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TRATAMENTUL LAPAROSCOPIC A CHISTURILOR RENALE SIMPLE

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THE LAPAROSCOPIC TREATMENT OF SIMPLE RENAL CYSTS

IntroductionThe options for managing renal cyst have considered consecutive increasing of trauma. The first line of therapy recommended for pain is medical therapy and follow-up; the second line are the ultrasound guided percutaneous aspiration and sclerotherapy; laparoscopic approach transabdominal or retroperitoneal; open surgery for decortication or nefrectomy.The experience of laparoscopic renal cyst resection was evaluated in 18 patients in the period of 1997 to 2011. Diagnostics was based on clinical findings, ultrasonography, CT, radiological examination. Materials and methodsA 18 cases of renal cysts were included in study. Prior to operation intravenous urography was performed to all patients for detection of cystic – urinary tract communications. There are 12 male and 6 female. The mean age was 48 (21 - 61). The indications for surgery included right or left loion or abdominal pain in 14; 4 cases were asymptomatic. The mean size of cysts was 6,5 (5 – 15) cm. Anatomic localisation of renal cysts was at lower pole in 4 (22 %), upper pole in 6 (33 %), ventral 6 (33 %), dorsal 2 (11 %); on the right 12(67 %); on the left 6 (33 %). In 2 cases cysts were bilateral. The surgical technique are included conventional laparoscopy by umbilical telescope and two working trocars in the right or left hipohondrium, dissection of paranefral peritoneum, punction-aspiration of cyst, resection and removing of cystic capsule, placement of control drainage tub in paranefrium. The mean operation time was 42 min. (30 – 110 min.). In 2 cases the operation was performed simultaneously with laparoscopic colecistectomy caused on gallstone disease. Results All procedures were completed laparoscopically without major complications or conversion to open surgery. The hospital stay of patients was for a mean 3 days (2 - 5). None of patients had urinoma, haematoma and urinary tract infection during the follow-up time. No recurrence cysts was detected.Conclusions1. The laparoscopic treatment of renal cysts might be performed for cysts of size 5 – 15 cm. and more. 2. In case of combined pathology - gallstone disease and renal cyst the procedure may by performed simultaneous. 3. Laparoscopic resection of simple renal cysts is a highly effective, safe and minimally invasive alternative to open surgery.

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TRATAMENTUL LAPAROSCOPIC AL ULCERULUI DUODENAL PERFORAT ÎN ROMÂNIA - UN STUDIU MULTICENTRIC

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Aims. This retrospective study was evaluated the results of laparoscopic treatment of the perforated duodenal ulcer (PDU) in 6 Romanian centres with an important experience in laparoscopic surgery.Methods. Between 2000 and 2010, 221 patients (38 females and 183 men) aged from 18 to 78 years, were operated laparoscopicaly for PDU, by using 3 (66.0%), 4 (27%) or 5 (7.0%) trocars. Forty six (20.8%) of them had a weak, 143(64.7%) an important and 32(14.5%) a grave peritonitis. Procedures performed were: simple suture 84(38.1%) patients, suture with epiplonoplasty 135(61.1%) patients, only epiplonoplasty 1(0.4%) patients, excision with suture 1(0.4%) patients. All patients had abundant peritoneal cavity washing and tub drainage (1-3 tubs).Results. The interventions lasted between 30 and 120 min, with an average of 63 min. No mortality was reported. Postoperative oral nutrition began after 24 hours for 114(51.6%) patients and after intestinal transit has restarted for 107(48.4%) patients. The intestinal transit has restarted after 1-6 days (average 3.5 days), depending of the gravity of peritonitis. Complications were: parietal infections 3 (1.3%), duodenal fistula 1 (0.4%), abdominal abcesses 1(0.4%), digestive haemorrhage 1(0.4%) and duodenal stenosis 1 (0.4%). Hospitalization lasted between 2 and 13 days (average 5.5 days). In comparison with open techniques, patients had the same intravenous perfusions, less pain, less antibiotics, less dressings, less complications during postoperative evolution. Conclusion. Laparoscopic treatment of PDU is safe even in case of severe peritonitis, with faster patient's recovery. with less complications and with less postoperative medical care than open procedures.

THE LAPAROSCOPIC TREATMENT OF PERFORATED DUODENAL ULCER IN ROMANIA – A MULTICENTRIC STUDY

Aims. This retrospective study was evaluated the results of laparoscopic treatment of the perforated duodenal ulcer (PDU) in 6 Romanian centres with an important experience in laparoscopic surgery.Methods. Between 2000 and 2010, 221 patients (38 females and 183 men) aged from 18 to 78 years, were operated laparoscopicaly for PDU, by using 3 (66.0%), 4 (27%) or 5 (7.0%) trocars. Forty six (20.8%) of them had a weak, 143(64.7%) an important and 32(14.5%) a grave peritonitis. Procedures performed were: simple suture 84(38.1%) patients, suture with epiplonoplasty 135(61.1%) patients, only epiplonoplasty 1(0.4%) patients, excision with suture 1(0.4%) patients. All patients had abundant peritoneal cavity washing and tub drainage (1-3 tubs). Results. The interventions lasted between 30 and 120 min, with an average of 63 min. No mortality was reported. Postoperative oral nutrition began after 24 hours for 114(51.6%) patients and after intestinal transit has restarted for 107(48.4%) patients. The intestinal transit has restarted after 1-6 days (average 3.5 days), depending of the gravity of peritonitis. Complications were: parietal infections 3 (1.3%), duodenal fistula 1 (0.4%), abdominal abcesses 1(0.4%), digestive haemorrhage 1(0.4%) and duodenal stenosis 1 (0.4%). Hospitalization lasted between 2 and 13 days (average 5.5 days). In comparison with open techniques, patients had the same intravenous perfusions, less pain, less antibiotics, less dressings, less complications during postoperative evolution. Conclusion. Laparoscopic treatment of PDU is safe even in case of severe peritonitis, with faster patient's recovery. with less complications and with less postoperative medical care than open procedures.
