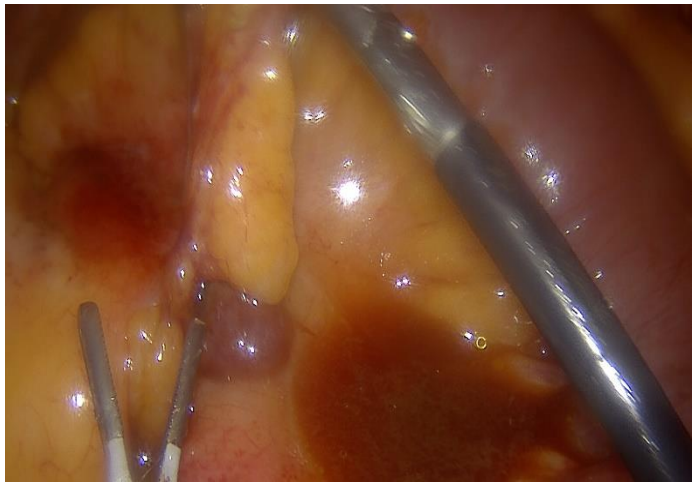
LAPAROSCOPIC MANAGEMENT OF SMALL BOWELL OBSTRUCTION CAUSED BY SINGLE, THICK, ADHESIVE BAND AND SUTURE OF AN INTESTINAL PERFORATION: 1 CASE REPORT

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- Small bowel obstruction is a frequent reason for admission in surgery departments with 60 to 80 % of those caused by postoperative adhesions. About 35 % of patients with prior abdominal or pelvic surgery, after 10 years are likely to develop at least once, an acute SBO. Conventionally and historically, the cases of SBO were managed by laparotomy, but laparoscopy tends to expand in the surgical management of the acute abdominal conditions including SBO.
- **Case report**: We report here 1 case of a patient, a 55 years old woman, presenting with clinical signs of small bowel obstruction, for 5 days prior. She was apyretic and had normal blood pressure and heart rate. Blood tests showed CRP 57mg/l and WBC count: 12G/l. Surgical history and comorbidity: 3X C-sections, BMI:45. The CT scan examination showed a small bowel obstruction located in the left flank, dilated intestinal loops, no intraperitoneal fluids nor signs of bowel ischemia. Initially, the patient was treated by conservative management. The patient was clinically and biologically improved, but still no transit and day 3 after admission, a diagnostic laparoscopy has been decided. Surgical findings: thick adhesion between the left colon and the first jejunal loop, no intestinal ischemia. We performed the resection of the adhesive band, during the procedure, a small bowel perforation has been observed at the band insertion site. Closure of the perforation, laparoscopically, with separate stitches, intracorporeal knots, double layer. Uneventful postoperative follow-up with discharge day 6 after the intervention; histology revealed a 47x23x12 mm fibrotic and fatty tissue band.



Conclusion: Laparoscopic management of SBO is feasible in selected patients, when the conservative treatment fails. Preoperative management including insertion of a nasogastric tube, NPO, i.v. fluids and electrolytes help reducing the distension and oedema of the intestinal loops, allowing an acceptable working space. Great attention must be paid in manipulating the bowel in order to avoid intestinal injury. Advanced laparoscopic skills are needed to asses and resolve intraoperative events or difficulties like intestinal injury or correct exposure. Laparoscopy is a valuable and safe alternative to laparotomy, in selected patients, performed by experienced surgeons, resulting in better patient satisfaction, shorter hospital stays, lower morbidity.