ORIGINAL RESEARCH PAPER

General Surgery

LOOKING INSIDE WITH DIAGNOSTIC LAPAROSCOPY: THE THERAPEUTIC DILEMMA

KEY WORDS:

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ABSTRACT

Diagnostic laparoscopy is a minimally invasive surgical procedure used to examine the abdominal and pelvic cavities for potential sources of pain or other medical conditions. The procedure involves inserting a laparoscope, which is a thin tube with a camera and light at the end, through a small incision in the abdomen. This allows the surgeon to view the internal organs and tissues in the abdominal and pelvic cavities. Chronic abdominal pain is a common and often challenging medical condition that can be caused by a wide range of factors, including gastrointestinal, gynaecological, urological, and musculoskeletal conditions. Despite extensive diagnostic testing, many patients with chronic abdominal pain remain undiagnosed, leading to frustration and decreased quality of life. In recent years, diagnostic laparoscopy has emerged as a valuable tool in the diagnosis and treatment of chronic abdominal pain. Diagnostic laparoscopy is commonly used to diagnose conditions such as endometriosis, pelvic inflammatory disease, adhesions, and ovarian cysts. It is also used to evaluate infertility and to assess the extent of cancerous tumors. The procedure is performed under general anesthesia and typically takes between 30 minutes to an hour to complete. Recovery time is usually quick, with most patients able to return to normal activities within a few days. Here we present to you a case of chronic pain abdomen who when underwent diagnostic laparoscopy, showed a completely different picture from the CECT abdomen and pelvis findings.

INTRODUCTION:

One of the main benefits of diagnostic laparoscopy is its minimally invasive nature. Because the procedure involves only small incisions, it generally results in less pain and scarring than traditional open surgery. Additionally, because the laparoscope provides a clear view of the internal organs, it allows for more accurate diagnoses and more targeted treatment plans.

Complications:

Diagnostic laparoscopy is generally considered safe, but as with any surgical procedure, there are potential risks and complications. These can include bleeding, infection, damage to nearby organs, and adverse reactions to anesthesia.

Case Presentation:

A 13 years old female came with right iliac fossa pain since 3 days. Pain was insidious in onset, dull aching type, on and off, non progressive, aggravated on movements and coughing and during menstruation, relieved with medications. Patient had similar complaints 4 months ago when she consulted multiple local Doctors for the above mentioned complaints but to no avail.

Patient also had associated nausea and no other positive symptoms.

She is a known case of Type I Diabetes Mellitus since 5 years on treatment. No other known comorbidities.

Her LMP was on 22/11/22. She attained menarche at 11 years of age with irregular menstrual cycles initially and has now become regularized. Patient did not give H/O paasing excessive bleeding or passage of clots during menstruation.

On Per abdomen examination, mild tenderness was present in the right iliac fossa and right hypochondrium and no other abnormalities were found.

On Biochemical and Hematological examination, Random blood sugar levels were 479mg/dL

Patient was being managed with a working diagnosis of

1) Acute Appendicitis with Haemorrhagic cyst of right ovary
2) ?Pain abdomen secondary to DKA
3) ?Pain abdomen secondary to UTI

CECT Abdomen and pelvis done on 05/10/22 showed a few well defined hyperdense foci in the segment 7 of right lobe of liver. Left ovary was normal; right ovary measured 8cms x 2.4cms with a hyperdense lesion measuring 2.6cms x 1.8cms in the right iliac fossa suggestive of ?Right Ovarian hemorrhagic cyst. Redundant Sigmoid was noted and pulled up caecum with ileocecal junction in the subhepatic portion. Appendix was visualized and multiple sub centrimetric mesenteric lymph nodes were noted with largest measuring 15mmx8mm.

Endocrine opinion was taken in view of diabetic management and OBG opinion was taken in view of CT findings. Pediatrics fitness was attained in view of diagnostic laparoscopy.

Patient was taken up for Diagnostic laparoscopy and proceed on 29/11/22 after adequate diabetic control and attaining all fitnesses.

Intraoperatively, the findings were as following:

1) Uterus was found to be anteverted and deviated to left side
2) Left ovary and fallopian tube were attached to the uterus and were normal
3) Rudimentary uteric horn of around 2x2cms present in the right side

4) Right fallopian tube and ovary attached to the right end of the rudimentary horn
5) Right ovarian cyst of 1cmx1cm present and was punctured
6) Appendix was found to be subhepatic and was normal in size and appearance

DISCUSSION:

Rudimentary uterine horn is a rare condition which occurs in 1:76000 women. It is a developmental anomaly caused by defective Mullerian Duct Fusion present in 75% of unicornuate uterus. It may or may not be connected to the unicornuate uterus and may not have a functional endometrium or cavity. Uterine horn with a functional endometrium is at risk of dysmenorrhea, infertility or ectopic pregnancy. It can present as pelvic pain or infertility. Treatment of rudimentary horn is removal of the horn. Intraoperatively, pediatric surgery and gynecology opinions were taken. Gynecology advised to retain the right rudimentary uteric horn as the patient was a minor and removal of the non functional uterus can be done only after attaining 18 years of age. Appendix was normal in appearance hence appendicectomy was not done. Adhesions were present between caecum and anterior peritoneum-adhesiolysis was done.

Patient was discharged on POD # 3 and has been on follow up after then. Karyotyping was done for the patient and was normal. Patient's attenders were explained about the need of regular follow up with Gynecologist and Endocrinologist. Patient, for the first time, is pain free in 4 years. The "Dilemma" is to be revisited when the girl turns 18!

CONCLUSION:

In conclusion, diagnostic laparoscopy is a valuable tool in the diagnosis and treatment of abdominal and pelvic conditions. Its minimally invasive nature and ability to provide a clear view of internal organs make it a preferred option for many patients and physicians. If you are experiencing abdominal or pelvic pain or have been diagnosed with a condition that may require diagnostic laparoscopy, it is important to discuss the risks and benefits of the procedure.

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