

# Relatos de Casos Seleccionados

## *Selected Case Reports*

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### GINECOLOGIA

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#### **A case of laparoscopic uterosacral ligaments plication: a new conservative approach to uterine prolapse?**

**Alessandro Digesu G et al**

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**Eur J Obstet Gynecol Reprod Biol**

2004;114(1):112-5

We report a case of laparoscopic uterosacral ligament plication, which appears to be a successful, simple, minimally invasive, conservative procedure, not technically or time demanding, for the treatment of uterine descent. However, a long term follow up and further studies are needed to clarify the role of this procedure.

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#### **Laparoscopic management of teratoma of the round ligament**

**De Los Rios JF et al**

Gynecologic Endoscopic Unit, Clinica del Prado  
Medellin, Colombia

**J Am Assoc Gynecol Laparosc** 2004;11(2):265-8

This paper describes the case of an asymptomatic woman who underwent laparoscopy as part of a work-up for infertility. A previous transvaginal ultrasound had shown an echogenic adnexal mass, independent of the ovary. The intraoperative finding was a tumor of the round ligament that was resected and determined to be a mature teratoma. The case is reported due to the unusual location for that type of tumor; and in addition, it is the first description of a teratoma in the round ligament managed by laparoscopy.

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#### **Laparoscopic hand-assisted Miami Pouch following laparoscopic anterior pelvic exenteration**

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**Gynecol Oncol** 2004;93(2):543-5

**BACKGROUND:** To determine the feasibility of a laparoscopic hand-assisted Miami Pouch following a laparoscopic anterior pelvic exenteration. **CASE:** We performed a laparoscopic hand-assisted Miami Pouch following a laparoscopic anterior pelvic exenteration. The procedure involved resection of the bladder, uterus, ovaries, and upper vagina en bloc and the formation of a "Miami Pouch" for continent urinary diversion. The procedure was successful. The operative time was 6 h. The postoperative course was uneventful. **CONCLUSION:** Laparoscopic hand-assisted Miami Pouch following laparoscopic anterior pelvic exenteration is feasible.

### CIRURGIA GERAL

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#### **Sporadic gastric carcinoid tumor laparoscopically resected: a case report**

**de la Fuente SG et al**

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**JLS** 2004;8(1):85-7

Sporadic gastric carcinoid tumors are relatively infrequent malignancies of the stomach. Tumors measuring less than 1 cm can sometimes be safely removed endoscopically; however, larger neoplasias

require surgical ablation. The present case report represents a gastric carcinoid tumor laparoscopically resected in a patient with a history of hematemesis. The tumor was first marked endoscopically with India ink, which facilitated subsequent localization of the area to be resected. Laparoscopic resection of the mass was without complication, and the pathology study confirmed the preoperative diagnosis and negativity of the margins. In patients who present with masses that are not amended for endoscopic resection, sporadic gastric carcinoid tumors can be resected laparoscopically.

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**Recurrent asystolic cardiac arrest and laparoscopic cholecystectomy: a case report and review of the literature**

**Valentin MD et al**

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**JSLs** 2004;8(1):65-8

Laparoscopic surgery has become a durable alternative for both gynecologic and general surgical procedures, but reported complications are increasing. We describe the case of a 70-year-old male undergoing routine laparoscopic cholecystectomy for gallstone pancreatitis who developed asystolic cardiac arrest intraoperatively. A review of the literature revealed 2 cases of asystolic cardiac arrest during laparoscopy: one was during laparoscopic cholecystectomy and one was during diagnostic laparoscopy for gynecologic evaluation.

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**Retroperitoneal abscess as a late complication following laparoscopic cholecystectomy**

**Koc E et al**

Department Of Internal Medicine, Emergency Aid Traumatology Training And Research Hospital Ankara, Turkey

**Med Sci Monit** 2004;10(6):CS27-CS29

Background: Gallstone spillage during laparoscopic cholecystectomy is a relatively common occurrence. These intraperitoneal gallstones are considered to be harmless. Rarely, they may give rise to complications. Surgeons should retrieve spilled stones whenever possible. Case Report: We report the case of a 75-year-old man with retroperitoneal

abscess that developed 6 years following laparoscopic cholecystectomy as a late complication. The cavity, though it drained purulent material, was sterile in culture. Gallstones were found in the drain effluent. To our knowledge this is the first case report in English of such a delayed complication caused by spilled gallstones. Conclusions: Every effort should be made to avoid perforation of the gall bladder during its dissection. Whether the procedure should be converted to open surgery to retrieve all the stones is subject to debate.

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**Intussusception due to intestinal anisakiasis: a case report**

**Chikamori F et al**

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**Abdom Imaging** 2004;29(1):39-41

This report describes our experience of intussusception due to intestinal anisakiasis which was treated by laparoscopy-assisted surgery. The unique sonographic findings of this complication were a pseudokidney sign and a target sign with an edema of Kerckring's folds in the intussusceptum. Surgeons should know about intussusception as a rare complication of intestinal anisakiasis. Sonography, computed tomography and laparoscopy are helpful in diagnosing and treating this complication.

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**Management of an occluded Wallstent for a benign biliary stricture: a case report**

**Weiss CA et al**

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**Hepatogastroenterology** 2004;51(56):378-80

Laparoscopic cholecystectomy is associated with a 0.5% incidence of major common bile duct injury. Management of this uncommon complication is determined by when the injury is recognized, by its extent, and by local surgical, radiological and endoscopic expertise. The use of titanium Wallstents for benign biliary stricture has been previously described, but complications from this approach are

not well documented. The management of complications from titanium Wallstent deployment for treatment of a common bile duct stricture is described.

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### **Lost gallstones: a relaparoscopic solution to laparoscopic pollution**

*Van Hoecke M et al*

Department of Surgery, Sint-Andries ZH Tielt  
University Hospital Gent, Belgium

*Acta Chir Belg* 2004;104(1):104-6

This case report describes the treatment by radiological intervention combined with therapeutic relaparoscopy of a patient with a gluteolumbar fistula due to lost gallstones 5 years after laparoscopic cholecystectomy.

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### **Laparoscopic appendectomy in a female patient with situs inversus: case report and literature review**

*Song JY et al*

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*JSL* 2004;8(2):175-7

**BACKGROUND:** Situs inversus is an uncommon condition caused by a single autosomal recessive gene of incomplete penetration. A potential diagnostic dilemma can occur in the young female patient with a history of situs inversus who presents with pelvic pain. **METHODS:** A 32-year-old multiparous patient with a known history of situs inversus presented with complaints of pelvic pain. A medical history and full physical examination were indicative of possible endometriosis. **RESULTS:** The patient underwent an operative laparoscopy, which revealed stage II pelvic endometriosis based on the American Fertility Society Revised Classification for Endometriosis (R-AFS), with appendicular and periappendicular adhesions involving the cecum. Ablation of endometriosis and an appendectomy were performed. **CONCLUSION:** The authors believe the laparoscopic approach to an appendectomy is ideal in a patient with situs inversus and should be performed at the time of laparoscopy performed for another reason.

## OBESIDADE MÓRBIDA

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### **Conversion laparoscopica de gastroplastia vertical con banda a puente gastrico en "Y" de Roux. Reporte de un caso**

*Moreno-Portillo M et al*

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*Cir Cir* 2004;72(2):131-4

**Background:** Vertical banded gastroplasty (VBG) is sometimes associated with gastroesophageal reflux disease (GERD) and long-time failure in weight loss. This situation is a problem; one therapeutic option is a Roux-en-Y gastric bypass (RYGBP). **Objective:** To analyze the perspective of laparoscopic surgical treatment in a patient with persistent GERD after traditional bariatric surgery for morbid obesity management. **Case report:** A 48-year-old women with morbid obesity, body mass index (BMI) of 46 kg/m<sup>2</sup>, and high blood pressure underwent VBG (open surgery, Mason's technique) in 1996 and decreased her BMI to 32 kg/m<sup>2</sup>. Six years after initial surgery, she developed severe GERD resistant to medical treatment (omeprazol 80 mg/day) that was confirmed by 24-h esophageal pH monitoring (48 DeMeester normal) and esophageal manometry (low esophageal sphincter pressure) 5 mmHg). During these years, she increased BMI from 32 kg/m<sup>2</sup> to 40 kg/m<sup>2</sup>. Laparoscopic conversion to RYGBP was performed. **Results:** Postoperative evolution was satisfactory with disappearance of GERD. Control 24-h esophageal pH monitoring reported 4 DeMeester normal. At 12-month follow-up, she decreased BMI to 27 kg/m<sup>2</sup>. **Conclusions:** Laparoscopic reoperative RYGBP is a viable surgical option in GERD treatment and obesity control.

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### **Esophageal perforation during laparoscopic gastric band placement**

*Soto FC et al*

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*Obes Surg* 2004;14(3):422-5

Esophageal perforation is a serious complication that requires prompt recognition and treatment. We

present the case of a patient with lower esophageal perforation that apparently resulted from orogastric calibration-tube passage during laparoscopic placement of a gastric band. The complication was diagnosed early postoperatively, and was able to be successfully treated by laparoscopy, debanding, drainage, and parenteral nutrition.

## UROLOGIA

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### **Combined adrenal adenoma and myelolipoma in a patient with Cushing's syndrome: Case report and review of the literature**

*Hisamatsu H et al*

Department of Urology, Nagasaki University  
School of Medicine, Nagasaki, Japan

**Int J Urol** 2004;11(6):416-418

Abstract Myelolipoma is an uncommon benign tumor of unknown etiology and adrenal myelolipoma is rarely associated with endocrine disorders. We report a 67-year-old woman with Cushing's syndrome due to left adrenal adenoma associated with myelolipoma. The patient underwent laparoscopic left adrenalectomy and pathological examination revealed an adrenocortical adenoma associated with myelolipoma. To the best of our knowledge, 25 cases of endocrine dysfunction associated with myelolipoma have been reported in the English and Japanese literature. We review and discuss the pathogenesis of adrenal myelolipoma.

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### **Laparoscopic-assisted upper pole ureterocalicostomy using renal inversion and autotransplantation**

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**Urology** 2004;63(6):1182-4

Despite various described methods of reconstruction after upper ureteral injury, many cases are complex and remain a surgical challenge. Careful preoperative evaluation and planning are crucial in the selection of the appropriate procedure,

particularly in patients in whom preservation of the renal mass is imperative. We report a case of severe upper ureteral injury and subsequent fibrosis, with no usable renal pelvis and focal upper pole dilation, that was managed with renal inversion and upper pole ureterocalicostomy. The option of autotransplantation was provided by laparoscopic nephrectomy and ex vivo reconstruction, minimizing patient morbidity and maximizing a successful outcome. This case illustrates the expansion of laparoscopy from the mere extirpative to a role in complex reconstruction. To our knowledge, this reconstructive strategy has never been previously reported and may be applicable in a limited number of situations.

## CIRURGIA VASCULAR

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### **Robot-assisted laparoscopic aortic reconstruction for occlusive disease - a case report**

*Killewich LA et al*

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**Vasc Endovascular Surg** 2004;38(1):83-7

Aortobifemoral bypass is the standard method for revascularization of aortoiliac occlusive disease but is associated with significant morbidity and mortality. Laparoscopic aortic reconstruction eliminates the large incision but is limited by the cumbersome nature of laparoscopic instrumentation. A robotic system (da Vinci Computer-Enhanced Robotic Surgical System, Intuitive Surgical, Mountain View, CA) has been developed that allows the surgeon to suture in the same manner as in open procedures. The authors report the first case of an aortic reconstruction for occlusive disease performed using the da Vinci system. A 53-year-old woman presented with gangrene of the left great toe. Angiography revealed distal aortic occlusive disease and occlusion of the common iliac arteries bilaterally. Dissection of the aorta was performed by a transabdominal-retroperitoneal approach modified from Dion (J Vasc Surg 26:128-132, 1997). With use

of laparoscopic techniques, the abdominal contents were retracted to the patient's right side while the kidney and ureter remained in the retroperitoneum. The aorta was isolated from the bifurcation proximally to the left renal vein. The patient was anticoagulated, and the aorta was clamped below the left renal artery and proximal to the bifurcation. The da Vinci robotic system was placed on the patient's right side, and an extruded polytetrafluoroethylene (ePTFE) graft was passed into the retroperitoneum. While seated at a computer console viewing the operative field on a screen, the surgeon used robotic instruments to fashion an arteriotomy and complete an end-to-side aortic anastomosis using ePTFE suture. The left groin was opened and the aortic graft passed down to the groin. The reconstruction was completed by performing a left-to-right femoro-femoral bypass in standard, open fashion. The procedure was completed in 8 hours with an aortic clamp time of 65 minutes and a 500 cc blood loss. The patient was extubated in the operating room, ate a regular diet on postoperative day 2, and was discharged on postoperative day 4 without complications. Return to normal activities occurred 2.5 weeks postoperatively. The da Vinci robotic system facilitated creation of the aortic anastomosis and shortened aortic clamp time over that achieved with laparoscopic techniques. Robot-assisted laparoscopic aortofemoral bypass should decrease the morbidity and mortality of aortic reconstruction, while providing a durable solution to aortoiliac occlusive disease.

## CIRURGIA PEDIÁTRICA

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### **Laparoscopic cholecystectomy in a 16-day-old infant with chronic cholelithiasis**

***Gertner M, Farmer DL***

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San Francisco, San Francisco, CA 94143-0570, USA

**J Pediatr Surg 2004;39(1):E17-9**

A 16-day-old girl with demonstrated evidence of cholelithiasis was treated initially conservatively on the assumption that the gallstone would resolve spontaneously. However, when repeat ultrasound scan showed a large gallstone and intrahepatic ductal dilatation indicative of antenatal common duct obstruction, the infant underwent laparoscopic cholecystectomy with an intraoperative cholangiogram. The patient did well postoperatively and was on regular feeding by postoperative day 1. An intraoperative cholangiogram showed an impacted stone in the infundibulum of the gallbladder. Gross and histopathologic findings indicated chronic cholecystitis. Based on an extensive review of the literature, this case appears to be the first reported incidence of chronic cholecystitis in a neonate and that of the youngest patient to undergo a laparoscopic cholecystectomy with intraoperative cholangiogram.

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