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Case Report

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[Laparoscopic approach for acute right iliac fossa pathology: Our experience](#)

Laparoscopic approach in emergency theatre is an irreplaceable tool to manage patients with acute surgical pathology. We retrospectively reviewed surgical access records from the Emergency Department for acute right iliac fossa pathology. We considered 51 patients (16 male, 35 female, mean age 23.8 years) access for acute right iliac fossa pathology over the last year. 44 patients underwent laparoscopic approach (86%); 8 patients were treated with an open approach. Outcomes evaluation was based on data comparison from open appendicectomy over 4 year time period.

Variables considered for data analyses were: role of laparoscopic surgery for gangrenous/perforated appendicitis, Conversion rate, Laparoscopy appendicectomy for elderly patients.

Our study demonstrated that a laparoscopic approach at acute right iliac fossa pathology is feasible, safe and can offer a low incidence of infectious complications, less post-operative pain, rapid recovery, and represent a valid diagnostic tool in doubtful cases, at the expense of longer operating time than OA. We suggest that LA should be the initial choice for all patients with acute right iliac fossa pathology.

Case Report

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[Acute abdomen as complication of a knee arthroscopy: A case report](#)

A knee arthroscopy in spinal anaesthesia was performed on a 67 years old male patient. During the procedure the patient was hemodynamically stable, until he suddenly turned pale and started complaining of severe pain in lower abdomen with signs of guarding. The procedure was finished as urgently as possible and after releasing the tourniquet we noticed significant difference in volume of the leg, with redness distal to tourniquet. Urgent lab results were essentially unremarkable and the patient was sent for the urgent radiological diagnostics.

CD of the left leg described fluid in the soft tissues of the thigh, scrotum, and abdomen; and the unenhanced CT of the abdomen showed free fluid along the entire femoral shaft of the left thigh, extending towards pelvis and abdomen to perihepatic and perisplenic space, and retroperitoneum, with gas bubbles tracking along anterior aspect of the left thigh into the left retroperitoneum.

He was admitted to the ICU, and within few hours all symptoms have resolved and his further recovery was without complications.

Research Article

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[Intentional replantation of hopeless teeth: Cases series](#)

Intentional replantation is an alternative for the treatment of advanced periodontal destruction of the anterior teeth. Systemically healthy three female patient was referred to our clinic with functional complaints. Diagnosis were chronic periodontitis and class III mobility was noted at the mandibular incisors with complete periodontal attachment loss. After phase I periodontal treatment periodontally involved teeth were extracted, endodontic treatment accomplished, the teeth were replanted and fixed to its place with fiber reinforced composite splint. At the end of 2 years tooth was in function with alveolar bone gain. Intentional replantation provided long-term maintenance of patient's own teeth.

[The role of robotic segmentectomy for non-small cell lung cancer](#)

Segmentectomy may be applied to all segments; superior segmentectomies (lower lobe superior segments for both lungs), lingulectomies (two segments forming lingulas of upper left lobe) and basal segmentectomies (segments other than superior segment for both lungs). In lung segment resections; segmentectomy has an equivalent morbidity, recurrence and survival rate compared to lobectomy, in patients with stage I lung cancer, tumors smaller than 2 cm and within the segmental anatomical limits. Segmentectomy also contributes more to preserving lung function and exercise capacity than lobectomy. In tumor resection; especially in patients with advanced age, insufficient performance or insufficient cardiopulmonary reserve, 2 cm in diameter and acceptable segmental margins may be provided.

Limited long-term results show oncological results of robotic approach similar to open and VATS approaches. Robotic approach facilitates surgery with more intuitive movements, greater flexibility and high definition, three-dimensional vision. However, high cost and lack of touch sense are main disadvantages of robotic surgery. New studies are needed to assess quality of life, morbidity, oncological results and cost effectiveness. However, considering development of technology in our age and fact that many surgical robot brands will be released in the near future, it is predicted that disadvantages of robotic surgery will be minimized in the near future.

This article reviews experience of segmentectomy in non-small cell lung cancer and discusses benefits and limitations of robotic segmentectomy.

[Video-assisted thoracic surgery in advanced non-small cell lung cancer treatment](#)

Non-small cell lung cancer is one of the leading causes of cancer-related mortality worldwide. Despite recent advances in adjuvant treatments, surgical resection is basis of treatment. With the development of minimally invasive surgery in thoracic surgery, surgeons work on minimally invasive surgery for advanced stages of lung cancer, previously considered non-operable at all or previously considered non-operable with minimally invasive surgery approach.

Minimally invasive surgical techniques which are routinely used in the surgical treatment of early-stage lung cancer have started to be treated in more complicated and advanced stages of lung cancer. Bilateral anatomic resections, operations after neoadjuvant chemotherapy, bronchial sleeve lobectomies, double sleeve lobectomies, complementary pneumonectomies, and carinal sleeve resections can be performed by minimally invasive methods. The option of video-assisted surgery should be considered with oncological principles at foreground if patients have acceptable lung and cardiac performance conditions with minimal comorbidities.

This study reviews VATS experience in patients with advanced-stage lung cancer worldwide and discusses potential benefits and limitations of using VATS technology to perform thoracic surgery procedures.

[Anticipation of difficulty during laparoscopic cholecystectomy](#)

Background: Laparoscopic cholecystectomy (LC), is one of the most commonly performed surgical procedures worldwide, it is accepted as the gold standard in the treatment of symptomatic gallstones for its minimal invasiveness, less pain and early recovery.

Purpose: To predict the difficulty of laparoscopic cholecystectomy in patients according to the recently published scoring system and select the difficult cases to be done by a senior surgeon.

Patients: This is a prospective cohort study. This study took place Oct 6th University Hospital and Kasr El Aini Hospital, Cairo university; the study involved 120 patients admitted with calcular cholecystitis, arranged for laparoscopic cholecystectomy.

Methods: Laparoscopic cholecystectomy after applying the scoring system.

Results: In our study we found that age, sex and ultrasonographic data were significant predictive factors for assessment preoperatively difficult cases that will be operated upon. We found 14 patients above 50 years who scored to be difficult and very difficult were at outcome difficult, only three patients converted to open surgery over fifty.

Conclusion: We can report that obese patient who were over fifty with history of previous upper abdominal surgery and ultrasonographic picture showed thick walled GB and pericholecystic collection had high risk of conversion. At this study scoring system was used for prediction of difficult laparoscopic cholecystectomy sensitivity was 93.75% and specificity was 52.94% of the scoring system at score 5 for prediction of easy or difficult laparoscopic cholecystectomy.

Review Article Published Date:- 2020-07-24

[Leakage after sleeve gastrectomy: Endoscopic stenting VS surgical intervention](#)

Background: Laparoscopic sleeve gastrectomy (LSG) is becoming more popular in the treatment of obesity. LSG is safe with a low morbidity. The complications rarely result in morbidity and even mortality. Leaks are the major complication associated with LSG with a reported prevalence between 1.9% and 2.4%.

Objective: To compare surgical intervention and endoscopic stenting for treatment of gastric leakage after sleeve gastrectomy.

Patients and method: Our study included 30 patients presented with post sleeve leaks discovered by routine postoperative imaging or during the follow up period. Patients were recruited from October 6th university hospital during the period from August 2017 to August 2019. Patients were divided to the following groups: 1) Endoscopy group: This included 15 patients with post sleeve leakage undergoing endoscopic stent insertion. 2) Surgery group: which included 15 patients with post sleeve leak age undergoing surgical management. This division was random.

Results: Our study showed that Endoscopic stenting for management of post sleeve gastrectomy leakage is an effective method with lower morbidity and shorter post-operative hospital stay than surgical management. Some patients may be good candidates for early surgical intervention in type 1 leakage if managed early before dissemination of leakage and before tissues become friable. Complications of stents include stent migration (26%), stent related ulcer (13%) and stricture (13%). while the surgical intervention carries more complications (DVT, chest infection, wound infection and stricture) and longer postoperative hospital stay.

Conclusion: endoscopic management of post-sleeve gastrectomy leakage with stenting is recommended because it successfully manages the leaks and avoids invasive procedures with less risk, with shorter hospital stay and early return of function.

Case Report Published Date:- 2020-07-21

[When conservative treatment in trachea laserations?](#)

Introduction: The tracheobronchial injuries are usually fatal and some of the lucky people can reach emergency services without dying in the place of trauma. They can cause severe symptoms which can be lifethreatening. This type of injuries must be taken carefully and need to decide fast what treatment you going to give.

Case report: We present a 53 years old patient who has been stabbed during a fight and got his trachea ruptured. His complaints shortness of breath and neck swelling. He can be treated conservatively with bronchoscopic and clinical evaluation.

Discussion: Tracheobronchial injuries are life-threatening and the airway must be secured first. They can be treated conservatively in some cases. CT can be useful but fiberoptic bronchoscopy is the key in diagnosis.

Conclusion: Although early treatment of tracheal lacerations is urgent surgery, it is reported that these injuries can be treated with conservative methods under appropriate conditions.

Case Report

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[Acute necrotising pancreatitis masquerading as psoas abscess: A report of two cases](#)

Acute pancreatitis is commonly diagnosed clinically, with its classical presentation of upper abdominal pain, backed by raised serum levels of enzymes amylase and lipase. However, unusual presentation of this common surgical emergency as a psoas abscess is a rare finding which can lead to missed diagnosis with a fatal outcome.

We present here two such cases of acute necrotising pancreatitis masquerading as psoas abscess, with no classical clinical symptoms and only mildly raised levels of serum amylase and lipase. The region of pancreas involved by necrosis influenced the site of presentation of the psoas abscess. In the first case, acute necrotising pancreatitis involving head and neck of pancreas presented as psoas abscess presenting in the right lumbar region, while the left side collection due to pancreatitis involving body and tail of pancreas manifested as an abscess in left flank.

While evaluating the aetiology of a psoas abscess, a differential diagnosis of necrotizing pancreatitis should be kept as a possibility.

Research Article

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[Atypical Ductal Hyperplasia: Factors predicting upstaging to carcinoma](#)

Aim: Percutaneous core needle biopsy (CNB) is considered the gold standard technique for initial histological diagnosis of suspicious breast lesions seen on screening mammogram, but it is less reliable for diagnosing atypical ductal hyperplasia (ADH) due to significant rates of diagnosis upstaging to malignant disease after excision biopsy. The purpose of this study was to identify factors that predict diagnosis upstage to carcinoma in patients diagnosed with ADH on core biopsy.

Methods: A retrospective database search identified 52 consecutive CNB of suspicious breast lesions revealing pure ADH. Inclusion criteria included asymptomatic women presenting for screening mammogram, who subsequently underwent surgical excision. Logistic regression analysis evaluated clinical, radiological, and histological factors.

Results: A total of 52 patients with ADH on CNB were identified who met our criteria. Twenty-six of 52 patients (50%) were upstaged to ductal carcinoma in situ or invasive carcinoma, based on histological interpretation of the surgically excised specimen. Lesion size was showed to be a statistically significant predictor on univariable logistic regression analysis. Multivariate logistic regression analysis revealed Asian ethnicity and lesion size as independent predictors of malignancy ($p = 0.050$ and 0.011 , respectively). Conversely, women of Middle Eastern and European origin and lesions < 15 mm on mammography were negative predictors of malignancy.

Conclusion: Lesion size ≥ 15 mm on mammography and Asian ethnicity are independent risk factors for breast carcinoma in asymptomatic patients diagnosed with ADH on CNB.
