
Laparoscopic Removal of a Benign Tumor of the Small Bowel During Gynecological Surgery

Benign tumors of the small intestine are rare (1), and they are often found by chance during abdominal interventions. The laparoscopic discovery and treatment of benign intestinal tumors during a gynecological intervention has not, to our knowledge, previously been described.

A 32-year-old woman was referred to our institute with a history of infertility; she was asymptomatic. Preoperative diagnostic examinations suggested pelvic adhesions.

Laparoscopy revealed adhesions involving the left adnexa, and also a small-bowel tumor 3.5 × 2.5 cm in diameter on the ileal subserosa (Figure 1). Pelvic adhesiolysis was carried out, and after consulting the gastrointestinal surgeon we removed the intestinal growth using a single punch of an endoscopic stapler. The tumor was extracted through the abdominal wall using an endoscopic bag. Frozen-section histology showed that the mass was benign (fibrous tissue). The patient was dis-

charged 36 hours after the laparoscopy. The postoperative recovery was uneventful, and intestinal activity was reported by the patient on day 1. During ten months of follow-up, she was free of symptoms. The definitive histological examination revealed a type of inflammatory fibroid polyp (IFP), a group of rare bowel neoplasms (2). It consisted of a mixture of spindle cells, connective tissue, and inflammatory lymphatic cells without any evidence of malignancy.

Accurate preoperative diagnosis of a benign neoplasm of the small bowel can be achieved only in 30% of cases, or 70% if they are symptomatic (3). More than 50% of these lesions are discovered during emergency surgery (4). The most frequent complication of a terminal ileum IFP is intestinal obstruction resulting from intussusception (5). In gynecological surgery, more accurate abdominal cavity exploration can be achieved with laparoscopy than with laparotomy. At our Institute, we carry out a routine pelvic and abdominal inspection in every patient who undergoes laparoscopy, and this may reveal extragenital diseases that can be investigated and successfully treated at the same time.

A. Natale¹, I. Sambruni¹, G. Bordin²,
P. Colombo¹, M. Candiani¹

¹ Second Dept. of Obstetrics and
Gynecology, L. Mangiagalli Hospital,
University of Milan, Italy

² Dept. of General Surgery,
Alfieri Hospital, Milan, Italy

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Figure 1: The intestinal neoplasm was growing on the ileal subserosa. Its diameter was 3.5 x 2.5 cm, measured in relation to the endoscopic instrument on the left.

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Corresponding Author
A. Natale, M.D.
Second Dept. of Obstetrics
and Gynecology
Clinica L. Mangiagalli
Via della Commenda 12
20122 Milan