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Laparoscopic-Assisted Transumbilical Extracorporeal Resection of Meckel's Diverticulum in 10 years old boy with symptoms of gastrointestinal bleeding

The Meckel's diverticulum (MD) is the most common anomaly of ductus omphaloentericus that surgeon encounters in clinical practice. The accurate incidence is unknown because most patients with the Meckel's diverticulum are asymptomatic. Most studies report an incidence of about 2%. Approximately 4% of patients with the Meckel's diverticulum become symptomatic.

A 10 years old boy, was sent from regional hospital. His symptoms started the day before he was hospitalized and represented as gastrointestinal bleeding, lower abdominal pain and four times vomiting, without fever. Ultrasound and X-ray of the abdomen were normal. Blood findings showed: RBC 3,19, hemoglobin 0,95, hematocrit 0,27. During a physical examination abdomen was palpatory soft, with no presence of the pain. Digital rectal examination showed blood. A scintigraphy pathologic scan showed a focal lesion of the right hemi abdomen consistent with the Meckel's diverticulum.Patient was treated byLaparoscopic-Assisted Transumbilical Extracorporeal Resection of the Meckel's Diverticulum.

Research Article **Published Date:- 2020-01-28**

Lateral Pancreato-Jejunostomy in Chronic Pancreatitis: An appraisal of 32 cases

Background: Lateral Pancreaticojejunostomy (LPJ) has recognized applications in the management of Chronic Pancreatitis (CP). It is done for patients with severe pain, obstructed and dilated pancreatic duct. Ductal obstruction by stone or stricture causes rise of intraductal pressure and parenchymal ischemia. Surgical decompression of the duct and ductal drainage can achieve best pain relieve and slow the progression of the disease. We want to share our experience of removal of stones and strictures from the pancreatic duct system and drainage of the main pancreatic duct by lateral pancreatojejunostomy (LPJ) for chronic pancreatitis in a teaching institute.

Methodology: We studied 32 cases of chronic pancreatitis operated between January 2010 and January 2017 for a period of 7 years. Patients were selected with ultrasonography, CT scan and or Magnetic Resonance Cholangio Pancreatography (MRCP). Dilatation of the main pancreatic duct by at least 7 mm proximal to the obstruction were recruited for operation. We did Roux-Y lateral pancreato-jejunostomy for patients with obstruction of the pancreatic duct due to intraductal stones or strictures. Additional distal pancreatectomy were done in two cases for stones and/or abscess in the tail area. We did one Frey's operation for stone and fibro-calcification of the head. In all cases ductal drainage was accomplished by LPJ. We studied their post-operative pain control, complications, recurrence and improvement of exocrine and endocrine function of pancreas and mortality during this period. We followed these patients for about 2 years after surgery.

Results: We found 27 out of 32 patients got complete remission of the abdominal pain. Their progression of disease also slowed down. Ultrasonic evidence of chronic pancreatitis have improved or resolved. Ductal diameter have decreased. Two had recurrence of stones in the head and in the parenchyma within a year. 2 patients died during this follow-up period. One died three months after LPJ due to massive gangrene of the small intestine distal to LPJ and jejuno-jejunostomy and subsequent short bowel syndrome. Other one died of complications of diabetes and malabsorbtion. Pain free survival is about 84% and recurrence is 6%. Mortality during this follow up period is 6%.

Conclusion: We found that surgery, if done early, can have good remission of abdominal pain and can slow the progression of chronic pancreatitis and prevent further stone formation in majority of patients. Patient's exocrine and endocrine function improves or remain static. Patient with chronic calcific pancreatitis and diabetes are unlikely to have favorable outcome even after decompressive surgery.
