ROLE OF LAPAROSCOPY IN ACUTE ABDOMEN

An Essay
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In general Surgery

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Introduction

Acute abdominal pain is a common cause for presentation to the emergency room. Clinical examination sometimes fails to yield a diagnosis, particularly when the symptoms and signs are compounded by obesity. Blood investigations may be diagnostic in some cases, but they simply indicate the presence of an inflammatory process. Radiology may suggest a diagnosis, but it has a false-negative rate (Gloash and Wilson, 2005).

Acute abdomen is characterized by sudden appearance of abdominal complaints, So the surgeon has to decide whether to operate immediately, to treat conservatively or to observe the patient. In spite of new diagnostic developments such as ultrasonography, computed tomography (CT), surgeon may open the abdomen without a clear diagnosis. This situation is changing in surgical community: a proper pre-operative diagnosis can lead to better and more specific surgical treatment and improve approach (Cuesta et al., 2008).

In patients with symptoms of acute abdomen with no specific localization, Mid-line laparotomy is the classical approach. But surgeon finds the incision was too long e.g. starting with an upper median laparotomy and finding a perforated appendix),Or misplaced(stating with a McBerny incision to approach the appendix and finding a perforated duodenal ulcer. In other patients, the problem could have been treated conservatively or laparoscopically (Cuesta et al., 2008).

Diagnostic laparoscopy may be a key to solve the diagnostic dilemma of unspecific acute abdomen. Furthermore, it allows not only direct inspection of the abdominal cavity but also surgical intervention, if needed. In particular the rate of negative laparotomies can be reduced (Keller et al., 2006).

Laparoscopy can be also used effectively in management of some acute abdominal cases such as acute appendicitis, acute cholecystitis, perforated peptic ulcer and evacuation of pelvic abscesses (Cuesta et al., 2008).

The advantage of laparoscopy seems not only cosmetic, but also the decrease in operative trauma, wound infections and incisional hernias (Ahmad et al., 2001).

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