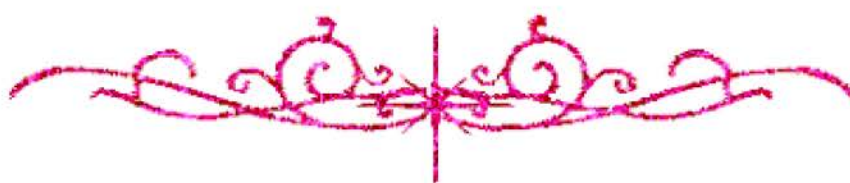


سامية محمد مصطفى



شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



سامية محمد مصطفى



شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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بالرسالة صفحات لم ترد بالأصل



COMPARATIVE STUDY OF LAPAROSCOPIC VARICOCELECTOMY AND OPEN HIGH LIGATION

*Thesis submitted for partial fulfillment of
M. Sc. Degree in General surgery*

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2001

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ (سورة الجاثية)

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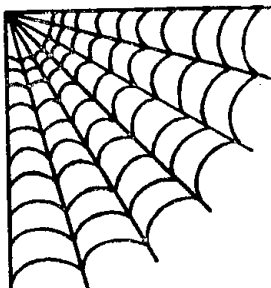
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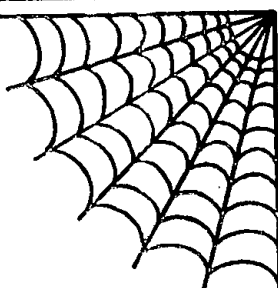
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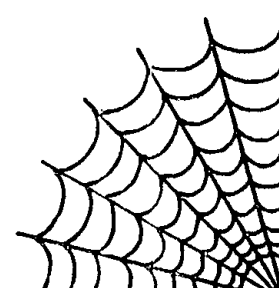
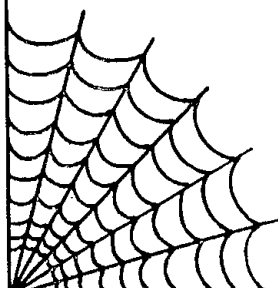


HISTORICAL BACKGROUND OF VARICOCELE



Varicocele observed by Gelsus in the first century A.D. and described it when the veins of pampiniform plexus are swollen and twisted over the testicle (*Howards, 1984*). However, Copper in 1828 recommended the scrotal support with suspensory bandage as a treatment. The first surgical treatment of varicocele by placing a wire loop around the dilated veins reported by Barwells in 1885. While Douglas in 1921 and Compbled in 1928 did not recommended operative treatment. But Tuloch in 1952 reported that varicocele ligation restored spermatogenesis.

Palomo in 1949 reported retroperitoneal approach and Ivanessevich in 1960 reported inguinal approach. In 1991 laparoscopic varicocelectomy was introduced as a new minimally invasive methods (*Donovan and Winfield 1992*).



INTRODUCTION AND AIM OF THE WORK

INTRODUCTION

Varicocele is an abnormal tortuosity and dilatation of the testicular veins within the spermatic cord. It is the most correctable cause of male infertility (*Dubin and Amelar 1971*).

It occurs in about 15% of the male population and constitutes about 41% of male infertility (*Berger 1980*).

There are still much controversy regarding the actual causes of varicocele. (*Howards, 1984*).

The diagnosis of varicocele has been made for years by physical examination of the scrotum and many additional techniques are utilized for the diagnosis of a sub-clinical varicocele including doppler stethoscope, thermography nuclide scan, ultrasonography, and venography.

The main indications of surgical treatment of varicocele are infertility, pain and reduced testicular size (*Nagler and Zipp 1991*).

There are different modalities in the treatment of varicocele which are: operative, including scrotal approach, inguinal approach (*Ivanissevich Approach 1960*), reteroperitoneal approach (*Falomo 1949*) and microsurgical treatment (*Marmer et al., 1985*) and non-operative, including