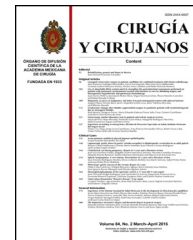




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ORIGINAL ARTICLE

Initial experience in the laparoscopic treatment of benign and malignant gynaecological diseases in the Hospital Regional de Alta Especialidad in Oaxaca[☆]



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KEYWORDS

Hysterectomy;
Laparoscopy;
Length of stay;
Operative time;
Postoperative complications;
Uterine cervical neoplasms

Abstract

Background: The history of laparoscopic surgery in gynaecological diseases progressed with the advances of Semm, as well as with the development of tools, equipment, and energy that led to its development in all surgical areas, including oncology.

Objective: To present the initial experience in the laparoscopic treatment of benign and malignant gynaecological disease in Oaxaca Hospital Regional de Alta Especialidad.

Material and methods: An analysis was performed on a total of 44 cases, distributed into: type III radical hysterectomy for invasive cervical cancer, hysterectomy type I cervical cancer *in situ*, extrafascial hysterectomy for benign disease, routine endometrium, ovary and routine salpingo-oophorectomy. The variables included age, BMI, surgical time, bleeding, intraoperative and postoperative complications, conversion, hospital stay, and pathology report.

Results: Hysterectomy type III; age 40.2 years, BMI 25.8 kg/m², 238 ml bleeding, operative time 228 min, 2.6-day hospital stay, intraoperative or postoperative complications, tumour size 1.1 cm, 14 lymph nodes dissected, vaginal and negative parametrical edge. Type I hysterectomy cervical cancer *in situ*: 51 years, BMI 23.8 kg/m², 80 ml bleeding, operative time 127 minutes, uterus of 9 cm, length of stay of 2 days, a conversion by external iliac artery injury, with bleeding of 1500 ml. Routine endometrium: 50.3 years, BMI 30.3 kg/m², 83 ml bleeding, operative time 180 minutes, uterus 12.6 cm, length of stay 2.3 days, no complications.

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PALABRAS CLAVE

Histerectomía;
Laparoscopia;
Estancia hospitalaria;
Tiempo quirúrgico;
Complicaciones
postoperatorias;
Neoplasias del cuello
uterino

Conclusion: The management of benign and malignant pelvic diseases using laparoscopy is feasible and safe, with shorter hospital stays and a prompt recovery to daily activities.

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Experiencia inicial en el tratamiento de enfermedad ginecológica benigna y maligna por laparoscopia en el Hospital Regional de Alta Especialidad de Oaxaca

Resumen

Antecedentes: La historia de la cirugía laparoscópica en afecciones ginecológicas creció con los avances de Semm, el perfeccionamiento de instrumentos, equipos y energías, que permitió el desarrollo en todas las áreas quirúrgicas, incluyendo la Oncología.

Objetivo: Presentar la experiencia inicial en el tratamiento de dolencias benignas y malignas ginecológicas por laparoscopia, en el Hospital Regional de Alta Especialidad de Oaxaca.

Material y métodos: Se analizaron 44 casos distribuidos en: histerectomía radical tipo III por cáncer cervicouterino invasivo, histerectomía tipo I por cáncer cervicouterino *in situ*, histerectomía extrafascial por enfermedad benigna, rutina de endometrio, rutina de ovario y salpingooforectomía. Variables: edad, índice de masa corporal (BMI), tiempo quirúrgico, sangrado, complicaciones transoperatorias y postoperatorias, conversión, estancia hospitalaria y reporte de anatomía patológica.

Resultados: Histerectomía tipo III; edad 40.2 años, BMI 25.8 kg/m², sangrado 238 ml, tiempo quirúrgico 228 min, estancia hospitalaria 2.6 días, sin complicaciones transoperatorias o postoperatorias, tamaño del tumor 1.1 cm, 14 ganglios disecados, borde vaginal y parametrios negativos. Histerectomía tipo I por cáncer cervicouterino *in situ*: 51 años, BMI 23.8 kg/m², sangrado 283 ml, tiempo quirúrgico 127 min, útero de 9 cm, estancia hospitalaria 2 días, una conversión por lesión de arteria ilíaca externa con sangrado de 1,500 ml. Rutina de endometrio: 50.3 años, BMI 30.3 kg/m², sangrado 83 ml, tiempo quirúrgico 180 min, útero 12.6 cm, estancia hospitalaria 2.3 días, sin complicaciones.

Conclusión: El manejo de afecciones benignas y malignas pélvicas por laparoscopia es factible, seguro, con menor estancia hospitalaria y una recuperación más pronta de las actividades cotidianas.

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Background

The human need to diagnose diseases more exactly led to the introduction of invasive means of examining abdominal organs.

The exploration of the inside of our organism commenced with the introduction of the cystoscope by Nitze in the Viennese Royal and Imperial Society of Medicine in 1879. This instrument was improved in 1886 by Leiter, who fitted it with a small Edison incandescent lamp.¹

The development of abdominal laparoscopy was started by Kelling, in Dresden, who used the cystoscope described by Nitze. He inserted it through a hole opened in the abdominal wall of a dog to inspect the content of the intestines. He termed this technique of exploration "celioscopy" and presented the results in the Congress of the German Medical and Biological Society in Hamburg, in September 1901.²

Ott, a gynaecologist in San Petersburg, described "ventroscopy", in which he viewed the inside of the cavity

using a canula with a frontal light source. In 1910, Jacobs³ in Stockholm used the cystoscope in humans, inserting it into the abdomen through a trocar after distending the cavity using water or air. He explored the inside of the cavity and termed this method "laparoscopy", and he also used this technique in the thorax. In 1911 Berheim, of the United States, published a paper entitled: "Organoscopy: cystoscopy of the abdominal cavity."⁴ In 1916 Goetze developed a puncture needle to improve the insufflation of air; in 1920 Ordoff perfected the point and made it pyramidal to facilitate penetration; Stone developed a valvular device in the trocar to prevent gas from escaping. In 1929 Kalk invented 135° oblique optical vision; in 1934 Zollkofer used carbon dioxide instead of air for abdominal insufflation, thereby reducing the risk of a gas embolism and peritoneal irritation.⁵

In 1938 the Hungarian Veress, an internal medicine specialist in Vienna, designed an atraumatic needle for the creation of pneumothorax. This has an external sheath with a bevelled point and a blunt internal probe which

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