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شبكة المعلومات الجامعية

# بسم الله الرحمن الرحيم



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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



## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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# بعض الوثائق الأصلية تالفة





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# بالرسالة صفحات لم ترد بالأصل





# **DIAGNOSTIC AND THERAPEUTIC ROLES OF LAPAROSCOPY IN ACUTE ABDOMEN**

(Essay)

Submitted For Partial Fulfillment Of The M.SC.  
Degree In General Surgery

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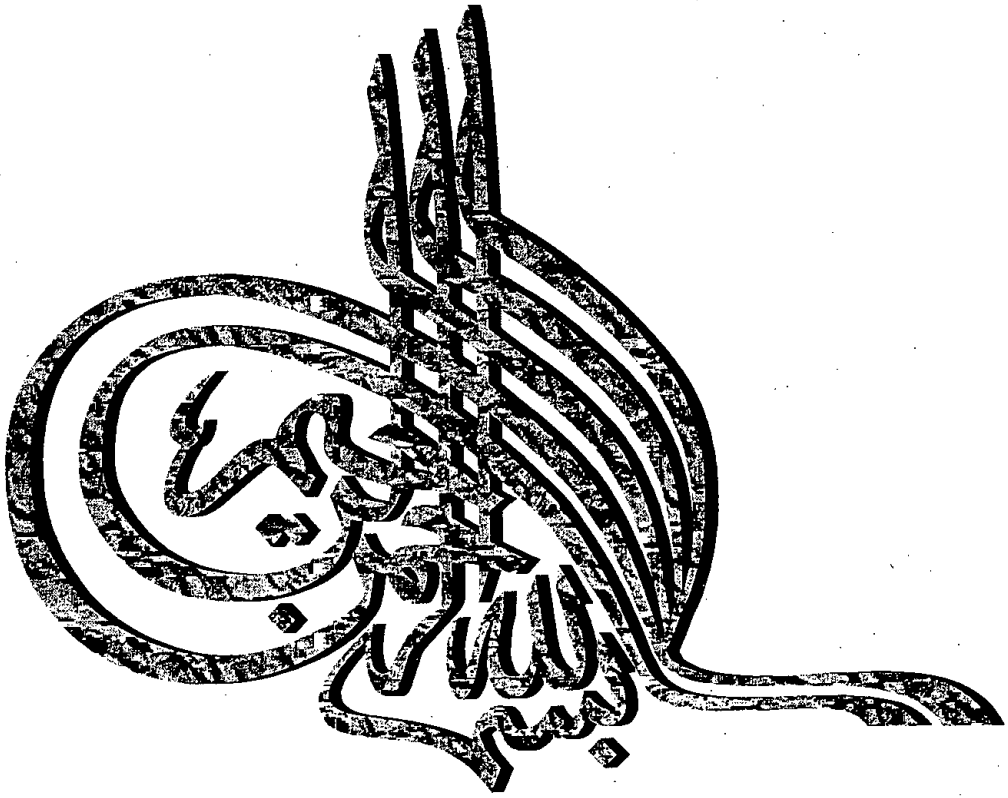
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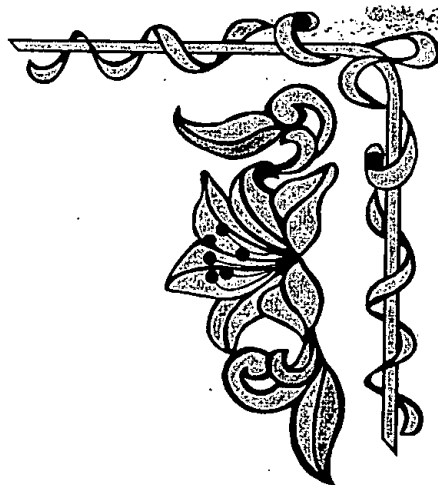
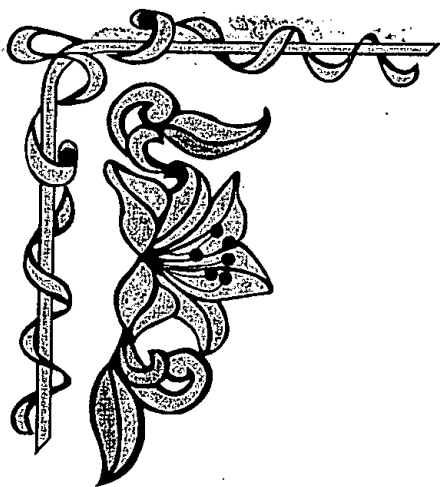
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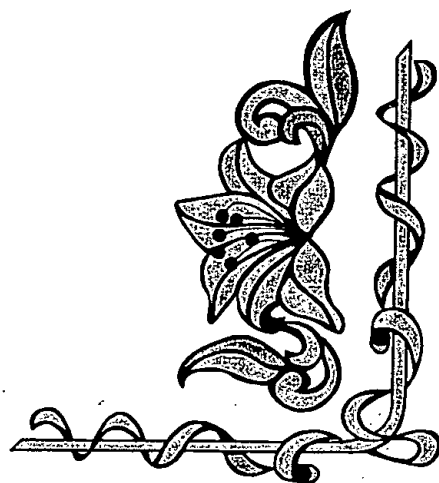
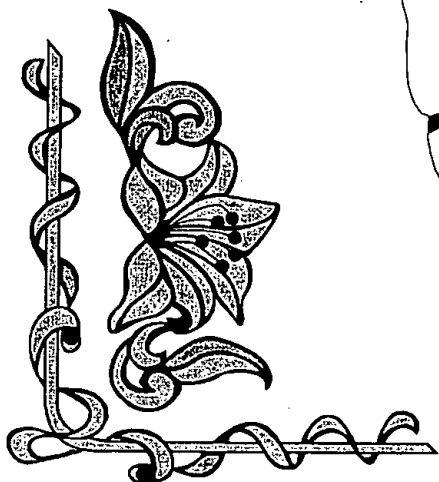
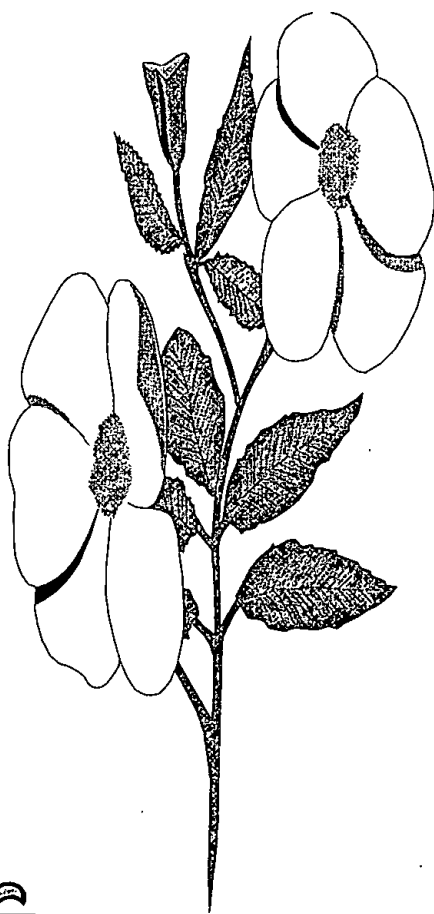
﴿وَعَلَّمَكَ مَا لَمْ تَكُن تَعْلَمُ وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا﴾

"صدق الله العظيم"

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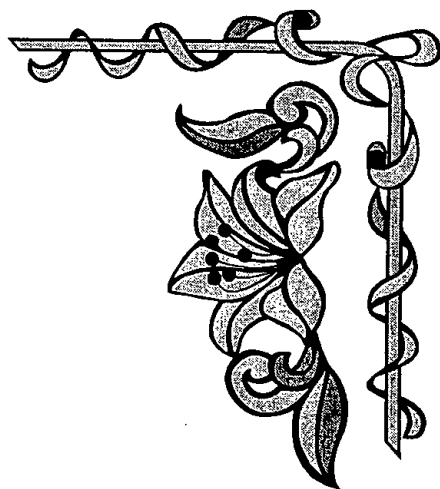
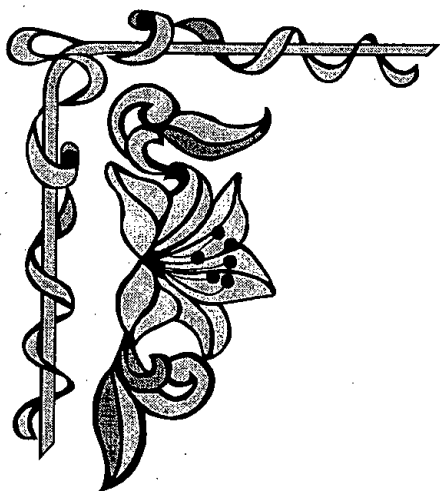
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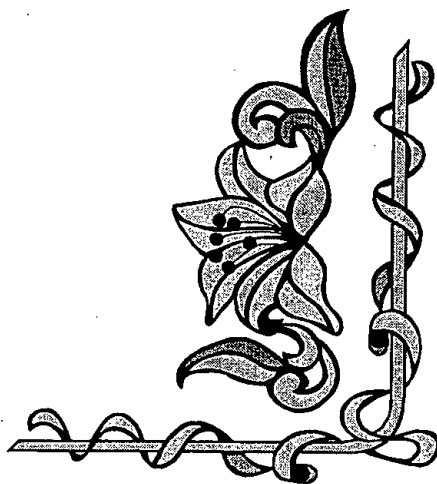
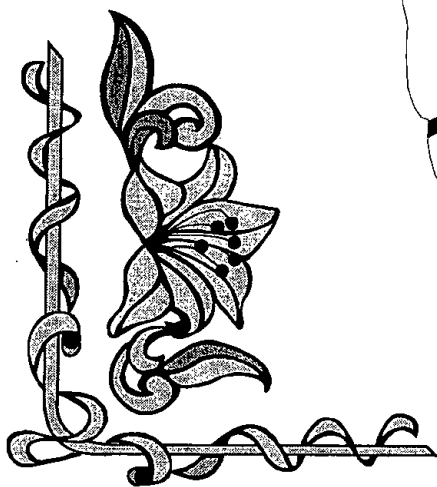
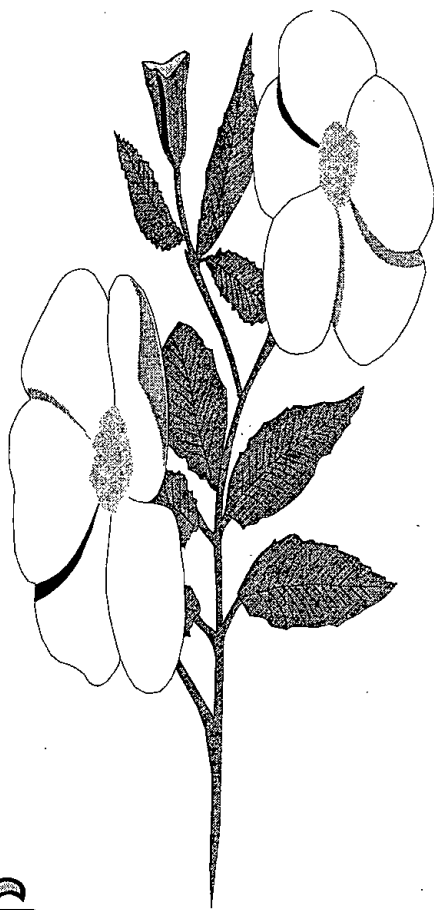
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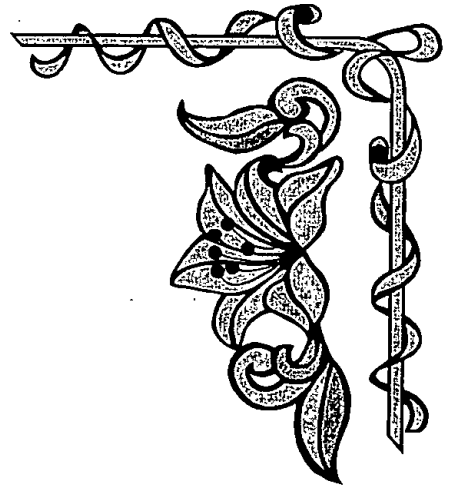
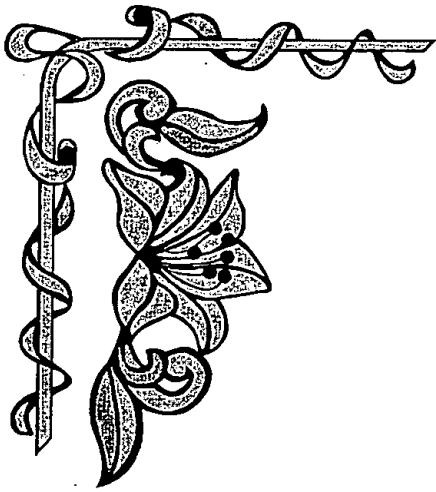
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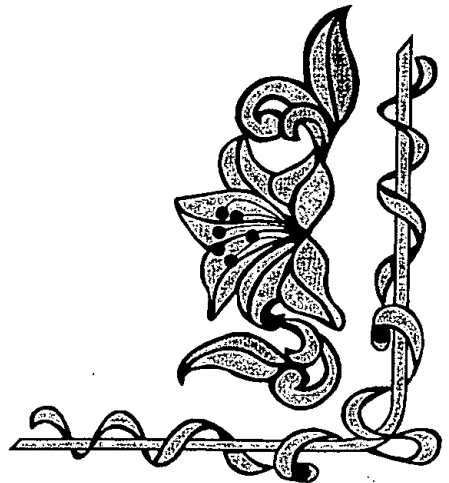
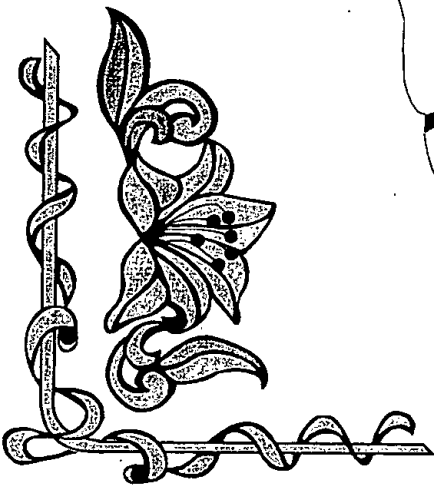
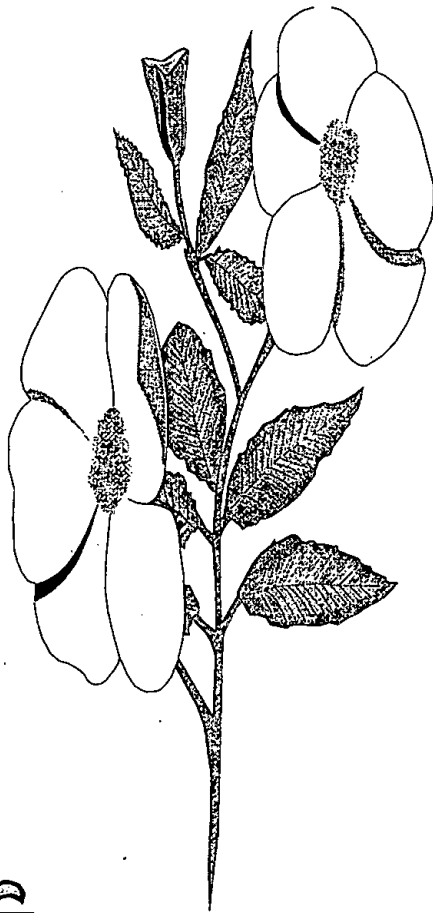
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# Introduction



## INTRODUCTION

Abdominal pain of uncertain aetiology is the commonest reason for emergency surgical admission (*Decadt et al., 1999*).

Much of the general surgeon's workload consists of treating patients presenting with acute abdominal pain (*Memon and Fitzgibbons, 1997*).

The treatment of abdominal emergencies remains one of the great challenges to medicine. Although the care of these patients falls mainly to the surgeon, the input from a wide variety of medical specialists may be required to offer optimal care (*Martin et al., 1997*).

Evaluation of the acute abdomen can be a difficult task. Even with the use of sophisticated diagnostic tools, it can still be difficult to make an accurate preoperative diagnosis in many patients. This can lead to either an inappropriate delay in implementing proper surgical treatment or at the other end of the spectrum, an unnecessary exploratory laparotomy (*Memon and Fitzgibbons, 1997*).

Early exploration in doubtful cases will always be associated with the possibility of a negative laparotomy. Although difficult to evaluate, the complications of negative laparotomy are likely to be more serious in patients who are ill from associated conditions. Furthermore, hospital stay and final recovery are prolonged. However, attempts to decrease the number of unnecessary interventions may lead to some patients having a necessary operation delayed; this has been termed a (bad management



error), as these patients have potentially life threatening conditions (*Paterson Brown, 1991*).

The past decade has <sup>been</sup> been tremendous advances in technology. There has been a marked increase in the use of laparoscopic techniques by the general surgeons. As surgeons have <sup>a</sup> become more experienced with laparoscopy, they are able to use it in situation where they may not have considered in the past (*Martin et al., 1997*).

The term laparoscopy (Greek: **Laparo**, the flank; **Skopien**, to examine) refer to the examination of the abdominal cavity by means of an endoscope (*Soper, 1993*).

In acute abdomen, laparoscopy has both diagnostic and therapeutic roles. Many studies have demonstrated an improvement in surgical decision making associated with its use; particularly, when the need for operation is uncertain. (*Paterson Brown and Vipond, 1990*).

Diagnostic laparoscopy offers the potential advantage of visually excluding or confirming the diagnosis of acute intra-abdominal disorders expeditiously without performing a laparotomy (*Memon and Fitzgibbons, 1997*).

As diagnostic laparoscopy becomes more popular in the acute abdomen, so the opportunity to perform other emergency laparoscopic procedure will arise. It is possible to perform appendectomy, repair of perforated peptic ulcer, division of bands of adhesions and urgent cholecystectomy in acute cholecystitis using the laparoscopic method where many centers employ this technique as a routine. Although these procedures are now possible using laparoscopic techniques, their