Introduction
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Laparoscopy is a technique in which the peritoneal cavity and abdominal contents are examined using an endoscope inserted directly through the abdominal wall. Laparoscopy was first used clinically as a diagnostic tool to evaluate abdominal pathology. Ascites of unknown origin and liver disorders were the most common conditions for which diagnostic laparoscopy originally was utilized. Diagnostic laparoscopy has been employed increasingly in the recent years for a wide variety of conditions that include patients with acute and chronic abdominal conditions and abdominal trauma.

Laparoscopy provides a direct and better view of the anatomy of intra-abdominal organs, lesser operative morbidity and mortality, a short hospital stay, acceptability to patients from the point of view of cosmesis and early return to work, all these qualities make laparoscopy superior to conventional exploratory laparotomy as the diagnostic tool. It also allows the surgical team to carry out therapeutic procedure at laparoscopy or indepth proceed to laparotomy saving the patient a repeat visit to O.T., a second anaesthesia etc.

Chronic abdominal pain remains a difficult diagnostic dilemma. History and clinical examinations are usually not contributory, diagnosis is usually delayed and patients undergo exhaustive and costly list of investigations without any relief from their problem, quality of life suffers and chronic abdominal pain becomes a disease itself. Diagnosis and treatment become one of the most challenging and frustrating problems that the clinicians have to face. Clinicians wanders among a long list of causes of non acute abdominal conditions – Adhesions, Koch’s abdomen, endometriosis, chronic PID, chronic mesenteric ischemia, chronic pancreatitis, liver cirrhosis, recurrent appendicitis, internal hernias, Teitz syndrome, fibromyalgia, lead poisoning, abdominal wall pains like – iatrogenic peripheral nerve injuries, myofacial pain, rib tip
syndrome, abdominal pain of spinal origin and spontaneous rectus sheath haematoma, numerous psychiatric disorders etc.

In abdominal surgery, it is important to visualize, and/or palpate the problematic area, and to remove tissue sample for histopathological diagnosis. Exploratory laparotomy was the procedure of choice for excision or confirmation of clinical suspicion of a pathologic entity like gastrointestinal malignancy, before laparoscopy, infact videolaparoscopy became widely available.

Laparoscopy has been used as a diagnostic tool. The recent proliferation of noninvasive surgery has in part rekindled interest in the use of laparoscopy in the preoperative staging of intra-abdominal malignancies. Laparoscopy allows for direct inspection of tumor bed, evaluation of abdominal cavity, including the lesser sac, for contiguous and metastatic spread or lymph node involvement, the gross and the histological study of questionable lesions and achievement of prompt hemostasis. Laparoscopy is able to detect hepatic or peritoneal lesions as small as 1-2 mm in diameter and considering that 40% of liver metastasis are surface lesions, laparoscopy is particularly well suited for preoperative staging purposes. The ability of diagnostic laparoscopy to demonstrate undetected metastasis, thus precluding unnecessary laparatomies has been well documented in pancreatic carcinoma, periampullary carcinoma, esophageal carcinoma, gall bladder carcinoma and gastric carcinoma with more recent experience indicating 20-25% rate of detection of intra-abdominal metastasis in patients with negative results from imaging studies. The concomitant use of other staging modalities, such as laparoscopic ultrasound and peritoneal washings, has further enhanced the diagnostic accuracy of laparoscopy.

In this prospective study we would attempt to evaluate the role of laparoscopy as a diagnostic tool in patients of non acute abdominal conditions in whom the conventional scanning techniques and investigations have failed to clinch the diagnosis.
We also performed a comparative study of efficacy of laparoscopy in diagnosis of non acute abdominal conditions with other available non invasive methods like USG, abdominal X-ray studies. A study was also carried out to compare the accuracy of laparoscopy assisted biopsy with FNAC (blind or USG guided).

In summary, with this technique, the surgeon should be able to assess more accurately the extent of the disease and its histology.