



Rare case of stomach laparoscopic entry injury - woman with no abdominal surgeries.

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Objective: The incidence of complications associated with laparoscopic procedures varies considerably, depending on the experience of the surgeons and the complexity of operations undertaken; figures range between 1.0/1000 and 12.5/1000 for all complications. Here we report a rare case of injury to lesser curvature of stomach at laparoscopy entry at umbilicus in woman admitted for laparoscopic ovarian cystectomy.

Case report : 40 year woman with normal BMI and no previous abdominal surgeries admitted for laparoscopic ovarian cystectomy for 4 -5 cm endometrioma on left ovary. Ca 125 high at 127. MRI showed 4.5 cm endometriotic cyst and no significantly enlarged pelvic and inguinal nodes.

Verres needle entry at umbilicus attempted twice, occlusion and high pressure noted. Reattempted Verres needle entry by Consultant at umbilicus, initial pressure of 5 mm Hg noted. CO2 insufflation for pneumoperitoneum started, sound of air escaping from patient mouth noted and a nasogastric tube inserted. Abdominal pressure to 20 mm Hg, noted equal distension of abdomen. Vesiport 5 mm entry at umbilicus, noted to be in bowel at 360 degree check. Surgeons requested to attend. A below umbilicus incision done and extended superiorly above the port, bowel grasped with babcocks. A small perforation without any contamination was noted and port removed and the 5 mm perforation was closed in 2 layers with PDS, having assumed it was large bowel. Bowel after repair replaced into the abdominal cavity and confirmed that it was body of the stomach towards the lesser curvature. Minilaparotomy plugged in with alexis for laparoscopy to continue. Secondary ports 2 on right and 1 on left and 10 mm port through alexis inserted. Laparoscopic left ovarian cystectomy performed with monopolar scissors and bipolar diathermy. Specimen removed through 10 mm port. Laparotomy closed with PDS.

Discussion : The rate of major complications is 1.4/1000 procedures comprising intestinal injuries (0.6/1000), urological injuries (0.3/1000) and vascular injuries 0.1/1000). The rate of adhesion formation at the umbilicus is up to 50% following midline laparotomy and 23% following low transverse incision, increasing risk of injury to bowel. This case is unique as the woman did not have any previous abdominal surgeries and sustained stomach injury at entry for laparoscopy. Penetration of the stomach may occur when the stomach is distended during the induction of general anaesthesia.

Conclusion : To be aware of rare laparoscopic complication of injury to stomach at laparoscopic entry. Suspicion to be raised when there is sound of air escaping from patient mouth as gas is insufflated into peritoneal cavity.

