

Case Report

Laparoscopic Cholecystectomy on Complete Situs Inversus: About a Case, how does it Work?

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Abstract

Implementation places the trocars in front of this "mirror organ effect" intra-abdominally. Preoperative diagnosis is facilitated by the additional examinations cited in our observation.

Keywords: Situs inversus; Laparoscopy; Cholecystectomy

Introduction

Laparoscopy has become the gold standard in the treatment of symptomatic gallstones. We had the chance to operate on a patient by laparoscopy for symptomatic gallstones with a complete situs inversus discovered preoperatively. This situation made us change our laparoscopic approach by the introduction of trocars using the French method which facilitated the cholecystectomy. It has to be noted that only twenty cases have been published so far [1].

Observation

BN patient, 46 years old, with no specific history admitted through the consultation for treatment load of symptomatic vesicular lithiasis. The story of the disease seems to go back several days ago by the installation bar epigastric pain with vomiting what motivated the patient to consult. A series additional examination has been carried out. An abdominal ultrasound objective the presence of a situs inversus (the spleen is located in the right hypochondrium and the liver is located in the left hypochondrium with a vesicle gall bearing many stones, the largest of which measures 8 mm, the main bile duct free [2-4]. To confirm the diagnosis of complete situs inversus, a telethorax has been performed which shows dextrocardia (Figure 1).

Telethorax from the front in the left flank, a 5 mm trocar at the level of the flank right for the gripper (the operating aid is placed on the patient's left). We realized our cholecystectomy (Figure 2) after careful release and meticulous of multiple epiploic adhesions; the intervention took us longer than usual given the situation unusual gallbladder.

Discussion

The complete situs inversus is a rare situation which requires an

easy diagnosis by a simple telethorax and an abdominal ultrasound. The laparoscopic approach of complete cholecystectomy on situs inversus requires special attention seen "the mirror effect of the organs" intra-abdominally. The placement of the trocars by the French method facilitated cholecystectomy; for the surgeon, it requires a certain dexterity and vigilance gestures for the difficulty and variation of the anatomy (Figure 3).

Conclusion

Laparoscopic cholecystectomy on situs inversus is a rare intervention by its particular approach given the variation of anatomy; however the French position facilitates cholecystectomy on this type of anatomical variation.



Figure 1: Dextrocardia.

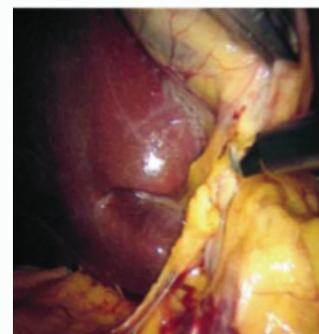


Figure 2: Intraoperative image.

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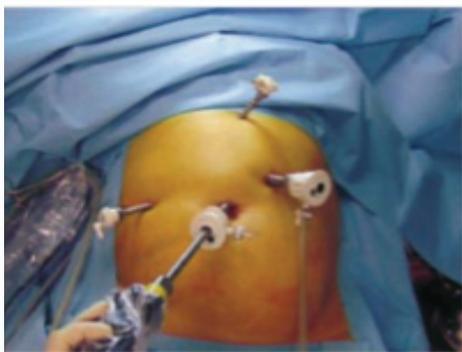


Figure 3: Position of the trocars.

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