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Totally Laparoscopic High Anterior Resection With Natural Orifice Specimen Extraction (NOSE) for sigmoid carcinoma.

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Laparoscopic surgery has been gaining worldwide acceptance albeit the learning curve involve in this minimally invasive technique. Laparoscopic colorectal resection presents a real challenge to surgeons and has been gaining popularity despite a steeper learning curve. In laparoscopic colorectal resection a mini-laparotomy is required to extract the specimen, which may increase post-operative pain, wound infection, a bigger scar and other pain related complications. Here, we described a technique for retrieval of the colonic specimen via a natural orifice for a 78 year old lady who had sigmoid carcinoma and underwent a total laparoscopic high anterior resection, hence avoiding a mini-laparotomy for retrieval of the specimen. The sigmoid tumour is mobilized medially to laterally following pneumoperitoneum and the inferior mesenteric vessels divided laparoscopically. The bowel distal to the tumour is transected using a stapler and the tumour is retrieved transvaginally by making an incision over the posterior fornix of the vagina. Tumour is then resected and the anvil of the circular stapler is inserted into the proximal colon before returning it into the abdomen. The vaginal is closed via intracorporeal suturing. Anastomosis was then completed using the circular stapler inserted via the rectum. Postoperative recovery was uneventful. Pain score was reported to be VAS 0 to 1. She was allowed liquids on the 1st postoperative day and resume normal diet on the 2^{nd} day. She was discharged on the 5^{th} post-operative day. Our experience with this technique showed that it is feasible for selected patients and patient satisfaction was good.

A young girl with recurrent GI symptoms

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We are illustrating an interesting case of 23-year-old girl who initially presented with bowel obstruction symptoms that led to laparotomy. During the laparotomy, multiple enlarged mesenteric lymph nodes, inflamed bowel from duodenal junction, mildly inflamed appendix were noted. Appendicectomy was performed. HPE of the lymph nodes showed reactive hyperplasia cells. However, a month later, she presented again as her symptoms had not resolved. She complained of colicky abdominal pain, vomiting and diarrhea that persisted even after the surgery. She also had poor appetite and 7 kg weight loss in 1 month. Connective tissue disease screening- ANA and DsDNA were positive. Colonoscopy was performed and revealed features of colonic vasculitis. Mesenteric angiogram was also performed and showed features consistent with vasculitis. Urine analysis showed microscopic haematuria. The diagnosis of systemic lupus erythromatosus (SLE) with gastrointestinal (GI) and renal involvement was made and the patient was treated with intravenous methylprednisolone. Her symptoms improved with the treatment and currently on oral prednisolone. This interesting case illustrates an unusual presentation of SLE.

Hepatic Adenomatosis

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Hepatic adenomatosis is a rare, benign tumour of the liver. It was first described by Flejou et al in 1985[1] as multiple adenomas in an otherwise normal liver parenchyma. Although benign, it can present a diagnostic challenge because the lesions can be difficult to distinguish from other benign or malignant hepatic tumours. Patients can be asymptomatic and the diagnosis may only be made incidentally. We describe a case of 40-years-old Malay lady who was found to have hepatomegaly during investigations for primary infertility. Ultrasound and computed tomography of the abdomen revealed a complex left ovarian cyst with multiple liver lesions involving both lobes. Biopsy of the liver lesion showed features of hepatic adenomatosis. Literature review was done and the proposed management of this patient is discussed.

References

1. Flejou JF, Barge J, Menu Y, et al. Liver adenomatosis: an entity distinct from liver adenoma? Gastroenterology 1985; 89: 1132-1138

Hashimoto's Thyroiditis in Hepatitis C Patient Treated with Pegylated Interferon and Ribavirin

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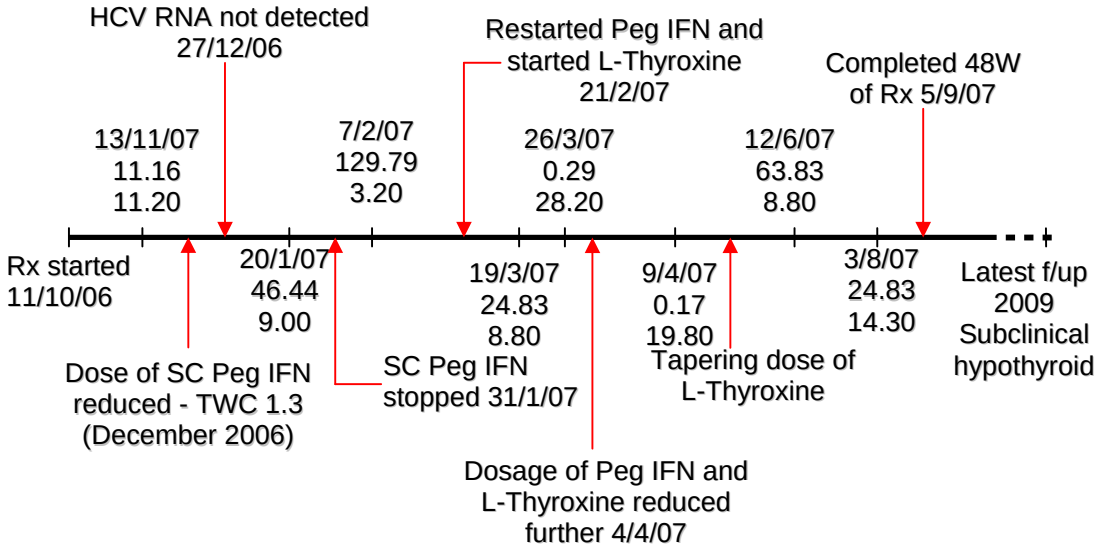
Interferon (IFN) in combination with ribavirin therapy for chronic hepatitis C virus (HCV) has been associated with thyroid dysfunction, especially in women and pre-existing overt thyroid or autoimmune disease. We report a 35-year-old man with chronic HCV infection, genotype 1 and viral load of >1 million copies/ml. Liver biopsy showed a fibrotic score of 3/6 (based upon Ishak score). The autoimmune and thyroid function test (TFT) baseline screening was normal. He was started on Pegylated Interferon alpha-2a 180mcg/wk and Ribavirin 1.2gm daily for 48 weeks. After one-month of treatment he developed hypothyroid symptoms complicated by neutropenia. The dose of pegylated IFN was reduced after further deterioration of TFT. The subsequent progression of the patient's condition is shown below:



Antithyroid autoantibodies screening showed thyroglobulin antibody 6400 (<100) units/mL and antimicrosomal antibody 409,600 (<100) units/mL. A diagnosis of Hashimoto's thyroiditis induced by IFN-alpha and ribavirn therapy was made. The patient responded to withdrawal of treatment and thyroid replacement therapy. However, his biochemical abnormalities persisted despite discontinuation of treatment for more than six months.

Iatrogenic Esophageal Perforation: Management Option

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Esophageal perforations are surgical emergencies and has been described as the most rapidly fatal and serious perforation of the gastrointestinal tract. Most esophageal perforations are iatrogenic, caused during instrumentation associated with potentially devastating complication. Prompt recognition and treatment of the injury is the key to avoiding death of the patient due to rapid development of overwhelming sepsis. However, the management of esophageal perforation from any cause remains controversial.

We present a case of iatrogenic esophageal perforation who undergone a rigid esophagoscopy for investigation of dysphagia. . CT scan confirmed a lower esophageal perforation with incidental finding of abdominal aorta aneurysm. An emergency esophageal resection and wide drainage were performed. The clinical presentation, investigation and management option discussed.