**Key words:** Small bowel — Intestinal obstruction — Broad ligament — Laparoscopy
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## Acute recurrent pancreatitis associated with anomalous pancreaticobiliary ductal union and choledochal cyst of mixed type I plus II

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Received: 18 April 2002/Accepted: 16 May 2002/Online publication: 21 October 2002
DOI: 10.1007/s00464-002-4227-0
**Abstract**
Anomalous pancreatobiliary ductal union (APBDU) has a variety of presentations. We report the case of a 72-year-old woman who presented with recurrent episodes of acute pancreatitis that were found to be caused by the presence of an APBDU associated with an unusual choledochal cyst of mixed type I plus II. She underwent endoscopic sphincterotomy and has remained asymptomatic to the present time, 2 years after sphincterotomy. A discussion of the possible etiologies of choledochal cyst and pancreatitis due to APBDU is presented.
**Key words:** Anomalous pancreatobiliary ductal union (APBDU) — Choledochal cyst — Acute recurrent pancreatitis — Pancreas — Common bile duct
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## Thoracoscopic repair of a Bochdalek hernia in an adult

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Received: 15 May 2002/Accepted: 6 June 2002/Online publication: 21 October 2002
DOI: 10.1007/s00464-002-4226-1
**Abstract**
Bochdalek hernia is a rare congenital diaphragmatic hernia in adults. In most cases, there are no symptoms. Rarely, it requires surgical intervention. In cases with pain or visceral strangulation, laparatomy or laparoscopy are both possible. We present the case of an adult with a Bochdalek hernia. He was operated on via a thoracoscopic approach and had an uneventful recovery. We recommend the thoracoscopic approach as an alternative to open or laparoscopic approach in cases of noncomplicated Bochdalek's hernia.
**Key words:** Bochdalek hernia — Thoracoscopic repair — Hernia — Diaphragmatic hernia
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## Laparoscopic right posterior hepatic bisegmentectomy (Segments VII–VIII)

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Received: 11 April 2002/Accepted: 23 May 2002/Online publication: 21 October 2002
DOI: 10.1007/s00464-002-4225-2
**Abstract**
The role of laparoscopy in liver surgery is still a subject of debate. Up to now, isolated hepatic lesions requiring a segmental (or bisegmental) resection have been considered to be an indication for laparoscopic surgery only when they are located in the left lobe or in the right lower lobe, whereas an open approach by laparotomy or thoracotomy is still preferred for lesions of the upper right lobe. Here we report a case of a right posterior hepatic bisegmentectomy (segments VII—VIII) performed for a hepatic hemangioma that was carried out entirely laparoscopically. In our opinion, there is not an a priori contraindication to the laparoscopic resection of any hepatic benign lesion, wherever it is located in the liver parenchyma. Nevertheless, major hepatic resections still have to be performed by expert surgeons in specialized centers.
**Key words:** Laparoscopy — Liver — Hepatic hemangioma — bisegmentectomy — Resection — Harmonic scalpel
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## Percutaneous cholecystostomy with locking trocar: how I do it?

### A case report

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Received: 31 January 2002/Accepted: 25 March 2002/Online publication: 4 October 2002
DOI: 10.1007/s00464-002-4206-5
**Abstract**
Cholecystectomy and open cholecystostomy are associated with a high mortality rate in critically ill patients. Ultrasound-guided percutaneous cholecystostomy has a high success rate with few complications. The following method of percutaneous cholecystostomy with locking trocar (LT) under direct laparoscopic vision is seen to be an effective, safe, and practical procedure. After the abdomen is prepared from xiphisternum to symphysis pubis, the umbilicus and surrounding skin are infiltrated with 1% combined lignocaine and adrenaline. A 10-mm laparoscopy trocar is inserted via a 10-mm subumbilical incision. After a camera is inserted via the trocar, the abdomen and gallbladder are exposed. The skin of the geometric projection of fundus is infiltrated with the same solution, and a 5-mm LT is introduced via a 5-mm skin incision directed to the fundus of the gallbladder