is difficult to correlate with the biliary-pancreatic anomalies.
Since undescended testes is a more common anomaly and developmentally not related, it may be coincidental.

References

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Laparoscopic resection of liver metastasis using a harmonic scalpel
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We report successful laparoscopic resection of a solitary liver metastasis from a colorectal carcinoma in an obese man, using a harmonic scalpel. [Indian J Gastroenterol 2001; 20: 72-73]

Key words: Colorectal carcinoma, laparoscopy

Laparoscopic approach is fast taking over procedures that were deemed to be suitable only for open surgery. We report successful laparoscopic resection of a solitary liver metastasis, highlighting the advantage of this approach in selected patients.

This 54-year-old man underwent anterior resection and loop ileostomy for Duke's C adenocarcinoma of the rectum. During follow up, CEA levels increased from 5 to 9.9 μg/L. CT scan revealed a calcified lesion in segment V of the liver adjacent to the gall bladder bed. CEA continued to rise to 22 μg/L. 18-fluoro-deoxyglucose positron emission tomogram (FDG PET scan) showed focal uptake adjacent to the gall bladder. CT angiography (Fig) showed a solitary lesion. The patient weighed 120 kg and, due to his size, could not fit in the MRI scanner. Chest CT and bone scan were normal.

At laparoscopy, 12-mm ports were inserted above the umbilicus below the xiphisternum and subcostally in the right midclavicular line. A 5-mm port was inserted in the anterior axillary line 8 cm from the right costal margin. Access was difficult because of adhesions to midline laparotomy and ileostomy scars. No other liver lesions were seen. The cystic duct and artery were divided between clips and the gall bladder was partially dissected off its bed. This was used as a handle for retraction on the tumor to avoid direct handling. A 2-cm margin was marked around the tumor and parenchymal division was carried out with a harmonic scalpel (Auto Suture, Ascot, UK) using endoscopic. Hemostasis was achieved with harmonic scalpel coagulation, clips and compression of the raw surface. The resected specimen measuring 9.5 cm x 5.0 cm x 3.0 cm was placed in a plastic bag and delivered intact by enlarging the epigastric port to 5 cm. A suction drain was placed at the resection site. The procedure had to be interrupted once due to carbon dioxide retention. The operative time was 190 minutes and 2 units of blood were transfused.

The postoperative recovery was uneventful. The patient was discharged on the 5th post-operative day, requiring only occasional diclofenac for pain control. CEA level decreased to <3 μg/L 15 days after the procedure. Pathologic examination showed a 4 cm x 3 cm x 3 cm moderately differentiated adenocarcinoma with the closest margin being 2 cm macroscopically, and 5 mm considering microscopic vascular invasion. He is well six months after the operation.

Laparoscopic liver resection has an advantage over open surgery because of a small incision, reduced wound pain and early discharge from hospital. Obese patients specially benefit from this approach as it lowers the risk of chest sepsis and deep vein thrombosis that result from prolonged immobilization following open surgery.

Superficial location of the metastasis in our patient made it ideal for laparoscopic wedge resection. This...
Intra-abdominal follicular dendritic cell tumor: report of two cases

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Follicular dendritic cell (FDC) tumor is an uncommon entity described mainly in the lymph nodes. We report two men with intra-abdominal FDC tumors—one arising from the colon and other presenting as a mesenteric mass. Both patients underwent successful surgical excision of the tumor. [Indian J Gastroenterol 2001; 20: 73-74]

Key words: CD21, CD28

Follicular dendritic cells (FDCs) are important immune accessory cells located mainly in the B zone of the lymph nodes.1 Tumors arising from these cells are rare, with most of them reported in lymph nodes.2 Tumors arising from extranodal sites have also been reported.3,4,5

Case 1: A 42-year-old man presented with a lump in the right hypochondrium. Colonoscopy revealed an ulceroproliferative growth in the hepatic flexure. Right hemicolectomy was done. The postoperative period was uneventful.

On histology, a partly circumscribed tumor was located mainly in the submucosa and muscularis propria. Focal mucosal infiltration was also noted. The cells were arranged mainly in prominent syncytial whorls and sheets, with lymphocytes scattered throughout the stroma. They were round to oval, varying in size, with indistinct outlines and moderate amount of eosinophilic cytoplasm. Focal areas of marked nuclear pleomorphism were seen. The nuclei showed delicate nuclear membrane, margined chromatin and eosinophilic nucleoli (Fig). Multinucleation and occasional mitoses were noted. The adjoining colon was normal. The mesentery was free of deposits. One lymph node showed metastasis.

On immunohistochemistry, the cells were reactive to CD68 and CD21. Tumor cells were negative for vimentin and S100 protein. The accompanying lymphocytes were positive for leukocyte common antigen (LCA) and CD3, and negative for CD20. Case 2: A 69-year-old man presented with an incidentally discovered abdominal lump. A well-defined, mobile lump, 9 cm x 8 cm x 5 cm in size, was palpable in the umbilical region. Computed tomography confirmed the presence of the mass. Colonscopy was normal. At laparotomy, a mesenteric mass was found; there were no enlarged lymph nodes. The mass was excised. The patient has been well 10 months after surgery.

On gross examination, the mass was well-encapsulated, lobulated, and measured 9 cm x 8.5 cm x 5 cm; the capsule was intact. On cut surface, it was cystic in the center and had trabeculations and hemorrhagic contents. The rest of the tumor was pinkish white, solid and friable. At histology, the cells were arranged in diffuse sheets; whors were infrequent. The tumor cells formed pseudovascular spaces that contained granular eosinophilic material and few lymphocytes. Prominent blood vessels and perivascular hyalinization were also seen. Blood

References


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