Idotta R

Clin Exp Obstet Gynecol 2000;27(2):150-1

2nd Section of Gynecology & Obstetrics, Villa Aurora
Clinic, Reggio Calabria, Italy.

Abstract

A case of a right paraovarian cystadenoma (7.3 litres) in a young woman, 19 years old, who was treated by laparoscopy is described. The advantages of endoscopic surgery are evaluated.

**Umbilical endometriosis without previous pelvic
surgery: a case report**

Zollner U; Girschick G; Steck T; Dietl J

Arch Gynecol Obstet 2003 Feb;267(4):258-60

Department of Obstetrics and Gynecology, University of
Wurzburg, Josef-Schneider-Strasse 4, 97080 Wurzburg Germany.

Abstract

A 27-year-old woman with a periodically bleeding out of the umbilicus was found to have umbilical endometriosis. She was never pregnant before and had no pelvic surgery. The umbilical lesion was excised following a diagnostic laparoscopy revealing extragenital endometriosis. Umbilical endometriosis is a very rare disease, but should be considered in the differential diagnosis of umbilical lesions.

Laparoscopic ultrasonic operative technique in surgery of women with endometrial cancer: 2 case reports.

Holub Z; Voracek J; Kliment L; Lukac J

Clin Exp Obstet Gynecol 1999;26(3-4):185-6

Department of Obstetrics and Gynecology,
Baby Friendly Hospital, Kladno, Czech Republic.

Abstract

The aim of this study was to introduce a new laparoscopic ultrasonic technique in the laparoscopy-assisted surgical staging of endometrial cancer. The entire laparoscopic phase of the laparoscopic hysterectomy and pelvic lymph node dissection was performed using a 5 mm ultrasonic scalpel and shears. Ultrasonic activated technology was easy to use and allowed the surgeon to perform laparoscopic hysterectomy and lymphadenectomy close to important pelvic structures safer than in other operative techniques. This is only a case report and a larger study to confirm the advantages of the laparoscopic operative technique in surgery of women with uterine malignancy is needed.

CIRURGIA GERAL

Use of the transcystic guidewire in single-intervention treatment for cholecysto-choledocholithiasis. A case report and technical notes

Dell'Abate P; Del Rio P; Soliani P; Arcuri M; Sianesi M

Chir Ital 2003 Mar-Apr;55(2):309-12

Department of Surgical Science, General Surgery and Organ Transplantation, School of Medicine, University of Parma.

Abstract

Videolaparoscopic treatment of choledocholithiasis in a single stage is an important option for this disease. We currently adopt this approach to choledocholithiasis in our department. We report here the case of a woman with stones in the biliary tract and gallbladder. After videolaparoscopic cholecystectomy we performed a transcystic cholangiography. A guidewire was used to show Vater's papilla during endoscopic papillosphinterotomy, because this was in a duodenal diverticulum that made it impossible to cannulate the papilla. We propose this method in all those cases in which, for anatomical reasons, the papilla cannot be easily cannulated.

Portal vein thrombosis after laparoscopy-assisted splenectomy and cholecystectomy.

Brink JS; Brown AK; Palmer BA; Moir C; Rodeberg DR

J Pediatr Surg 2003 Apr;38(4):644-7

Division of Pediatric Surgery, Mayo Clinic, Rochester, Minnesota 55905, USA.

Abstract

A 12-year-old girl underwent laparoscopy-assisted splenectomy and cholecystectomy with removal of her spleen through a small Pfannenstiel incision. She had an unremarkable postoperative course but returned 16 days later because of increasing right-sided abdominal pain. The pain was constant, sharp, and stabbing without radiation. Abdominal examination showed diffuse right upper quadrant and epigastric tenderness without peritoneal irritation. Laboratory test results included white blood cell count, $14.4 \times 10^9/\text{mm}^3$; hemoglobin, 8.5 g/dL; platelets, 1,483,000; and normal values for lipase, amylase, aspartate transaminase, and alanine transaminase. Evaluation with ultrasonography and vessel Doppler studies showed an occlusive thrombus throughout the portal and splenic veins. The patient underwent intravenous heparin anticoagulation therapy. Her symptoms resolved

completely over the next 2 days. The patient is currently receiving warfarin and anagrelide as an outpatient (international normalized ratio, 2). There were no long-term complications caused by portal vein thrombosis. This is the first reported case of portal vein thrombosis after laparoscopic splenectomy in the pediatric population.

Hand-assisted laparoscopic splenectomy for a huge splenic cyst: operative technique and case report

Yano H; Asaoka T; Iwazawa T; et al

J Laparoendosc Adv Surg Tech A 2003

Apr;13(2):113-6

Department of Surgery, NTT West Osaka Hospital, Osaka, Japan.

Abstract

We report the case of a huge splenic cyst that was successfully treated by hand-assisted laparoscopic splenectomy. A 17-year-old girl with a chief complaint of left-sided abdominal pain was admitted to our department for investigation of a splenic tumor. Ultrasonography, computed tomography, and magnetic resonance imaging revealed a huge cystic lesion in the spleen measuring approximately 10 cm in diameter. Hand-assisted laparoscopic splenectomy was safely performed to diagnose and treat the splenic tumor. The histologic diagnosis was an epithelial cyst of the spleen with no atypical cells in the cyst wall. Hand-assisted laparoscopic splenectomy may be a good method of managing a huge splenic cyst that becomes symptomatic and potentially life-threatening through enlargement, rupture, and secondary infection.

Laparoscopic ladd procedure for adult malrotation of the midgut with cocoon deformity: report of a case

Matzke GM; Moir CR; Dozois EJ

J Laparoendosc Adv Surg Tech A 2003

Oct;13(5):327-9

Division of Gastroenterologic and General Surgery, Department of Surgery, Mayo Clinic, Rochester, Minnesota.

Abstract

Intestinal malrotation of the midgut is well documented in infants and children but rare in adults. Most adults with intestinal malrotation are asymptomatic, and the anomaly is found incidentally at laparotomy. Classically, the Ladd procedure via a laparotomy is the treatment of choice for patients with symptomatic malrotation. Laparoscopic Ladd procedures have been described in the pediatric literature, but little is known of its efficacy and applicability in adults. We present the case of a symptomatic adult patient found to have malrotation of the midgut with a cocoon deformity, a rare anomaly, that was treated successfully by a laparoscopic Ladd procedure, and we discuss the role of laparoscopy in this entity.

Low grade fibromyxoid sarcoma of the falciform ligament: a case report

Harish K; Ashok AC; Alva KN

BMC Surg 2003 Sep 24;3(1):7

Background: Low grade fibromyxoid sarcomas (LGFMS) are very rarely seen. They commonly arise from deep soft tissues of the lower extremities. Very few cases of intra-abdominal location have been reported. Case presentation: We report a 37 year old man who presented with an abdominal mass and dragging pain. Pre-operative imaging suggested a possibility of a subcapsular hemangioma of liver. Conclusions: Laparoscopy was useful to locate the tumor as arising from falciform ligament and made the subsequent surgery simpler. This is one of the large fibromyxoid sarcomas to be reported.

The use of laparoscopy to assess viability of slipped content in incarcerated inguinal hernia: a case report.

Al-Naami MY; Al-Shawi JS

Surg Laparosc Endosc Percutan Tech 2003

Aug;13(4):292-4

Department of Surgery, King Fahad National Guard Hospital, Riyadh, Kingdom of Saudi Arabia.

Abstract

Incarcerated inguinal hernia classically has been managed by initially attempting gentle reduction or spontaneous reduction with systemic analgesics and slight feet elevation over 24 to 48 hours and, if unsuccessful, by urgent surgical repair. We report a case of incarcerated inguinal hernia in which at open surgical repair the contents of the hernial sac slipped into the abdomen before evaluation. Using laparoscopy, the involved bowel was retrieved into the groin and its viability assessed. We recommend this procedure as an alternative to laparotomy in such situations.

CIRURGIA TORÁCICA**A case of solitary pulmonary lymphangioma**

Nagayasu T; Hayashi T; Ashizawa K; et al

J Clin Pathol 2003 May;56(5):396-8

Abstract

Solitary pulmonary lymphangiomas are rare benign lesions thought to result from the development of abnormally proliferating lymphatic vessels. This report describes a case of solitary pulmonary lymphangioma resected under video assisted thoracoscopic surgery and diagnosed using histological and immunohistochemical investigations.

[A case of acute exacerbation of desquamative interstitial pneumonia after video-assisted thoracoscopic surgery (VATS)]

Yogo Y; Oyamada Y; Ishii M; et al

Nihon Kokyuki Gakkai Zasshi 2003

Jun;41(6):386-91

Department of Medicine, School of Medicine, Keio University, 35 . Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan.

Abstract

A 70-year-old man in whom nodular and reticular shadows had been noted on chest radiography since 1992 was admitted to our hospital with complaints of persistent cough and dyspnea on exertion in

August, 2000. The definitive diagnosis of lung abnormalities was not confirmed by TBLB. He was re-admitted to our hospital to undergo a lung biopsy by video-assisted thoracoscopic surgery. Although desquamative interstitial pneumonia was diagnosed, respiratory failure developed rapidly after surgery. He responded well to high-dose steroid administration followed by maintenance therapy with a moderate dose of steroid, resulting in a considerable importance of the clinical condition associated with a significant decrease in the ground-glass opacities and infiltrative shadows. Although we could find no literature reporting acute exacerbation of DIP, our case demonstrates that DIP may also be acutely exacerbated when a severe insult is superimposed.

[Inflammatory pseudotumor diagnosed by thoracoscopic resections: report of a case]

Araki K; Nakamura H; Fukui H; Ikeda M

Kyobu Geka 2003 Sep;56(10):893-6

Department of Thoracic Surgery, National Yonago Hospital, Yonago, Japan.

Abstract

A 65-year-old woman was referred to our hospital because of cough and sputum. Chest CT scan revealed a coin lesion (about 1.5 cm diameter) with slight speculation at the right upper lobe. We suspected a lung cancer and performed video assisted thoracic surgery (VATS). Under the thoracoscopy, the tumor was completely extirpated with safety margin by the partial resection of the right upper lobe. Pathological findings definitely revealed inflammatory pseudotumor, fibrohistiocytic variant type. VATS is a good indication for the diagnosis and treatment of inflammatory pseudotumor. This case was reported together with some reviews of the literature.

CIRURGIA PEDIÁTRICA**Laparoscopic excision of subdiaphragmatic epidermoid cyst: a case report**

Hagr A; Laberge JM; Nguyen LT; et al

J Pediatr Surg 2001 Jun;36(6):E8

Services of Pediatric General Surgery, Pathology, and Radiology, The Montreal Children's Hospital, McGill University Health Center, Montreal, Quebec, Canada.

Abstract

Retroperitoneal epidermoid cysts are rare. The authors report a case of an 11-year-old boy with an asymptomatic subdiaphragmatic cyst, which was found incidentally during an investigation for hypertension. At laparoscopy, the cyst was densely adherent to the diaphragm, resulting in a pneumothorax during dissection. Nevertheless, the excision and the diaphragmatic repair could be completed laparoscopically without complication. Microscopic examination showed an epidermoid cyst. No similar case has been reported in the literature.

Portal vein thrombosis after laparoscopy-assisted splenectomy and cholecystectomy

Brink JS; Brown AK; Palmer BA; Moir C; Rodeberg DR

J Pediatr Surg 2003 Apr;38(4):644-7

Division of Pediatric Surgery, Mayo Clinic, Rochester, Minnesota 55905, USA.

Abstract

A 12-year-old girl underwent laparoscopy-assisted splenectomy and cholecystectomy with removal of her spleen through a small Pfannenstiel incision. She had an unremarkable postoperative course but returned 16 days later because of increasing right-sided abdominal pain. The pain was constant, sharp, and stabbing without radiation. Abdominal examination showed diffuse right upper quadrant and epigastric tenderness without peritoneal irritation. Laboratory test results included white blood cell count, $14.4 \times 10^9/\text{mm}^3$; hemoglobin, 8.5 g/dL; platelets, 1,483,000; and normal values for lipase, amylase, aspartate transaminase, and alanine transaminase. Evaluation with ultrasonography and vessel Doppler studies showed an occlusive thrombus throughout the portal and splenic veins. The patient underwent intravenous heparin anticoagulation therapy. Her symptoms

resolved completely over the next 2 days. The patient is currently receiving warfarin and anagrelide as an outpatient (international normalized ratio, 2). There were no long-term complications caused by portal vein thrombosis. This is the first reported case of portal vein thrombosis after laparoscopic splenectomy in the pediatric population.

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

Esposito C; Colella G; Settini A; et al

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.

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.

**Laparoscopic repair of a morgagni hernia
in a child: a case report**

Ozmen V; Gun F; Polat C; et al

Surg Laparosc Endosc Percutan Tech

2003 Apr;13(2):115-7

Department of Surgery, Istanbul Medical Faculty
and University, Turkey.

Abstract

Morgagni hernias are anomalies of the sternal insertions of the diaphragmatic bundles and represent 1% to 4% of all surgically treated diaphragmatic hernias. We present a case of a laparoscopic repair of Morgagni hernia incidentally found in a 4-year-old boy. Primary laparoscopic closure of the defect with interrupted silk sutures was performed. The patient had uneventful recovery and is asymptomatic at 2 months of follow-up. We propose that the laparoscopic approach is feasible and effective treatment of this kind of hernia.

UROLOGIA

**[Laparoscopic pyeloplasty for a secondary
ureteropelvic junction obstruction after renal
trauma: a case report]**

Terakawa T; Tanaka K; Ishida T; et al

Hinyokika Kiyo 2003 Nov;49(11):663-5

Division of Urology, Department of Organs Therapeutics,
Faculty of Medicine,
Kobe University Graduate School of Medicine.

Abstract

We report a case of secondary ureteropelvic junction obstruction due to renal trauma treated by laparoscopic pyeloplasty. A 25-year-old man, who had renal trauma due to a traffic accident, complained of left lumbago and was diagnosed with left ureteropelvic junction obstruction. Endoscopic balloon dilation was performed twice, but the hydronephrosis did not change.

Subsequently, laparoscopic pyeloplasty was performed with no complications. After operation, lumbago disappeared and hydronephrosis and renal function improved. Secondary ureteropelvic junction obstruction is rare, and this case seems to be the first case managed by laparoscopy in Japan.

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

Szylllo K; Krekora M; Lewy J; et al

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

Kliniki Ginekologii Operacyjnej ICZMP w Lodzi.

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.

**Emergency laparoscopic orchidectomy for
torsion of intra-abdominal testis: a case report.**

Lee KF; Tang YC; Leong HT

J R Coll Surg Edinb 2001 Apr;46(2):110-2

Department of Surgery, Alice Ho Miu Ling Nethersole
Hospital, Hong Kong SAR, P.R. China.

Abstract

Torsion of an intraabdominal testis is a rare cause of acute abdominal pain. With a history of undescended testis, it is difficult to establish the diagnosis and to exclude other emergency abdominal conditions without a laparotomy. The following case report illustrates the usefulness of laparoscopy as a diagnostic as well as a therapeutic tool in such a condition.

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.

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.

Lumbar artery pseudoaneurysm and arteriovenous fistula as a complication of laparoscopic splenectomy: treatment by transcatheter embolization.

Maleux G; Vermynen J; Wilms G

Eur Radiol 2002 Jun;12(6):1401-4

Department of Radiology, University Hospitals, Herestraat 49, 3000 Leuven, Belgium.

Abstract

Iatrogenic injury of a lumbar artery is very rare and mostly causes retroperitoneal hemorrhage. We report a case of a lumbar artery pseudoaneurysm and a concomitant arteriovenous fistula complicating laparoscopic splenectomy and provoking renal colic-like flank pain due to mass effect on the left ureter. Definitive treatment of both vascular lesions was obtained after percutaneous transcatheter embolization of several lumbar arteries. Control computed tomography scan 3 months after embolization showed almost complete resorption of the retroperitoneal hematoma.