

XXV National Congress of the "Società Polispecialistica Italiana dei Giovani Chirurghi"
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LAPAROSCOPIC MANAGEMENT OF INTRA-ABDOMINAL CYSTIC MALFORMATION IN CHILDREN

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Objective: Abdominal cysts represent a heterogeneous group of disorders which differ in the organ from which they originate, nature, etiology and clinical manifestations. In recent years, minimally invasive surgery has revolutionized his surgical treatment in infancy and childhood. In an attempt to establish a best diagnostic and treatment modality, we report our experience dealing with intra-abdominal cysts during last 8-year period comparing with the review.

Methods: In our Department between January 2005 and January 2013 were performed 2500 laparoscopic and video-assisted procedures, of this 104 was related to abdominal cystic neoformations. Seventy-one presented ovarian cystic, the remaining cases intestinal duplication, mesothelial cysts (liver, mesenteric, spleen and diaphragm), and lymphocele (4 cases including 2 post-traumatic).

Results: The laparoscopy not only is a useful tool for therapeutic, but is used as a diagnosis modality in patients in which extensive evaluation with various imaging modalities does not lead to a definitive diagnosis. The surgeon decides which therapeutic approach is the most appropriate: laparoscopy, video assistant laparoscopy, or open laparotomy. The surgical treatment involves the complete excision of the lesion and in the case of lymphocele fenestration, marsupialization or partial affected organ resection (hepatic resection or partial splenectomy).

Conclusion: Laparoscopic management is safe, feasible and effective and should be the treatment of choice for cases intra-abdominal cystic in children. It is crucial and provides definitive diagnosis and treatment at the same time.

LAPAROSCOPIC GASTRIC PLICATION WITH INTRAOPERATIVE ENDOSCOPY: A GUIDE FOR A CORRECT NEW BARIATRIC PROCEDURE

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Objective: Aim of the present video was to report our experience in LGP, presenting the role and all the advantages of intraoperative endoscopy.

Methods: The field of bariatric surgery is continually evolving. Laparoscopic gastric plication (LGP) is a new spermental bariatric procedure developed with the intent to offer the same effect of sleeve gastrectomy in gastric restriction without the same degree of risk. In this video we present our experience in LGP with intraoperative endoscopy. The surgical procedure consist in a complete mobilization of the fundus and body, followed by an invagination of all the greater curvature of the stomach, maintained by a full-tickness suture, from angle of His down to 4-5 cm from pylorus, in order to create a large intraluminal gastric fold.

Results: The present video shows our combined technique, with the endoscope left in place during all the plication procedure like a calibration tube to ensure a patent lumen, and well documents the role of endoscopy like a guide for the surgeon in terms of size of the gastric fold; a guide in terms of shape of the gastric lumen and a guide for a correct suture and position of full-tickness bite.

The video also is completed by a post-operative 6 months endoscopical evaluation, to assess the appearance of the fold and plication durability.

Conclusions: In our preliminary experience intraoperative endoscopy is a mandatory combined procedure during LGP to achieve all the necessary information for a correct surgical procedure. The endoscopic evaluation also represent a fundamental step during follow-up, considering also the spermental phase of this surgical procedure.

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DISTAL PANCREATECTOMY WITH SPLENECTOMY PERFORMED WITH ROBOTIC SYSTEM

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Objective: In the last decade, Robotic surgery has advanced remarkably. It seems to overcome many of the deficiencies of conventional laparoscopic technique. However its widespread in pancreatic surgery is still limited. We aim to present a video of Robotic-assisted distal pancreatectomy

Methods: In this video we present a 50-year-old-female patient with a tumor in the tail of the pancreas. Imaging confirm the presence of a growing hypodense and heterogeneous mass of 4,5 cm in size. Some liver masses were detected as well. The subsequent eco-endoscopy study with fine needle biopsy showed an epithelial tumor. Immunohistochemistry confirmed its neuroendocrine nature.

Results: The patient underwent surgery after one year of neoadjuvant chemotherapy. A Robot-assisted distal pancreatectomy with splenectomy was performed.

Herein we focus the attention in the most important steps of this approach.

Conclusions: This video shows the feasibility and efficacy of robotic system performing this type of surgery.

HEPATIC RESECTION WITH SIMULTANEOUS LIVER VEIN RECONSTRUCTION WITH AND WITHOUT HYPOTHERMIC PRESERVATION

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Objective: The liver resection surgery of recurrent hepatic tumors involving the hepatic venous flow is a real challenge procedure for both the surgeon and patient.

In some selected cases resection offers the best chance of healing, requiring resection and reconstruction of hepatic veins in order to achieve a good outflow. In fact, a suboptimal outflow may prejudice the function of the remnant liver.

It has been successfully used technical progress developed for vascular reconstruction in living donor liver transplantation for resection and reconstruction of tumors involving the hepatic venous outflow.

Methods: In this video two procedures are showed regarding two patients with combined liver and vascular resection of the extra hepatic venous outflow with subsequent reconstruction, which were affected by intrahepatic cholangio carcinoma and recurrent colorectal liver metastases with and without hypothermic protection

Results: Two different techniques are described in this video with the most important steps of both procedures.

Conclusions: Both approaches are effective and reliable allowing an oncologic resection of both tumors.

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ROBOTIC-ASSISTED ULTRA LOW RECTAL RESECTION

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Objective: Laparoscopic rectal surgery for low rectal cancer continues to be challenging, because this approach has several limits. Nowadays, robotic assisted rectal surgery is gaining in popularity and may address these limitations. In this video we show a robotic assisted ultra low resection for rectal cancer.

Methods: We present a case of a 54-years-old female with a low rectal adenocarcinoma (6 cm from anal verge). Pelvic RMN and eco endoscopy staged the tumor as a T2N1 with a PET TAC SUV of 11.4. After quemo-radiotherapy a robotic-assisted ultra low rectal resection was planned.

Results: In the video are showed the most important steps with some tips of this technique.

Conclusions: The development and implementation of new robotic technologies brings to the minimally invasive techniques several advantages that can overcome some of the limitations of the laparoscopic approach, providing a three dimensional imaging, a greater instrumental movement and tremor filtering of the surgeon.

**ROBOTIC RESECTION OF PARACARDIAL AND PREPYLORIC GASTROINTESTINAL
STROMAL TUMOURS**

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Objective: Surgical resection with negative margins is the treatment of choice of gastrointestinal stromal tumors (GIST). The video presents 3 cases of robotic wedge resections.

Methods: Patients were 42, 44 and 78 years old with a gastric GIST located at the antrum, immediately proximal to the pylorus in one case, and on the posterior gastric wall near the oesophago-gastric junction in the remaining two cases. Diagnosis was performed with CT scan, endoscopic ultrasound and biopsy. With patients in dorsal decubitus and open legs, one optical supraumbilical trocar, three 8 mm robotic trocars in left and right hypocondrium and two accessory trocars in the left flank were inserted. Intraoperative ultrasonography confirmed the exact localization of the lesion. In the proximally-located GIST, mobilization of the greater curvature was realized with sectioning of short vessels; a gastrotomy was then performed and the tumour resected by harmonic scalpel. The gastrotomy was closed by two-layer absorbable running sutures.

Results: Operative time was 180 minutes, blood loss was negligible, no complications occurred. Oral feeding was started on third postoperative day after a negative radiographic contrast study, and patients were discharged on fourth postoperative day. Histopathological examination confirmed the diagnosis of GIST and the negative margins of the surgical specimens.

Conclusions: Robotic resection of gastric GIST is a feasible and safe procedure. Robotic assistance allows precise dissection of tumors located in the paracardial and prepyloric region, and facilitate fine surgical gesture as gastric wall suture.

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RIGHT HEPATECTOMY WITH LIVER TRANSECTION PERFORMED WITH THE AID OF A NEW LAPAROSCOPIC RADIOFREQUENCY DEVICE

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Objective: Role of new technologies in minimally invasive surgery of the liver.

Methods: Video shows a robotic right hepatectomy. With liver transection performed with the aid of a new laparoscopic radiofrequency device including water-jet. Saline-linked radiofrequency energy runs to the tip of the electrode to couple RF energy to the liver surface and achieve coagulation.

Results: Robot-assisted surgery overcomes laparoscopic limitations, increasing the indications to minimally invasive approach to major hepatectomy. Robot endowrist instruments allow precise reconstructions such as. biliary and vascular anastomoses and accurate parenchyma-preserving resections.

Conclusions: Robotic assisted procedure and new minimally invasive devices improves parenchymal resection results.

A CASE OF A RARE CARCINOSARCOMA OF THE LUNG WITH A MASSIVE ENDOLUMINAL BRONCHIAL GROWTH

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Objective: We describe the case of a man carrier of an expansive lesion of the left lung fully obstructing the left main bronchus. He was proposed for pneumonectomy, but disobstruction of the main bronchus by rigid bronchoscopy allowed the identification of the real origin of the tumor from culmen. Therefore an upper lobectomy was performed instead of pneumonectomy. Histological examination showed a carcinosarcoma of the lung.

Methods: A 65 year old man, smoker, suffering from diabetes and hypertension, was hospitalized for thoracic pain, cough and dyspnoea. CT-scan showed a pulmonary expansive lesion fully obstructing the left main bronchus. A complete recanalization of the left main bronchus and the lower lobar bronchus was achieved by laser and coring through a rigid bronchoscope.

Results: The surgical resection was limited to the upper lobe. The absence of tumor infiltration on the resection margins was verified by frozen samples. Definitive histological examination described a malignant tumour of the lung with a squamous component mixed to a sarcomatoid one.

Conclusions: In this report carcinosarcoma, an uncommon tumor of the lung, showed a massive, pedunculated, endobronchial growth. Only a complete recanalization by rigid endoscopy allowed the punctual identification of the site of tumor origin, permitting to spare the lower lobe, which was not really infiltrated by the tumor. It can be stated that, in selected cases, endobronchial disobstruction should be attempted in order to reduce the extension of lung resection.

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**USE OF THE HARMONIC SCALPEL IN THE RESECTION OF A T4N0 LUNG
ADENOCARCINOMA OF LEFT UPPER LOBE INVADING THE ANTERIOR MEDIASTINUM**

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Objective: This video shows an en-bloc resection through a cervico-sternal approach of a T4N0 lung adenocarcinoma of the apical segment of LUL. The mediastinal dissection was carried out using the harmonic scalpel.

Methods: Past medical history consisted of a left carotid stent positioned 3 years before, with complete obstruction of the contralateral. The patient performed a chest XR because of weight loss and dyspnoea. A CT scan showed a retrosternal 6 cm lesion infiltrating the left anonymous vein: a thymic carcinoma was suspected. In contrast, the CT-guided FNAB was diagnostic for primitive lung adenocarcinoma, TTF1 positive. The staging was negative for distant disease. The patient received induction chemotherapy and re-staged with CT and PET-CT that showed a significant reduction in dimensions and metabolic enhancement. The patient was considered suitable for surgical resection.

Results: Initially a left laterocervical incision was carried out to isolate the jugular vein and to individuate the jugular-subclavian angle. Sternotomy and mediastinal dissection was performed with the harmonic scalpel. Despite antiaggregation therapy, minimal blood loss occurred. The en-bloc resection of tumour with closure of anonymous vein was achieved. The brachiocephalic trunk and the left carotid artery were dissociated from the tumor as well as the retrosternal plane. Frozen section analysis of the retrosternal mediastinal tissue was negative for neoplastic infiltration (post-chemotherapy fibrous scar). The apicodorsal segment of LUL was resected en bloc together with the mediastinal tissue.

Conclusions: The patient did not need the postoperative ICU and was discharged in 6th postoperative day.

EX VIVO LUNG PERFUSION

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Objective: Lung transplantation represents the only therapy for selected patients with end-stage lung diseases. The number of patients on the waiting list has progressively increased and exceeds the number of available organs. The ex vivo lung perfusion (EVLP) is a new therapeutic strategy that allows to recover lungs considered suboptimal on initial evaluation and expands the pool of potential donors.

Methods: After the standard harvest procedure, the donor lungs are reconditioned in an extracorporeal circuit with a hyperoncotic solution combined with methylprednisolone, antibiotics and heparin. Simultaneously, lungs are gradually warmed and ventilated until to achieve the physiological conditions. The EVLP generally is maintained for maximum six hours, evaluating PaO₂, PaCO₂, delta PaO₂ and pulmonary compliance. The lungs are considered suitable for the transplantation when an improvement of all parameters occurs.

Results: We performed our first successful single lung transplantation after EVLP in September 2012 in a 63 year-old-man with idiopathic pulmonary fibrosis. The donor was a 59 year-old-woman dead because of a subarachnoid hemorrhage. The last value of PaO₂ before the harvest was 289 mmHg on FiO₂ = 1.0. The value of delta PaO₂ after four hours of EVLP was 505 mmHg. No perioperative complications occurred and the patient discharged on 15th postoperative day.

Conclusions: Ex vivo lung perfusion may have a significant impact on lung transplantation by expanding the donor organ pool and improving the quality of organs.

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