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ABORDUL TRANSPLEURODIAFRAGMATIC LAPAROSCOPIC AL CHISTELOR HDIATICE HEPATICE DE SEGMENT VII

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Localizarile chistelor hepatice, cu precadere a chistelor hidatice hepatice in sectorul posterior, respectiv, segmentul VII, dificil de abordat in chirurgia „conventionala" deschisa sau laparoscopica, care frecvent necesita sacrificii parietale semnificative, uneori adevarate „demolari", poate beneficia de un abord laparoscopic atipic, securizat, cu rezultate bune atat pentru pacient cat si pentru chirurg, cu un impact minimal, ce favorizeaza o vindecare repida si o reintegrare socioprofesionala precoce. Abordul transpleurodiafragmatic utilizand „Dispozitivul pentru aspiratia chistuui hidatic hepatic sau al chistului de ovar" (OSIM Brevet 120809/30.04.2008, Inventator – Dan Sabau) in asociere cu dispozitivul de fragmentare a continutului chistic, cu performante deosebite (OSIM Brevet no. 120810/30.04.2008, INventator - Dan Sabau) este cea mai adecvata metoda de solutionare a problemelor generate de aceasta localizare posterioara, care devine astfel accesibila pentru chirurgi, chiar si cu o minima experienta in chirurgia laparoscopica sau toracoscopica. Numarul relatic redus de cazuri (3), nu permite decat formularea unor concluzii preliminare asupra metodei, care ramane sa fie validata de rezultate ulterioare. Keywords: chist hepatic, laparoscopie, abord transpleurodiafragmatic, segment VII.

THE TRANSPLEURODIAPHRAGMATIC LAPAROSCOPIC APPROACH OF LIVER HYDATID CYSTS OF VIITH SEGMENT

The localizations of liver cysts, and particularly of hydatid cysts, in the posterior hepatic dome (segment VII), difficult to approach in "conventional" open or laparoscopic surgery, with significant parietal sacrifices and "demolition", require a secure atypical laparoscopic approach, with positive results for both patient and surgeon, with minimal impact, with social and professional reintegration and faster healing. Transpleurodiaphragmatic laparoscopic approach using the "Device for aspiration of liver hydatid cyst or ovarian cyst" (OSIM 120809/30.04.2008 Patent – Dan Sabau) associated with the remarkable performances of the fragmentation device for hydatid cyst content (OSIM Patent no. 120810/30.04.2008 - Dan Sabau) is the best way to approach these problems, accessible for surgeons with minimum experience in laparoscopic and thoracic surgery. The relatively low number of cases allows only the formulation of preliminary positive conclusions on the method; they are to be validated by subsequent results. Keywords: hepatic cyst, laparoscopy, transpleurodiaphragmatic approach, segment VII

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REZECȚIE LAPAROSCOPICA A CHISTULUI LIENAL NEPARAZITAR

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LAPAROSCOPIC RESECTION OF NONPARASITAR SPLENIC CYST

Introduction: Nonparasitic splenic cysts are rarely disease, and may be congenital or post-traumatic in origin. Traditional management includes total or partial splenectomy, partial cystectomy with marsupialization, percutaneous drainage, and sclerotherapy. A laparoscopic technique used to minimize the risk of splenic loss and cyst recurrence is presented.In the current study, we aimed to evaluate the laparoscopic management of patients with non-parasitic splenic cysts together with their long term follow up progresses.Methods: The cases of 5 patients who underwent surgery for spleen cysts at our hospital over the last 12 years from 1998 to 2010 were analyzed. There are 1 male and 4 female. The mean age was 31 (25 - 36). Symptoms included left upper quadrant pain and there was no history of trauma. Diagnosis was based on ultrasonography (US), and computed tomography (CT) findings. The mean size of cysts was 12 (8 – 15) cm. All patients were managed with laparoscopic partial cystectomy using the diathermic monopolar cutting of the cyst wall and hemostasis by coagulation.Results: All patients had an noncomplicated postoperative course and were discharged home within 3 – 5 days. Operative time was 35 – 90 min., and blood loss was minimal. Pathology finding was a epithelial (mesothelial) cysts. One case (the second of) the operation was finished by laparoscopic splenectomy immediately after resection of the cyst. Decision for splenectomy was caused to marginal bleeding and insufficiency of experience in this kind of procedure. Consecutive follow up in 10 years showed the hyperplasia (6 cm. in diameter) of accessory spleen (initial 1cm. in diameter) in this patient. One patient underwent laparoscopic procedure repeat in two years, but in 3th procedure the spleen was removed because recurrence and infecting of the cyst. Conclusion: 1.Laparoscopic splenic cystectomy can be performed safely. 2.This technique preserves the spleen and minimizes the risk of recurrence of the cyst.