Summary
Summary

Laparoscopy is a technique in which the peritoneal cavity and abdominal contents are examined using an endoscope inserted directly through abdominal wall. Laparoscopy provides a direct and better view of the anatomy of intra-abdominal organs, lesser operative mortality and morbidity, a short hospital stay, acceptability to patient from the point of view of cosmesis and early return to work, all these qualities make laparoscopy superior to ultrasonography, X-ray abdomen and exploratory laparotomy done for non-acute abdominal conditions.

The present study was carried out with the aims of:

1. To ascertain the role of laparoscopy as a diagnostic tool in non acute abdominal conditions in a developing country like India.
2. To compare the efficacy of laparoscopy in diagnosing non-acute abdominal conditions with other available non-invasive methods like USG, abdominal X-ray studies.
3. To obtain tissue for histopathological diagnosis and compare the accuracy of laparoscopy assisted biopsy with FNAC (blind or USG guided)

The present study has been undertaken at M.L.B. Medical College, Jhansi over a period of sixteen months. During this period, 12 cases of non-acute abdominal conditions were taken in the study (n=12) and on completion of the study and analysis of the data obtained, following conclusions were drawn:

1. All twelve patients who underwent laparoscopic examination for non-acute abdominal conditions, on examination showed that Koch's abdomen (33.3%) was the commonest cause, followed by adhesions and bands (25%), recurrent appendicitis (25%), Non-Hodgkin's lymphoma (one patient, 8.3%), Gall-bladder carcinoma (8.3%).
2. Male to female ratio was 1:5, commonest age group was 20 – 40 years, youngest 6 years and oldest 60 years of age, mean age of patients 22.75 years.

3. The commonest symptom was pain in abdomen, which was found in eleven out of twelve patients (91.3%), followed by nausea, vomiting, loss of appetite (6 patients, 50%), paucity of flatus (6 patients, 50%), weight loss (5 patients, 41.7%), Mobile abdomen lump (4 patients, 33.3%), altered bowel habits (3 patients, 25%), distention of abdomen (3 patients, 25%).

4. Ultrasonography was inconclusive of diagnosis in seven patients out of twelve patients (58.3%). In two patients out of twelve patients (16.7%) ultrasonography detected ascites.

5. General anesthesia was used in seven out of twelve patients (58.3%). In five patients (41.7%) spinal anesthesia was used, so that general anesthesia was the most preferred anesthesia.

6. Adhesions were noted in seven patients out of twelve (58.3%). Three patients had bands and adhesions (25%). Four patients had tubercular adhesions (33.3%). In three out of twelve patients (25%) ascites was detected laparoscopically, while ultrasonography detected ascites in two patients (16.7%).

7. Three out of twelve patients had bands around bowel. One patient had stricture and four patients had tubercles on peritoneal surface (33.3%).

8. Laparoscopic guided biopsies were taken in two patients (16.7%). In one patient biopsy was defined to FNAC, which was taken in one patient. Both laparoscopic guided biopsies were confirmatory (100%).

9. No post-operative complications occurred in any of the patients studied.

10. No operative mortality happened.

11. Mean operative time was 23 minutes.
12. Average post-operative hospital stay was 3.3 days.
13. Laparotomy was not needed in any of the patients.

In last, diagnostic laparoscopy play a prominent role in the diagnosis of non-acute abdominal conditions, than all other tests, under investigations. It is relatively quick to carry out and it can be performed with minimal morbidity, mortality and of course vision biopsy. The limitations include cost, operation theatre time and delay in starting treatment. We believe that any of these disadvantages are offset by the avoidance of unnecessary laparotomy.