

# Archives of Surgery and Clinical Research

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## Case Report

Published Date:- 2019-06-03

[Massive gastrointestinal bleeding: never too old to be due to Meckel's Diverticulum - A case report and literature review](#)

Gastrointestinal (GI) bleeding is a very common medical problem encountered in the acute care setting, and is a major cause of admission to hospitals with about 300,000 patients admitted annually. Obscure GI bleeding, defined as persistent or recurrent bleeding following initial negative upper and lower endoscopy, represents approximately 5% of all GI hemorrhages. The small bowel is the most common source for obscure GI bleeding. Variable lesions of the small bowel can cause obscure GI bleeding, with tumors, Crohn's disease and Meckel's diverticulum being more common in young age group. Meckel's diverticulum, the most common GI congenital malformation, is usually asymptomatic and incidentally found. It can present with GI bleeding, seen more in pediatric patients, and rarely in adult patients. Herein, we present a 45 years old female patient, presenting with massive obscure GI bleeding due to Meckel's diverticulum.

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## Case Report

Published Date:- 2019-05-07

[A successful case report in woman: A gender medicine?](#)

Introduction: Abdominal hernia is a pathological condition resulting from abnormal protrusion of abdominal viscera. In particular, internal hernias (IH) represents about 0.2-0.9% of all cases with para- duodenal hernias while obturator hernias accounting for only 0.07% of all hernias.

Methods: We reported the case report of 79 year old women who was admitted to Internal Medicine Department of our Hospital for lung failure and after few days transferred to our Surgery Department for abdominal pain.

Conclusion: Obturator hernia is rare type of hernia and it is more frequent in older women with history of multiple pregnancy, chronic cough, and habitual constipation. In our patients, detailed physical examination and MRI preoperative imaging studies, have induce to the successful diagnosis.

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## Research Article

Published Date:- 2019-02-19

[Biliary reflux gastritis after Mini Gastric Bypass: The effect of Bilirubin level](#)

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**Background:** Minigastric bypass is gaining popularity worldwide as an effective bariatric surgery which has fewer complications than RYGB. There is raising concerns about biliary reflux and its effect on gastric mucosa. In this study we tried to find the link between the presence of bile in the stomach and the incidence of gastritis after MGB.

**Methods:** This prospective study was conducted in Ain Shams university hospitals from January 2017 to May 2018 including 40 patients. All patients underwent MGB with a 12-month follow-up, UGI endoscopy was performed 9 months after MGB for all patients, where multiple biopsies and gastric aspirate were obtained for bilirubin level

**Results:** Mean age at operation was 32 years (18–60) and preoperative BMI 44.31 kg/m<sup>2</sup>. The mean operative time was 95 (± 18 min), Mean % EWL was 81.2% at 12 months. Complete resolution occurred of hypertension in 8 patients (80%) and of Diabetes type 2 in 11 patients (84.2%). Level of bilirubin in gastric aspirate was elevated in 8 patients (20%) all of them had different levels pouch gastritis confirmed by histopathological examination.

**Conclusion:** Biliary reflux reached about 20% after MGB, the severity of biliary gastritis is related to the elevation of bilirubin level in the gastric aspirates, this results need to be confirmed by further studies on the MGB.

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**Research Article**                      **Published Date:- 2019-02-07**

[Risk definition in Laparoscopic versus Open Cholecystectomy](#)

Nothing without risk. As cholecystectomy is one of the most common procedures, any minor risk will be a mass volume. This study was to define the magnitude of that risk. In the study were 1486 patients between Feb. 2009 and April. 2018. Open in 292 (19.6%), 1194 (80.4%) laparoscopically, 1086 [91%] completed so and 108 (9%) converted. There were 18 (1.2%) with bile duct injury. 1 (0.3%) in the open group and 17 (1.4%) in the laparoscopic group. 9 diagnosed during surgery, 4 with jaundice, 2 early and 2 late, 5 with leak. Statistically the operative injury is insignificance in the 2 groups ( $P < 0.3$ ). The jaundice was significantly high in the laparoscopic group of patients ( $P < 0.045$ ). Also the bile leak ( $P < 0.028$ ). The same for morbidity ( $P < 0.01$ ). The revers was for mortality ( $P < 0.04$ ).

**Conclusion:** The incidence of CBD injury in the literature is less than the actual rate. Laparoscopic interventions have a higher rate of injury and the proximal ducts are at higher risk.

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**Case Report**                      **Published Date:- 2019-02-04**

[Squamous cell carcinoma developed on neglected, mistreated and delayed diagnosed chronic venous leg ulcer](#)

Chronic venous leg ulcers (VLU), especially long-lasting non-healing ulcers, are among the risk factors for squamous cell carcinoma (SCC) with particularly aggressive behaviour. We present a case of a 71-year-old female patient with a relevant personal history of multiple SCC and basal cell carcinoma (BCC) excision and chronic venous insufficiency showing for about three years a ulcerated lesion located on the anteromedial distal third of the left leg non-responsive to specific treatment, which subsequently increased their size and merged. Biopsy sample was taken. Histopathology revealed a G2 SCC in all biopsy samples. After the staging, a left inguino-femoral lymphadenectomy and the excision were done. The treatment of bone exposure with a soleus muscle flap in the upper half of the defect and skin graft for all the defect and a specific oncologic treatment were proposed as possible curative solutions. Patients with chronic venous leg ulcers and clinically suspicious lesions should be evaluated for malignant transformation of the venous lesion. When diagnosed, malignancy complicating a chronic venous leg ulcer requires a resolute treatment as it may be fatal.

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**Research Article**                      **Published Date:- 2019-01-24**

[Trans Abdominal Pre-Peritoneal \(TAPP\) mesh for Inguinal Hernia Repair with External Fixation \[Abdelhamid Technique\]. Outcome Assessment](#)

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**Purpose:** To compare the outcomes of Abdelhamid technique in treatment of inguinal hernia to conventional TAPP with mesh stapling, Prolene hernia system (PHS) and Lichtenstein repair.

**Background:** the mesh is applied and fixed externally aiding in decreasing port size and cost. There is controversy concerning the necessity of securing the mesh during laparoscopic TAPP repair.

**Patients:** The study was carried out at the faculty of medicine – Beni Suef University, Egypt from September 2008 to April 2018. 672 patients with unilateral inguinal hernia participated in the study. 432 were treated using Abdelhamid Technique, 382 of which were unilateral primary inguinal hernia and 50 were unilateral recurrent. 50 patients were treated using Prolene Hernia System (PHS). 50 patients with recurrent hernias were treated using Lichtenstein repair and 140 patients went TAPP with mesh stapling.

**Results:** Abdelhamid technique showed more cost effectiveness than stapling (1800\$ vs 3000\$) , pronounced less recurrence rate in comparison with Liechtenstein and PHS (2% vs 4%), same LOS compared to other techniques and mean operative time of 76 minutes which is longer than stapling (60 mins), Liechtenstein (65 mins) and PHS (55 mins).

**Conclusion:** Abdelhamid technique was a more lengthy operation costing more than open surgery but less than mesh stapling. The recurrence rate is considerably reduced with shorter recovery period. The technique is done with smaller port size that leads to cost reduction

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**Research Article**                      **Published Date:- 2019-01-22**

[Safety of primary common Bile Duct Closure](#)

Primary closure of the common bile duct following exploration has been safely and effectively performed, as advocated by Halsted, provided no evidence of pancreatitis, cholangitis, or ampullary obstruction exists. This study was to gain back confidence to primary closure in selected cases. This study was conducted at Beniswaif University Hospital. Between July 2008 to May. 2014. Using this precedent, the operative management and post-operative course of 19 patients undergoing common bile duct (CBD) exploration for choledocholithiasis were studied, twelve had primary closure of the common bile duct following choledochotomy and exploration, and seven had T-tube placement.

Patients were selected for T-tube if there were pancreatitis, cholangitis, undue trauma, ampullary obstruction. Two patients in that study had bile leak, one in each group. Intravenous fluids were less in primary suture ( $P<0.001$ ). The long of stay were significantly less in primary suture ( $P<0.001$ ). The outcome of this study greatly support the safety of primary common bile duct closure in selected cases.

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**Research Article**                      **Published Date:- 2019-01-14**

[Iarogenic Bile Duct Injuries: Repairs Feasibility](#)

Due to laparoscopic cholecystectomy there is increase in the bile duct injuries. It was 0.2% to 0.4% during open opposed to 0.6% to 0.8% during laparoscopic. Included in the study were 22 patients, 19 patients with two redo operated upon. Between Feb. 1999 to Nov2017 and 3 referral cases. The treatment options were end to end anastomosis and hepaticojejunostomy. Regarding the injuries, according to Stresberg there were 2A .4D injuries with injury in the lateral aspect of the ducts, 8 E1, with hepatic stump > 2cm., 5 E2 with hepatic stump < 2cm. The three referral cases were choledochodoudonostomy E1, and E2. They were treated with si ligation of cystic in two cases, anastomosis in seven cases. The remaining fifteen cases with hepaticojejunostomy .Conclusions: The risk is more proximally. After complex injuries diversion is the best while with simple end to end was acceptable. The insertion of stents has to be individualized according to the situations of each patients and the experience of each surgeon.

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