

## **BILATERAL SPIGELIAN HERNIA: RARE HERNIA, EVEN RARER PRESENTATION.**

*P. Orozco Obregón<sup>1</sup>, E. Jean Silver<sup>1</sup>, A. Fuentes Sánchez<sup>2</sup>, M. Mar Castro<sup>2</sup>, A. Sánchez Baltazar<sup>1</sup>*

<sup>1</sup>*Centro Médico ABC, Mexico City, Mexico*

<sup>2</sup>*Tecnológico de Monterrey, Mexico City, Mexico*

### **Introduction:**

Spigelian hernia is a rare ventral abdominal wall defect, representing just 1-2% of all ventral hernias. Bilateral presentation is extremely rare, accounting for 6.25% of Spigelian hernia cases. Some series report a female predominance (2:1), though some report that the distribution of cases are balanced. Clinical presentation is often nonspecific, with localized pain and/or a lateral abdominal bulge. Imaging tests are essential for its diagnosis, CT being the confirmatory diagnostic test. Surgical repair is recommended due to the risk of complications.

### **Material and Method:**

A 67-year-old woman evaluated for 5 month bilateral flank pain with intermittent swelling on both sides. Physical examination revealed bilateral reducible hernia defects without incarceration. Ultrasound and CT confirmed a bilateral spigelian hernia defect, measuring up to 2.1cm on the right side and 1.3cm on the left. A laparoscopic transabdominal preperitoneal (TAPP) was planned.

### **Results:**

The procedure began by identifying both of the defects. After dissecting the right side, it was closed with continuous stratafix 2-0 suture and reinforced with a 12×12cm lightweight polypropylene mesh. The left-sided defect was closed using the same suture, and a 10×10cm mesh was placed. Both meshes overlapped the defects by at least 5 cm and were secured with absorbable tackers. The peritoneal flaps were also closed with the absorbable tackers. The procedure was completed without complication.

### **Conclusion:**

Bilateral Spigelian hernia is extremely rare, with few cases reported. These hernias have a high risk of complications. TAPP approach with primary closure and mesh reinforcement is safe, minimally invasive, and effective approach.

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## THE HIDDEN APPENDIX; COLONOSCOPIC RESECTION WITH LAPAROSCOPIC ASSISTANCE IN INTRACECAL APPENDICITIS – A CASE REPORT

*F. Vega-Rivera<sup>1</sup>, A. Ruiz-Ramírez<sup>1</sup>, L. Zamora-Duarte<sup>2</sup>, I. Álvarez-Valero<sup>2</sup>, M. López-Acosta<sup>2</sup>, J. Ortega-Morales<sup>2</sup>*

<sup>1</sup>Hospital Angeles Lomas, General Surgery, México City, Mexico

<sup>2</sup>Hospital Angeles Lomas, General Surgery, Mexico City, Mexico

### **Introduction:**

Intracecal appendix has an incidence of 0.01%. Only 191 cases of intracecal appendicitis have been reported in the literature.

### **Material and Method:**

A 32-year-old primigravida at 27.6 weeks of gestation presented with fetal hypomotility and intrauterine fetal demise due to a septic process. Clinical findings included fever (38.8°C), tachycardia, leukocytosis (22,000/uL), 2% bands, and 86% neutrophils. The pregnancy was terminated surgically, and during intra-abdominal exploration, a firm intracecal tubular structure was found with no external vermiform appendix. A postoperative CT scan revealed a 10 mm thickened tubular image within the cecum. A colonoscopic appendectomy was performed, assisted by single-port laparoscopy for cecal reinforcement with sutures. Histopathology revealed acute appendicitis with a well-differentiated neuroendocrine tumor, multifocal endometriosis, and decidual reaction. The patient was discharged on postoperative day three without complications.

### **Results:**

Intracecal appendicitis is more common in pediatric males around 7 years old due to inflammatory pathology. In adults, it is usually associated with endometriosis or mucocele. The main symptom is abdominal pain, often accompanied by vomiting. In 57% of cases, diagnosis is made intraoperatively. No prior cases in pregnant women have been reported in the literature. The most common treatment is reduction and open appendectomy; when this fails, cecotomy or ileocectomy with reconstruction is performed. Colonoscopy is therapeutic in only 3% of cases. Colonoscopic snare appendectomy was first reported in 2006. This is the first reported case using single-port laparoscopic assistance for colonoscopic resection and cecal reinforcement.

### **Conclusion:**

Intracecal acute appendicitis is rare and can be managed successfully with a combined colonoscopic and laparoscopic technique

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## **MINIMALLY INVASIVE LAPAROSCOPIC REPAIR OF ACQUIRED DIAPHRAGMATIC HERNIA WITH COLONIC OCCLUSION IN A PATIENT WITH PRIOR THORACIC SURGERY: A CASE REPORT**

*F. Vega<sup>1</sup>, L. Zamora<sup>1</sup>, J. Ortega<sup>1</sup>, A. Ruiz<sup>1</sup>, I. Alvarez Balero<sup>1</sup>*

*<sup>1</sup>Hospital Angeles Lomas, Surgery, Mexico, Mexico*

### **Introduction:**

Acquired diaphragmatic hernias most often result from trauma or, less frequently, iatrogenic causes. They can present acutely or be discovered incidentally, sometimes with complications such as bowel obstruction or visceral perforation. Traumatic hernias have an incidence of 1-5% after closed injuries and up to 10-15% in penetrating trauma. Iatrogenic hernias vary; for example, post-esophagectomy hernias can reach a 10.3% and is greater in minimally invasive techniques. Rarely, empyema necessitans a complication where empyema extends through the chest wall or diaphragm can cause herniation. Due to the risk of incarceration, strangulation, and respiratory compromise, surgical repair is recommended. The abdominal, thoracic, or combined approach is based on clinical presentation, stability, defect size, and surgical

### **Material and Method:**

This case involves a 55-year-old woman with a history of left lobectomy for lung abscess nine months prior, presenting with a diaphragmatic hernia and colonic occlusion. A laparoscopic approach was used, involving hernia dissection, herniated content reduction, and mesh placement (Simbotex) secured with tackers and sutures. Technical details and considerations are outlined to demonstrate reproducibility.

### **Results:**

She was discharged the next day with good pain control, spontaneous diuresis, and no complications. Follow-up showed an uncomplicated recovery, and she resumed normal activities.

### **Conclusion:**

Laparoscopic repair offers significant benefits, including reduced complications, less pain, and faster recovery. This case highlights its safety and reproducibility in managing acquired diaphragmatic hernias.

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## **GASTRIC GIST TUMORS: DIFFERENT LAPARO-ENDOSCOPIC TECHNIQUES FOR THE SAME DISEASE**

*S. Aramburu<sup>1</sup>, N. Rodriguez<sup>1</sup>, J. Barros Sosa<sup>1</sup>, J. Principe<sup>1</sup>, J. Baz Gallego<sup>1</sup>, S. Bertona<sup>1</sup>, R. Buxhoeveden<sup>2</sup>, F. Schlottmann<sup>2</sup>*

<sup>1</sup>*Hospital Alemán, General Surgery, Buenos Aires, Argentina*

<sup>2</sup>*Hospital Alemán, Upper Gastro-intestinal Surgery, Buenos Aires, Argentina*

### **Introduction:**

The treatment of gastric submucosal tumors has significantly evolved with the advent of minimally invasive surgical techniques. Laparoscopic approaches offer major benefits in terms of postoperative recovery, reduced complications, and favorable oncologic outcomes. However, surgical strategy varies considerably depending on tumor location and size, requiring individualized planning in each case.

### **Material and Method:**

In this video, we present five representative cases of gastric GISTs managed with different laparoscopic techniques based on tumor location.

### **Results:**

This video provides a comprehensive overview of various laparoscopic strategies for resecting gastric submucosal tumors. Through five clinical cases, we demonstrate how laparoscopy enables precise and complete tumor resection. Different gastric locations may pose significant challenges when choosing the surgical approach, ranging from minor resections to partial gastrectomies. Therefore, knowledge of the available laparoscopic techniques is crucial for effective and safe treatment.

### **Conclusion:**

We believe it is essential to know with the various surgical approaches for the effective and safe treatment of GIST tumors, especially when they present in different gastric locations.

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