Surgery

Preoperative combined ultrasonography and sestamibi scintigraphy is an accurate measure in preoperative localization of hyperparathyroidism

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Aim: is to detect the importance of combination of Ultrasonography and Sestamibi scintigraphy in the preoperative localization of patients with hyperparathyroidism to increase the adoption of minimally invasive Para thyroidectomy techniques.

Methods: A Prospective study included 30 patients who were admitted to Ain shams University Hospitals between January 2016 and January 2018. These patients were biochemically proven to have hyperparathyroidism in a non-randomized non controlled clinical trial. All patients underwent bilateral four gland exploration.

Results: The efficacy of the preoperative localization studies has been prospectively evaluated and correlated with intraoperative finding, pathological examination of removed gland and post-operative calcium level and parathyroid hormone level.

Conclusion: The combined Ultrasonography and Sestamibi scintigraphy in the preoperative localization of patients with hyperparathyroidism is accurate 90% of cases so we recommend the combination of preoperative ultrasonography and sestamibi scanning in predicting the location of pathological parathyroid glands in patients with hyperparathyroidism.

Splenic flexure mobilization at laparoscopic high anterior resection for cancer rectum; is it necessary?

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Background: it is acknowledged that laparoscopic colectomy for left sided colorectal cancer is the most common surgery operated in laparoscopic colorectal surgeries. However the most debatable question in such type of operations that is it mandatory to do splenic flexure mobilization (SFM) or not? In literatures, colorectal surgeons divided into 2 teams, those favouring SFM in laparoscopic left colorectal resection to have tension free, well vascularized anastomosis believing in that sigmoid colon is not suitable for anastomosis and the mobilization itself doesn’t take significant operative time with considerable lower leakage rate. Aim of Study: Compare between splenic flexure mobilization and non-splenic flexure mobilization during laparoscopic-assisted high anterior resection for patients with high rectal cancer regarding operative time, oncological safety and perioperative outcomes.

Patients and Methods: Twenty-seven patients with high rectal cancer were randomly assigned to SFM and non-SFM groups. Study outcomes were the operative time, Intraoperative leakage detected by air-leak test and postoperative leakage detected clinically and radio logically, Postoperative Ischemic colitis detected by endoscopy, oncological outcomes including tumor T stage, number of harvested lymph nodes, safety margins involvement, perineural invasion.

Results: Twenty-seven patients underwent laparoscopic high anterior resection for cancer rectum. Patients were grouped into Splenic flexure mobilization group (13 patients) and Non-SFM group (14 patients). No significant difference was found between the 2 groups regarding mean blood loss or the outcome of intraoperative air leak test, the operative time was longer in SFM group (234.78 9 mins vs 196.13 7 mins in Non-SFM group). No difference between the 2 groups for postoperative anastomotic leakage.

Conclusion: Selective SFM could be done safely in laparoscopic high anterior resection for cancer rectum. Further studies that determine the adequate length of colonic conduit are required.

Anterior component separation versus posterior component separation with transversus abdominus release in abdominal wall reconstruction for incisional hernia repair

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Aim: This prospective randomized trial compares the Results of Anterior Component Separation Procedure versus Posterior Component Separation with Transversus Abdominus Release in repair of Incisional Hernias.

Methods: This study included 40 patients who underwent surgical repair for Midline Incisional Hernias with defects larger than 5 cm in width, between March 2016 and October 2017 at Ain Shams University Hospitals. Patients were randomly assigned to surgical procedures. Patients in group I (n = 20) underwent Anterior Component Separation (ACS), and Patients in group II (n = 20) underwent Posterior Component Separation with Transversus Abdominus Release (PCS with TAR).

Results: In Group I(ACS), Wound Morbidity significantly exceeded that in group II (PCS with TAR) that 10 patients in group I(50%) developed surgical wound infection compared to four patients (20%) in group II. As regard Wound Dehiscence, Seven patients in group I had this Sequelae while two patients in group II had Wound Dehiscence. Hernia Recurrence occurred in seven patients (35%) in group I but only one patient (5%) in group II developed this.

Conclusion: PCS with TAR provides equivalent Myofascial advancement with significantly less wound Morbidity when compared with ACS.

Genetic study on the effect of human mesenchymal stem cell on hepatoma cell line (HuH7)

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In this study, the gene expression of some cancer-related genes was measured to differentiate between two types of therapeutic