Two Cases of Heterotopic Pregnancy Which Successfully Conducted Laparoscopic Salpingectomy

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Study Objective: We report two cases of heterotopic pregnancy resulting in successful laparoscopic resection of ectopic pregnancy.

Patients: Case 1: A 33-year-old 3 gravida 1 para woman, who conceived one embryo transfer, was referred to our hospital because of low abdominal pain at 6 weeks of gestation. She was conducted laparoscopic salpingectomy for ectopic pregnancy in left tube 2 years prior to this gestation. Ultrasound examination revealed fetus with heartbeat in uterus and left adnexa, and intra-abdominal hemorrhage. We diagnosed a heterotopic pregnancy and immediately conducted laparoscopic salpingectomy with resection of the interstitial portion. The operation was successfully conducted and she kept her pregnancy until 36 weeks of gestation. Ultrasound examination revealed fetus in uterus, mass in left adnexa and small amount of intra-abdominal hemorrhage. We diagnosed a heterotopic pregnancy but expectant management was chosen because the mass was thought to be an abortion. However, at 12 weeks of gestation, she admitted to our hospital because of low abdominal pain. Magnetic resonance imaging revealed hemorrhage in the left adnexa and emergency laparoscopic salpingectomy was planned. The operation was successfully conducted and she is keeping her pregnancy.

Conclusion: In the treatment of heterotopic pregnancy with a live intrauterine fetus, expectant management could be available if the ectopic pregnancy vanishing spontaneously. However, from these cases, laparoscopic operation should be elected for first choice in a heterotopic pregnancy.

Two Surgical Techniques: Laparoscopic Sacro-Hystero-Colpopyex Made Easier and Safer with Alan Utero-Vaginal Manipulator

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Laparoscopic sacro-hystero-colpopyex is one of the procedures that can be done for uterine prolapse when uterine preservation is desired. It has less morbidity and quicker recovery compared to abdominal procedure. However laparoscopic sacro-hystero-colpopyex can be challenging because uterine vessels, vesico-vaginal fascia, recto-vaginal fascia and sacral promontory (anterior longitudinal ligament) need to be dissected. Mesh arms usually passed through broad ligaments windows, lateral to uterine vessels. It was demonstrated that laparoscopic cerclage can be easily and safely carried out with Alan (previously known as Titiz) utero-vaginal manipulator. This video presentation demonstrates two surgical techniques: Surgical technique 1: Passing the mesh arms through broad ligaments windows, lateral to uterine vessels. Surgical technique 2: Passing the mesh arms medial to the uterine vessels (similar to laparoscopic cerclage surgical technique). It also demonstrates how Alan utero-vaginal manipulator assist for easy and safe dissection of uterine vessels, vesico-vaginal fascia and recto-vaginal fascia.

Uterine Artery Clipping (UAC) Previous to TLH

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The video is intended to describe a technique to get access to the retroperitoneal space in a safe and easy way and to describe the vascular anatomy of the retroperitoneal space.

With the introduction of a better technology the retroperitoneal space has become an essential procedure in a special surgical procedures. The internal iliac artery has a bifurcation into the superior vesical artery and the uterine artery which is the main uterine blood supply by more than 80%. Other sources are from IP ligament, ovarian artery, round ligament (samphetamine) and the cervical artery.

With this technique, we are showing an easy way to stop and cauterizing the blood supply to the uterus before the main procedure starts. Clipping the uterine artery will stop the main blood supply to the uterus with the advantage of less bleeding during the procedure, best recovery and early return to the activities.

Utility and Length of Ureteral Ejection of Sodium Fluorescein for the Cystoscopic Assessment of the Ureteric Patency in Patients Undergoing to Total Laparoscopic Hysterectomy

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Study Objective: To determine the usefulness and length of ureteral ejection of sodium fluorescein in patients undergoing cystoscopic assessment of the ureteric patency after total laparoscopic hysterectomy.

Design: Prospective case series.

Setting: Public teaching hospital: Civil Hospital of Culiacan, Sinaloa, Mexico.

Patients: 41 women undergoing to cystoscopic assessment for the ureteric patency after TLH.

Intervention: Cystoscopic assessment of ureteric patency with 1 ml of ten percent sodium fluorescein given intravenously.

Measurements and Main Results: The mean age of the patients was 45.02 years with a Body Mass Index of 29.27 kg/m2 SC. The most frequent indication for the TLH was the abnormal uterine bleeding in the 87.8% (n = 36) of the cases. The 65.8% (n = 27) of the surgery were classified as moderately difficult and in 17.07% (n = 7) very difficult.

The surgical time was 101.46 min, with an average uterine weight of 264.39 g and an average bleeding of 110.6 ml. Only one patient presented bleeding at 104.6 min with a Body Mass Index of 27 kg/m2 SC. The most frequent indication for the TLH was the abnormal uterine bleeding in the 87.8% (n = 36) of the cases. The 65.8% (n = 27) of the surgery were classified as moderately difficult and in 17.07% (n = 7) very difficult.

The surgery time elapsed from the application of intravenous fluorescein to its ejection by one or both of the ureteral meatus was 7.28 minutes on average with a minimum of 3.20 min and a maximum of 18 minutes.