

Laparoscopic Extraction of a Gastric Phytobezoar: A Different Approach

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To the Editor,

There are many therapeutic modalities for managing gastric bezoars. These include nasogastric lavage or suction, enzymatic therapy, the use of prokinetic agents and gastroscopic fragmentation and extraction (1-3). If these non-operative treatments fail, a surgical approach is needed and removal of the bezoar has classically been performed by gastrotomy. To our knowledge there are few articles about the laparoscopic treatment of gastric bezoars (1-5).

A 54-year-old-female was admitted with severe abdominal pain, loss of appetite and with having had feelings of 'a moving object' in the stomach for a year. Gastroscopy demonstrated a hard phytobezoar of approximately 7 x 5 cm in size with-

in the stomach that could not be fragmented using endoscopic techniques. Therefore laparoscopic removal was considered. First, the gastrocolic ligament was cut approximately 6–7 cm along the stomach (Figure 1). Then the bezoar was removed via a gastrotomy from the greater curvature using the three-trocator technique (Figure 1). It was successfully retrieved from the abdominal cavity after having been fragmented within an endobag (Figure 2). After the extraction, the gastric incision site was closed using two staplers (Tri-Staple 60, Covidien). Finally, the gastrocolic ligament was closed using continuous sutures, and a drainage tube was inserted near the gastrotomy site. The pathologic diagnosis was gastric phytobezoar. All the patient's complaints were gone and the wound healed 2 weeks after the operation.

Herein we presented a laparoscopic treatment of a gastric phytobezoar. Our approach was unique because we made a gastric incision in the greater curvature, which we think this is much more anatomically effective than previously reported

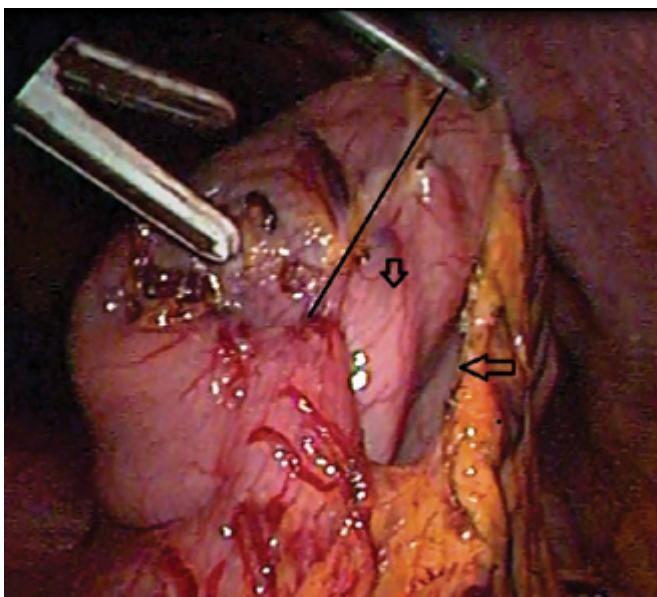


FIG. 1. Gastrotomy line in the greater curvature (straight stripe), opened gastrocolic ligament (big arrow), posterior wall of the stomach (small arrow)

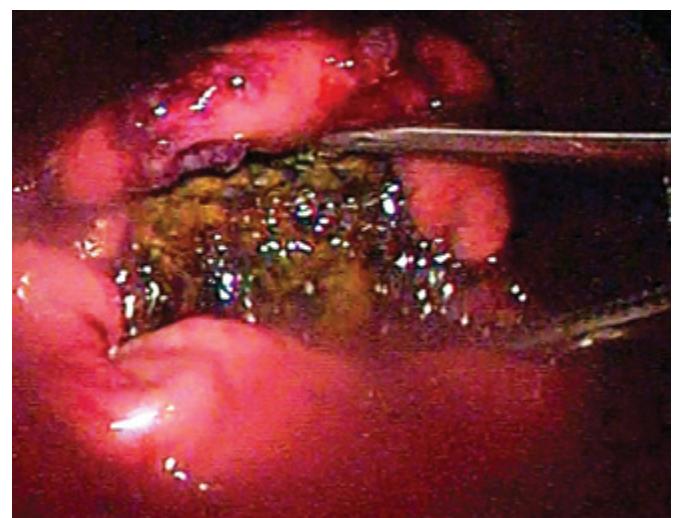


FIG. 2. Extraction of phytobezoar from the stomach

This study was presented at the 12th National Congress of Endoscopic and Laparoscopic Surgery, 22–26 April 2015, Antalya, Turkey.

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Received: 20.11.2014 Accepted: 04.02.2015 • DOI: 10.5152/balkanmedj.2015.151064

Available at www.balkanmedicaljournal.org

Cite this article as:

Özbalcı GS, Lap G, Tümentemur V, Erzurumlu K. Laparoscopic extraction of a gastric phytobezoar: a different approach. Balkan Med J 2015;32:335-6.





FIG. 3. The remains of the phytobezoar and removed minimal gastric tissue after the surgery

techniques, such as anterior wall incisions. This approach affects the natural shape of the stomach minimally and a minimal amount of gastric tissue is extracted (Figure 3).

Ethics Committee Approval: N/A.

Informed Consent: Informed consent was obtained from the patient who participated in this case.

Peer-review: Externally peer-reviewed.

Author contributions: Concept - G.S.Ö., G.L.; Design - G.S.Ö.; Supervision - G.S.Ö.; Resource - G.S.Ö., G.L.; Materials - G.S.Ö., V.T.; Data Collection &/or Processing - G.S.Ö., G.L., V.T.; Analysis &/or Interpretation - G.S.Ö., K.E.; Literature Search - G.L., V.T.; Writing - G.S.Ö.; Critical Reviews - G.S.Ö., K.E.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

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