Ceacal Appendage Incarceration through the 8 mm Portal after Salvage Robotic Pelvic Lymphadenectomy

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ABSTRACT

**Background:** Biochemical relapse after radical prostatectomy can be found in a large number of cases. Salvage lymphadenectomy is a safe procedure that has been proposed through years in patients with nodal recurrence. We aim to present an unusual post operative complication in this scenario.

**Case Report:** A patient has been submitted to robotic salvage lymphadenectomy. At the fifth post operative day started with drainage of high volume serous liquid through portal trocars. TC scan was performed and shows appendage herniation through trocar incision, with normal laboratory findings. Attempts were made to reduce the tip of the appendix into the abdominal cavity, without success. opted to perform laparoscopic appendectomy.

**Conclusion:** Our case shows a different complication after robotic salvage lymphadenectomy. Radiologic exams help in diagnosis and treatment planning. In such cases, surgical procedure is mandatory with good outcomes.

**Keywords:** Appendectomy, hernia, robotic salvage lymphadenectomy.

I. INTRODUCTION

Biochemical recurrence after primary radical prostatectomy may occur in a large percent of cases. Salvage lymphadenectomy is a safe procedure usually proposed in patients with nodal recurrence. We aim to present a different complication. Appendage herniation through trocar incision after Robotic salvage lymphadenectomy.

II. CASE REPORT

The case depicts an 80 year man who underwent Robotic Assisted Laparoscopic Prostatectomy for a Gleason 8 Prostate Adenocarcinoma. After 1 year there was an increase in PSA, performed a PSMA PET with suspicious lymph node uptake in the right internal iliac chain. Opted for performing robotic-assisted salvage pelvic lymphadenectomy.

On the 5th Post-operative day, started to present serous drainage through the portals on the right flank, in great volume, without fever or other clinical repercussions. The patient was in regular conditions and his blood sample exams without changes that justify some complication. Contrast-enhanced abdominal CT was performed with herniation of the appendix through one of the portals on the right flank, with no inflammatory signs (Fig. 1).

Fig. 1. Abdominal CT with evidence of appendix herniation. A. Sagital and B. Axial incidence.
Due to the high rate of abdominal drainage (about 700 mL/day), laparoscopic intervention was indicated. No intra-abdominal changes were figured out, except for previous manipulation and cecal appendage incarcerated through the 8 mm robotics portal (Fig. 2). Attempts to just remove the tip of appendix from the trocar portal were unsuccessful. Opted for laparoscopic appendectomy. Procedure occurred without complications in 35 minutes with less than 30 ml of bleeding. Complete resolution of abdominal drainage was seen.

Fig. 2A, B, C. an intraoperative finding with appendix incarceration through 8 mm portal.

III. DISCUSSION

Minimally invasive surgery-laparoscopic and robot-assisted laparoscopic (RAL) procedures promise to reduce surgical complications. Since the beginning of robotic platform RAL has become the standard approach of most urological disorders [1]. The main objectives of RAL are to keep oncological results and minimize complications. The risk of iatrogenic complications is reported by 1.3%, with a decrease in last years [2].

In a systematic review about complications in RAL urological procedures, most of complications were related to steps in the beginning of surgery, until insufflation [1]. Port-site hernias are an unusual complication, which occurs in less than 1% of surgeries. There is a higher incidence in ≥10-mm port sites, although 8-mm robotic and 5-mm port-site hernias have been described. Blunt-tipped chuck trocars have been preferred due to performing smaller fascial defects. Port-site ≥10 mm closure is a safe procedure to avoid hernias [1], [3].

IV. CONCLUSION

Our case shows a different complication, at the 5th Post-operative day starts a great volume of serous drainage at right flank portals. Radiologic exams showed a premature herniation of the appendix through 8 mm portal trocars. The surgical procedure is mandatory. The patient was submitted to the laparoscopic approach with appendectomy and resolution of clinical presentation.

CONFLICT OF INTEREST

Authors declare that they do not have any conflict of interest.

REFERENCES

