Grand Rounds

Symptomatic renal artery aneurysm in a young adult girl: what to do?

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Objective: To document the importance of critical decision making especially when dealing with young patients.
Methods: A 32-year old hypertensive female was referred with a diagnosis of symptomatic left renal artery aneurysm. She complained of chronic left lower back pain for 4−5 years; it progressively worsened during her recent pregnancy which was terminated on the advice of her gynaecologist due to a high risk of aneurysm rupture. A computed tomography (CT) angiogram confirmed a 2.5 x 2.7 x 5.3 cm aneurysm of the upper inter-lobar branch of the left renal artery. A DTPA scan revealed that the left kidney was functioning at 60% and right kidney 40%. A multidisciplinary team, consisting of the urologist, vascular surgeon and interventional radiologist, was convened and the aneurysm was deemed unsuitable for endovascular measures and the decision was made for laparoscopic nephrectomy with a view to autotransplantation if aneurysmectomy was possible.
Results: Laparoscopic left nephrectomy was performed, however, aneurysmectomy was not possible due to a large intra-parenchymal aneurysm. Postoperatively, her renal function remained normal and her blood pressure stabilized. She was discharged home on day one.
Conclusion: Renal artery aneurysm is a well known visceral aneurysm. However, aneurysms of the inter-lobar branch of the renal artery are very rare. A multidisciplinary approach to the management should be taken in all patients before deciding for nephrectomy and once aneurysmectomy is possible, autotransplantation should be performed.

Case report of a lung neoplasm: naughty or nice?

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Objective: To describe the challenges and successful management of a benign solitary lung neoplasm.
Methods: An overwhelming 95% of all lung tumours are confirmed as malignant. Benign lung tumours are a very uncommon but well-documented pathology. In this report, we describe a female with an incidental finding of a benign pulmonary chondroma.
Results: "CS" is a 55-year old healthy female who presented with a right upper lobe opacity on routine chest X-ray in July 2012. Her history and examination findings were unremarkable. Subsequent computed tomography (CT) scans of her chest confirmed a right upper lobe mass. Radiologically, the mass had benign features. Bronchoalveolar lavage and biopsies of the right upper lobe bronchus suggested no malignancy. A right upper lobectomy was ultimately performed and histology of the mass confirmed a benign pulmonary chondroma. Pulmonary chondromas are very rare cartilaginous tumours belonging to the widely heterogeneous group of benign lung neoplasms. Benign neoplasms account for only 2−5% of all lung tumours and less than 1% of these are histologically confirmed as chondromas. Most occur as incidental solitary tumours and are typically found in older males. A more uncommon presentation is the syndrome of Carney's Triad which has a female predisposition.
Conclusion: Reliability of radiological tests and analyses allows a trial of conservative management when encountering most benign lung tumours. Surgical resection remains the definitive treatment option and only method of obtaining adequate histopathology. In all cases, lung cancer must be an important differential.

Idiopathic perforation of transverse colon: a rare case report

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Introduction: Idiopathic perforation of the colon (IPC) is an extremely rare condition, the pathogenesis of which remains poorly understood. We present a case of idiopathic perforation of transverse colon and a literature review.
Case Report: A 50-year old diabetic female developed sudden right upper quadrant pain which became generalized within six hours. She did not report other symptomatology and her medications were limited only to oral hypoglycaemics. She denied a history of nonsteroidal anti-inflammatory drugs (NSAIDs) or home bush remedies. She had no previous surgery. On examination, she was ill looking with signs of moderate to severe dehydration. Abdominal examination revealed a rigid abdomen with no bowel sounds. She had a mild leucocytosis with a left shift, normal haemoglobin and renal functions. An erect chest radiograph revealed a huge pneumo-peritoneum. An arterial blood gas sample revealed severe metabolic acidosis. She was admitted to the high dependency unit and after adequate resuscitation, she was subjected to an exploratory laparotomy, where a 2 cm isolated perforation of the transverse colon was identified. This perforation was located approximately 10 cm distal to the hepatic flexure, on the antimesenteric border of the colon and there were no stigmata of ischaemia or tumour. A thorough examination of the abdominal cavity failed to reveal evidence of diverticular disease or inflammatory bowel disease. After copious peritoneal lavage, an extended right hemicolectomy with primary anastomosis was performed. Her postoperative intensive care unit stay was complicated by multiple organ failure and she succumbed on day four. Virology screening and Mantoux test were all negative.
Conclusion: Idiopathic perforation of the colon most commonly occurs in the sigmoid colon of elderly people who have chronic constipation. Poor nutritional status or a delay in treatment may be associated with an increased mortality rate.

Surgical management of multiple gastrointestinal strictures secondary to lye ingestion

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Objective: To highlight the importance of surgical management in a patient with benign oesophageal strictures secondary to lye ingestion and management options for concomitant gastric antral strictures.
Methods: We present a case report of a 27-year old male who ingested lye in a suicide attempt and subsequently developed oesophageal and pyloric strictures. The oesophageal structuring that ensues is well known for lye ingestion, but less known to cause pyloric structuring. The patient developed progressive dysphagia until he was unable to swallow his own saliva, as well as intermittent vomiting from gastric outlet obstruction from the antral stricture. The patient had oesophageal resection *via* the transhiatal approach, with an oesophagogastrostomy and distal bypass of the strictured pylorus with a loop of jejunum.
Results: Postoperatively, recovery was relatively uneventful with a complication of a small contained leak which resolved. At eight months follow-up, patient was tolerating a full diet with no complaints. Results showed favourable outcome in body mass index, transferrin and albumin levels.
Conclusion: This case brings to light the management options for multiple benign strictures caused by lye ingestion. It also highlights the debatable topic of surgical resection for oesophageal strictures not only to restore the alimentary tract, but to remove the risk of oesophageal cancer in the future. There is also the question of the management options for synchronous gastric strictures, which is not well documented in the literature.

The inter-territorial transfer of a ruptured liver: a case report

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Objective: To highlight the case of spontaneous rupture of a hepatic adenoma where a patient underwent initial temporization at a tertiary level institution on one Caribbean island and was transferred to another territory for definitive management.
Subject and Method: We report the case of spontaneous rupture of a hepatic adenoma in a 28-year old hypertensive female who presented with right upper quadrant abdominal pain, vomiting and loss of consciousness resulting from haemoperitoneum. The patient underwent initial treatment at St George's Hospital in Grenada where a laparotomy was performed and haemostasis was achieved with surgicel and peri-hepatic packing using three lap sponges. The patient was subsequently transferred two days later to Eric Williams Medical Sciences Complex in Trinidad and Tobago where a contrast enhanced computed tomography (CT) scan demonstrated a large heterogenous mass in the liver involving segments 4B and 5−8. Following this, an extended right hepatectomy was performed.

Results: The postoperative course was uneventful except for a right-sided pleural effusion which necessitated an intercostal tube. The patient recovered fully and was discharged 12 days postoperatively. Histology of the resected specimen revealed a giant hepatic adenoma.

Conclusion: We highlight this case to demonstrate that inter-island patient transfer is a viable option and that emergency hepatic resection can be safely performed even in a low volume, limited resource setting.