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Review Article

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[Beginnings of bariatric and metabolic surgery in Spain](#)

Bariatric Surgery (BS) from the Greek bari = weight and iatrein = cure) treats obesity and began in Spain in 1973. Its greatest development occurs after the founding of SECO (Spanish Society of Obesity Surgery) in 1997. The purpose of this work is to reflect the changes that have occurred in these 22 years.

Obesity is a multifactorial epidemic ailment of environmental origin, affecting subjects from all countries, and whose origins are not in the stomach or intestine. It represents a unique case of surgery to operate healthy organs, which are not the cause of the disease and do not improve after the operation.

Henryson [1] initiated Obesity Surgery (OS) in 1952. Kremen & Linner [2] and Varco & Buchwald in Minneapolis, MN teams began the malabsorptive intestinal diversion (ID) in 1954. Payne [3] and Scott [4] developed these ID techniques in the 1960s leaving only 14-4 inches (35-10 cm) as an absorptive zone and those were abandoned in the 1970s because of their serious metabolic (malnutrition) and hepatic (liver failure) complications.

Buchwald [5] initiated the ID of the last third of the intestine for hypercholesterinemia (POSCH) and showed its protective role at 25 years in the development of atherosclerosis. Now it has also been abandoned, not because of lack of effectiveness, but because of the development of nystatin in the medical control of cholesterol. Dr. Henry Buchwald remains active 67 years later, and in 2012 Barcelona was appointed as Honorary Member of the Spanish Society of Obesity Surgery (SECO) and he will participate in Madrid-IFSO 2019. Baltasar [6] published in 1991 the only three ID in Spain for hypercholesterinemia.

First spanish experience

Prof. Sebastián García Díaz of Seville carried out the 1st Scott-type Jejune-ileal diversion (JID) in the Virgen Macarena Hospital on 11.19.1973. He began bariatric surgery in Spain with 12 cases [7-10] and then published 20 more, the 1st work in English by a Spanish author [7] in the World Journal of Surgery in 1981. For this 2nd work he received the award by the Seville Hospital of the Five Sores in 1979 (Figure 1). His work went unnoticed for 40 years until we rescued them in 2013 [11].

Letter to Editor

Published Date:- 2019-11-20

[Hot cholecystectomy](#)

Acute cholecystitis is a common general surgery disease which may require hospital admission. Delayed or early cholecystectomy is the definitive treatment. Availability of theatre slots may postpone cholecystectomy for weeks. I am writing this letter to explain the importance of early cholecystectomy programme and the necessity of support such programme by hospital managers. I will rationalize the concept of such program and its clinical and economic benefits.

There are many strong evidences that early laparoscopic cholecystectomy (ELC) is a better option than delayed laparoscopic cholecystectomy (DLC) for management of acute cholecystitis. For example, a meta-analysis study showed ELC as safe and effective as DLC and it is associated with lower hospital costs, fewer work delay lost and greater patient satisfaction [1]. Furthermore, US Medicare database that include 29818 elderly patients with acute cholecystitis found a higher risk for mortality over the following two years in patients who were discharged without surgery compared with patients who underwent cholecystectomy in the initial hospitalization [2].

The risk of hospital re-admission after first attack of acute cholecystitis has been studied in a population –based analysis of the clinical course of 10304 patients with acute cholecystitis who discharged without cholecystectomy. Such analysis showed that the probability of a gall stone –related A&E visit or admission within 6 weeks, 12 weeks and 1 year was 14%, 19% and 29% respectively [3]. This will increase the gall stone disease burden and decrease patients' satisfaction.

Per NICE guidelines we should offer ELC (to be carried out within 1 week of diagnosis) to patients with acute cholecystitis. Patients who had pancreatitis secondary to gallbladder stones should have laparoscopic cholecystectomy in the index admission [4]. NICE full health economy report showed that ELC burden is 2728.27 in compare to 3686.21 for DLC [5]. Furthermore, 2018/2019 NHS tariff for emergency laparoscopic cholecystectomy is between 6885 to 3872 pounds, while it is 3731 to 2080 pounds only for an elective case.

To sum up, ELC is as safe as DLC with potential lower mortality risk in elderly patients. In addition to eliminate the risk of re-admission after first attack of cholecystitis and decrease health care burden of gall bladder stones disease.

Research Article

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[Acute Appendicitis: Hispanics and the Hamburger Sign](#)

Objective: To describe the presenting clinical findings of patients with acute appendicitis and compare them with those described in the medical literature. To corroborate a common medical myth among Hispanic physicians regarding the presentation of acute appendicitis.

Methods: This was a retrospective multicenter chart review of patients diagnosed post-operatively with appendicitis after presenting to five different Emergency Departments in Southern Puerto Rico (PR).

Results: A total of 1,540 patients with pathologically confirmed cases of appendicitis were enrolled in our study. Of the study population, 45% were female, and 55% were male, and 43% were over 21 years old. Reported symptoms in our study showed that 98% of the patients had abdominal pain, 47% had nausea, and only 17.6% presented with anorexia.

Conclusion: It was our main objective to compare the presenting signs and symptoms of patients with acute appendicitis in our Hispanic population in southern PR with those found in primary medical textbooks and literature. We gathered information regarding signs and symptoms, as well as laboratory and radiographic data of patients with positive pathologic exams for appendicitis. Of the 1,540 patients with confirmed appendicitis, only 17.6% presented with anorexia. Our findings demonstrate that the rate of anorexia in the studied population is significantly lower when compared to current literature. The absence of anorexia, once considered a hallmark of appendicitis, must not lead the physician to rule out this diagnosis in the Hispanic population.

Case Report

Published Date:- 2019-11-06

[A unique case of metastatic spinal epidural abscess associated with liver abscess following ascending cholangitis and Escherichia coli bacteremia](#)

Pyogenic liver abscess (PLA) is a life-threatening infection that may develop as a result of an underlying hepatobiliary disease. A possible complication of PLA is metastatic spread, resulting in distant seeding of infection in other organs, and occasionally in the epidural space. Spinal epidural abscess (SEA) is a rare infection with severe potential complications. We describe a 71-year-old patient who presented with ascending cholangitis that was complicated by micro PLA, with a subsequent *Escherichia coli* bacteremia and metastatic SEA. An emergent surgical intervention with laminotomy and drainage of the epidural collection was performed. The patient was treated with a prolonged antibiotic regimen, with uneventful recovery and no neurologic sequelae. To our knowledge, this is the first reported case of a SEA following *E. coli* PLA.

Case Report

Published Date:- 2019-10-18

[Anterior Abdominal Wall Abscess: An unusual presentation of Carcinoma of the Colon](#)

Background: Colorectal cancer progresses without any symptoms early on, or those clinical symptoms are very discrete and so are undetected for long periods of time. The case reported is an unusual presentation of colorectal cancer.

Case Report: A 60 year old man presented with right sided abdominal swelling. On examination, a well-defined, firm, tender swelling was noted. Computed tomography confirmed the presence of a mass arising from the right colon with infiltration of the right lateral abdominal wall and adjacent collection. An exploratory laparotomy with drainage of the subcutaneous abscess, resection of ascending colon, and ileotransverse colon anastomosis was performed.

Conclusion: A differential diagnosis of carcinoma colon should be considered when an elderly patient presents with abdominal wall abscess accompanied by altered bowel habits or per rectal bleeding, even if there are no other significant clinical symptoms and a thorough investigative work up is required to confirm the diagnosis, to avoid untimely delay in treatment, and reduce mortality.

Review Article

Published Date:- 2019-09-06

[Extremely large hemangioma of the liver: Safety of the expectant management](#)

Hemangiomas are known as congenital vascular malformations that can affect almost any organ or tissue, with the liver being the most common intra-abdominal organ to be involved. It is well known that hemangiomas are the most common benign tumours of the liver, and develop in about 4-20% of people, mainly young adult females. Recently, due to the dramatic rise in the use of imaging studies for different purposes, a parallel increase in the incidence of these tumours has been noticed. Most liver hemangiomas are small (less than 4cm in diameter), asymptomatic and found incidentally during abdominal operation for other indication or on radiologic studies. Giant liver hemangioma is defined as hemangioma with a diameter of more than 5cm. This unique and uncommon type of haemangioma usually poses therapeutic challenges for the treating physician, especially hepatic surgeons, due to the unclear natural history, and due to the risk of life threatening complications is yet to be established. While it is already proved by several studies that conservative management of giant hepatic hemangioma is safe, it is not known whether observation of the extremely large hepatic hemangioma (tumours larger than 10cm) is safe as well.

The aim of this article is to review the English literature to find out if conservative management of the extremely giant liver hemangioma is safe and can be recommended.

Research Article

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[Outcome of laparoscopic varicocelectomy with mass ligation technique for symptomatic varicocele](#)

Background: Varicocele therapy is a controversial issue. No single approach is adopted as the best therapeutic option. Testes get blood supply from testicular artery, cremasteric artery and artery to the vas deference. So ligation of testicular artery in the abdomen do not cause ischemia to the testis. This was already demonstrated in many studies. Classical Palomo varicocelectomy also consists of open ligation of testicular vessels in the retroperitoneum. En mass ligation of testicular vein and artery is technically easy and fast in laparoscopic varicocelectomy (LV). Chance of missing some veins are also less. Henceforth recurrence is also less. Recurrence and post-operative complications are high when only testicular vein is ligated by laparoscopy in the retroperitoneum. We wanted to see the outcome of laparoscopic varicocelectomy by mass ligation technique.

Methods: 56 patients of symptomatic varicoceles were included in the study from the outpatient services. Symptomatic varicoceles of grade 2 to grade 3 were operated from January 2012 till January 2019 over a period of 7(seven) years in Jahurul Islam Medical college Hospital. The patients were selected for dull pain and ugly veins not for infertility. All were operated by laparoscopy with en-mass ligation of testicular vein and artery in the retroperitoneum. They were followed up for a period of six months after surgery. We collected all the data in a retrospective manner.

Results: The average operation time was 27 ± 3 minutes. Average post-operative hospital stay was 32 ± 7 hours. There were no technical failures requiring conversion to open varicocelectomy. There was no incidence of hydrocele formation nor testicular atrophy. One patient of bilateral varicocele had 50% reduction of his varicocele. We considered this a recurrence. All other patient had complete reduction of varicocele. One patient developed hemo-peritoneum due to dislodgement of hemo-clip, which required laparotomy. He did not require any further surgery for his varicocele.

Conclusion: Laparoscopic varicocelectomy with mass ligation technique is safe, effective, less time consuming and easy to perform. Recurrence and post-operative complications are minimum. Plastic hemo-lock should be used rather than titanium heom-clip for ligation of testicular vessels. There is no incidence of testicular atrophy or any adverse effect on testis.

Review Article Published Date:- 2019-07-26

[Subungual exostosis: Pediatric aspects](#)

Subungual exostosis (SUE) is a benign phalangeal tumor of an osteocartilaginous nature [1]. SUE is most commonly diagnosed in children and young adults; most of these lesions are located in the big toe, although they can occur (albeit infrequently) in other toes. We report five observations of SUE described in young children under 10 years and discuss the particularities of this pathology in the pediatric population.

Case Report Published Date:- 2019-07-26

[Carotid artery disease: AngioCT features](#)

The objective of this paper is to emphasis the AngioCT features of carotid dissection/mural hematoma. The image show an internal carotid artery with narrowly eccentric lumen surrounded by a crescent-shaped hypodense mural thickening, with a visibly enhancing vessel wall. The carotid hematoma is a hypodense mural thickening that leads to expansion of the arterial wall, compression of the lumen and release of thrombogenic factors by intimal damage. Hematoma between the intima and media causes vessel expansion diameter and a narrow eccentric lumen. Peripheral hyper density is due to the contrast enhancement of the vasa vasorum in the adventitial layer. The physician should be familiar with the imagiologic features of carotid arterial disease, due to the diferent treatment options.

Review Article Published Date:- 2019-07-22

[Idiopathic post-operative biliary duct system dilatation; potential etiology and management](#)

What is called “idiopathic biliary duct system dilatation” or better to name it “un-explained biliary dilatation” is mostly following surgical procedures related to upper gastrointestinal and hepato-bilio-pancreatic systems. Having such situation, adaptive physiology of the biliary duct system has to be considered and rational has to be explained. The vast multimodal progress in techniques of investigations that has been applied on studying the hepato-bilio-pancreatic system has been utilized to clear the clinical ambiguity of biliary duct system dilatation for no logic reason but missing the correlation between both fields; the technical and the clinical ones. This clinical review is trying to fill this gap and introduce a comprehensive discussion of the subject. Mechanical, biochemical and immune causes constitute a wide diversity of etiology related to biliary system dilatation that in some situations is really difficult to verify clinically. On the least, even we could not verify the etiology we need to identify that reaching a closed road is different than postulating suspicions that never exist. This review is a trial collecting all subject-related data that might be related to etiology mechanisms and utilize to find a correlation rationale. At some point verification of such correlation is really a far target that might be even impossible clinically with availing technical tools and hope in the future could be achieved.

Research Article

Published Date:- 2019-07-22

[ROGAVF STUDY 2019 - Relationship of HbA1C \(GLYCEMIC Control\) on outcomes of AV FISTULAS: A prospective observational study](#)

Objective: The main aim of the study was to compare outcomes based on diabetic control for patients undergoing formation of a new upper limb arteriovenous fistula (AVF). **Research design and methods:** A prospective cohort study was performed where we obtained baseline HbA1c in 65 patients before undergoing AV fistula formation. Patients were followed up at our clinic 6 weeks after creation to assess fistula maturity.

Results: Multiple logistic regression was used to analyze the association between HbA1c status and maturity of AVF at 6 weeks after controlling for possible confounding factors such as age, sex, presence of hypertension and dyslipidaemia. Those with HbA1c less than 6.5 were 22 times likely to have maturity of AVF at 6 weeks as compared to those with HbA1c 6.5 or more (AOR = 22.65, $p < 0.005$)

Conclusion: Good diabetes control, reflected by an HbA1c of less than 6.5, is associated with a very high possibility of AVF maturity at 6 weeks post creation.

Review Article

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[Lecture: “First aid to the population for wounds during accidents, ?atastrophes, natural disasters, and terrorist attacks” for Humanitarian and Technical Universities](#)

1. The concept of wounds.
2. Classification of wounds.
3. Signs of wounds.
4. Factors affecting the course of the wound process.
5. Phases of the wound process.
6. Types of wound healing.
7. Features of wounds in children.
8. First (first emergency) help.
9. Complications of wounds.
10. Specific bite wounds. Notion Treatment. Complications.
11. Snake bites. First aid.
12. Arthropod bites. First aid.

Wounds are called traumatic violation of the integrity of the skin or mucous membranes with possible damage to the deeper tissues.
