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THE ROLE OF LAPAROSCOPY IN UNCERTAIN DIAGNOSIS OF ACUTE PAIN IN THE RIGHT ILIAC FOSSA

Essay for Partial Fulfillment of M.Sc.
Degree In General Surgery

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INTRODUCTION

Introduction

Laparoscopy is a good tool in the management of many pathological condition in elective and acute cases. Laparoscopy is used in diagnosis of cases of right lower abdominal pain especially in females, while it could diagnose other pathological conditions affecting small and large bowel **(Paterson-Brown et al, 1989).**

appendicitis is the commonest pathology that explains right iliac fossa pain **(Addiss et al, 1990).** Other conditions could be presented with right iliac fossa pain especially in females **(Spirtos and Eisenkop, 1987).**

The widespread acceptance of the technique has been largely propelled by public awareness that laparoscopic surgery is associated with less pain, short hospital stay , quick return to normal activities and better cosmotic results **(Mori et al, 1995).**

Acute appendicitis is a common general surgical problem that may be difficult to diagnose. Laparoscopy is an excellent aid in diagnosis and laparoscopic appendectomy can be performed easily. Laparoscopic appendectomy is becoming much more attractive as it allows outpatient or overnight stays in the hospital and enables the patient to return normal activity in few days without discomfort and disfigurement **(Zaninotto et al, 1995).**

HISTORY OF LAPAROSCOPIC SURGERY

Aim of the Essay:-

The aim of this essay is directed to show the importance of laparoscopy in diagnosis of different pathological conditions associated with right lower abdominal pain.

History of Laparoscopy

The broad field of endoscopy of which laparoscopy is specialized component had its earliest beginning with light transmitter developed by Bassini 1905 of Frankfurt who visualized the interior of the urethra in the human by using candle light and tube as an endoscope **(Gunning and Rosenzweig, 1991).**

Credit for the origin of laparoscopy is usually given to George kelling, who was first to examine the abdominal cavity with an endoscope, this milestone reported in 1901 was performed in a living dog using a cyctoscope. Kelling named the procedure "Koeliskope". **(Stellato,1992).**

The famous gynecologist was the first to introduce endoscopic inspection of abdominal cavity in 1901, he inspected the abdominal cavity with the help of head mirror and of speculum introduced into the colposcopic opening although Von OTT termed his method "Ventroscopy", it is considered the forerunner of modern culdoscopy procedure **(Harrison, 1980).**

Kelling later reported his experience in human, the first major series of laparoscopy in man is attributed to Jacobaeus 1911. Efforts were not confined to examining the abdomen but also the thorax, his initial experience with this procedure was restricted to patients with ascites but he later expanded its indications one hundred fifteen examination of the chest and abdominal cavities, were performed in 72 patient laparoscopic

identification of tuberculosis and malignancy were reported in this major clinical publication **(Stellato, 1992).**

Bernheim 1911 of American Hospital described a procedure termed "Organoscopy" for visually diagnosing the abdominal state. He used an electeric head lamp and proctoscope inserted into the epigastrium to view the stomach, gallbladder and liver **(Harrison, 1980).**

In 1912 Nordentoeft of Copenhagen used a "Oatendoscope" view the pelvis of female cadavers he utilized the Trendlenburge position. In 1914 , external illumination was introduced by Roxccacilla of Itlay, who designed an instrument with the light source outside of the body reflected through a trocar into the viewing angle were not sufficent to prompt acceptance of this method **(Marlow, 1976) .**

A pyramidal trocar point was designed by Orndoff of United States in 1920, its use facilitated trocar introduction through the abdominal wall , he used oxygen to provide a viewing compartment. Zolikofer of Switzerland Hospital in 1924 used CO_2 to produce pneumoperitoneum. Leacking of the gas from around the trocar was reduced with development of rubber trocar basket by Stone in the United States 1924 **(Guning,1974).**

A landmark paper was published by Roddoch 1937 who titled his report "Peritoneoscopy", detailed a personal experience of 500 cases over a four years period in this series, 39 biopsies

were taken, one of the earliest report of laparoscopic biopsy **(Stellato, 1992).**

The major improvements in the development of laparoscopy instrumentation occurred in 1952 when presented their "cold light" fiberglass illumination , this provide intense lighting within the abdomen at low temperatures free of potentially traumatic heat, the second advance of this period was the development of telescopes by Hopkins and other optical design of the new telescopes, that gaves much clearer brighter image and truer colour motion-picture filming in colour and closed-circuit television become possible and were produced in 1966 **(Marlow, 1976).**

In Germany Kurt Semm 1977 incorporated new techniques of fiberoptic and careful control of intra-abdominal pressures into instrumentation widely used **(Ishida, et al 1981).**

Despite the technical advance allowing for safe and improved laparoscopy, general surgeon have been related to use this procedure until relatively recently acceptance of laparoscopy into general surgery awaited. The development of the computer television camera in 1980 which allowed videolaparoscopy to be performed. The role laparoscopy has changed since the 1970, when its use in early diagnosis was stressed. In 1980 it use for therapeusis has been emphasized and encouraged **(Schreber, 1987).**

ANATOMY OF VISCERA IN RIGHT ILIAC FOSSA

In 1960 laparoscopic appendectomy was first described by "Semm" and was initially limited to incidental appendectomy performed at the time of gynecological laparoscopy or to appendectomy for chronic appendicitis **(Semm, 1983).**

As familiarity developed , the technique was further refined and indication extend to equivocal cases of appendicitis and finally to known appendicitis **(Gangal and Gangal, 1987).**

Some of major personalities and technologic milestones that hare shaped laparoscopy from it organ in 1901 to present vidiolaparoscopy are given **(Stellato, 1992).**