سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

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

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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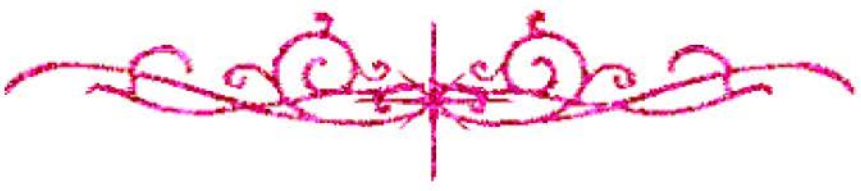
بعض الوثائق الأصلية تالفة



سامية محمد مصطفى

شبكة المعلومات الجامعية

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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بسم الله الرحمن الرحيم

" لله ملك السموات والأرض
يخلق ما يشاء يهب لمن يشاء إناثا
ويهب لمن يشاء الذكور (٤٩) أو
يزوجهم ذكرانا وإناثا ويجعل من
يشاء عقيما إنه عليم قدير (٥٠) "

صدق الله العظيم

سورة الشورى (الآيات ٤٩ - ٥٠)

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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 tourtusoity 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 **(Palomo 1949)** and microsurgical treatment *(Marmer et al., 1985)* and non-operative, including