

## Benign metastasizing leiomyoma

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### Abstract

Benign metastasizing leiomyoma is a rare clinical entity that has been described in several previous reports. Although the exact pathophysiology of the disease is unknown, two predominant theories exist: (1) metastasis from an existing leiomyoma (commonly seen with uterine leiomyoma) or (2) multicentric leiomyomatous growths rather than actual metastases. We present an interesting case in which several elements of the patient's history complicated the differential diagnosis.

**Key words:** Leiomyoma — Pulmonary nodules — Oncology — Multiple endocrine neoplasms

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## Necrotizing fasciitis with *Clostridium perfringens* after laparoscopic cholecystectomy

### Case report and review of the literature

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### Abstract

Necrotizing fasciitis is a rapidly progressive infection of the fascia and subcutaneous tissues accompanied by a high mortality rate approaching 80% to 100%. Factors that predispose patients to this life-threatening complication include obesity, malnutrition, malignancy, chronic alcoholism, drug abuse, peripheral vascular disease, diabetes mellitus, and immunosuppressive therapy. The pathomechanisms for the development of this rare disease still remain unclear. We report a case of necrotizing fasciitis with *Clostridium perfringens* after laparoscopic cholecystectomy. The patient left the hospital 5 months after admission. Early recognition based on clinical signs (pain, asymmetric abdominal thickening, crepitus) and computed tomography scanning (gas dissection along fascial planes), in conjunction with prompt, aggressive surgical therapy and debridement of all devitalized tissue, high-dose antibiotic therapy, and therapy at the intensive care unit, appears to afford patients the best chance of survival.

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**Key words:** Necrotizing fasciitis — *Clostridium perfringens* — Laparoscopic cholecystectomy

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## Byler disease associated with acute cholecystitis

### Case report and review of the literature

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### Abstract

A case of Byler disease, which has a rare incidence of 1 in 90000, is reported. A 21-year-old woman known to have the disease since childhood presented with acute cholecystitis and underwent laparoscopic cholecystectomy. To the best of our knowledge, after a review of the English literature, this is the second patient with Byler disease to live beyond the second decade of life since the disorder was first described by Clayton 30 years ago, and the first case associated with acute cholecystitis that was managed successfully by laparoscopic cholecystectomy.

**Key words:** Byler disease — Acute cholecystitis — Laparoscopic cholecystectomy

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## Endoscopic extraperitoneal repair of a Grynfeltt hernia

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### Abstract

There are three types of lumbar hernia: congenital, acquired, and incisional hernias. Acquired hernia can appear in two forms: the inferior (Petit) type and the superior type, first described by Grynfeltt in 1866. We report endoscopic extraperitoneal repair of a Grynfeltt hernia. A 46-year-old woman presented with a painful swelling in the left lumbar region that had caused her increasing discomfort. The diagnosis of Grynfeltt's hernia was made, and she underwent surgery. With the patient in a left-side decubitus position, access to the extraperitoneal space was gained by inserting a 10-mm inflatable balloon trocar just anteriorly to the midaxillary line between the 12th rib and the superior iliac crest through a muscle-splitting incision into the extraperitoneal space. After the balloon trocar had been removed a blunt-tip trocar was inserted. Using two 5-mm trocars, one above and another below the 10-mm port in the midaxillary line, the hernia could be reduced. A poly-