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## Safety and feasibility of laparoscopic surgery for appendiceal mucocele: A multicenter study

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**S**tatement of the Problem: Although laparoscopic appendectomy has been widely performed since 1987, concerns over potential spillage of mucus into the peritoneal cavity during laparoscopic manipulation have prevented the use of laparoscopic surgery (LS) for appendiceal mucocele. The purpose of the present study was to evaluate the safety, feasibility, and short-term perioperative outcomes of LS for appendiceal mucocele. Methodology & Theoretical Orientation: A retrospective review was performed to identify patients diagnosed with appendiceal mucocele based on their imaging studies and who underwent surgery at one of six Hallym-University-affiliated hospitals between January 2007 and June 2016. Patient demographics, surgical outcomes, and postoperative outcomes were retrospectively analyzed. Findings: A total of 96 patients were evaluated, of whom 58 underwent LS (LS group) and 38 underwent open surgery (OS; OS group). There were no

significant differences in patient characteristics between groups. The operation time was similar in both groups ( $P = 0.399$ ). Intraoperative rupture occurred in two patients in each group (no significant difference,  $P = 0.647$ ). Time to flatus, time to soft food intake, and length of hospital stay were shorter in the LS group than in the OS group (2.4 vs. 3.2 days,  $P = 0.003$ ; 3.6 vs. 4.5 days,  $P = 0.024$ ; 6.5 vs. 8.8 days,  $P = 0.011$ , respectively). The rate of postoperative complications was similar between the groups ( $P = 0.786$ ). Univariate analysis revealed that rupture of appendiceal mucocele was associated with white blood cell count  $>10,000/\mu\text{L}$  ( $P = 0.032$ ) but not with LS ( $P = 0.647$ ). Conclusion & Significance: The results showed that LS is safe and feasible for the surgical treatment of appendiceal mucocele. An elevated WBC count was associated with a risk of appendiceal mucocele rupture.

### Biography

Jong Wan Kim has expertise in colorectal cancer and minimal invasive surgery, including laparoscopic and robotic surgery. Jong Wan Kim was supported by Hallym University Research Fund 2017 (HURF-2017-28).to all stakeholders and has a different way of focusing.

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