

**VALUE OF LATERAL FIRST PERITONEAL
DISSECTION OF CALOT TRIANGLE IN
LAPAROSCOPIC CHOLECYSTECTOMY FOR
ACUTE AND CHRONIC CHOLECYSTITIS**

Dissertation

**Submitted for Partial Fulfillment of M.D Degree in
General Surgery**

By

**Hesham Wageh Ezzat Abd Rabbo
(M.B.B.CH / M.Sc)**

Faculty of Medicine

Fayoum University

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Title of Thesis: Value Of Lateral First Peritoneal Dissection Of Calot Triangle In Laparoscopic Cholecystectomy For Acute And Chronic Cholecystitis

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ABSTRACT

BACKGROUND: This Study has been written to discuss the value of lateral first peritoneal dissection of calot triangle (dissection levels starting lateral to the cystic duct and also lateral to the cystic artery in a V-shaped manner surrounding the infundibulum) in laparoscopic cholecystectomy for acute and chronic cholecystitis.

AIM: In this study, we aim to assess the value of intraoperative dissection of the Calot's triangle starting from the lateral side of hartmann s pouch and cystic duct first then continuing dissection also lateral to the cystic artery in a V-shaped manner reaching the body of the gall bladder.

METHODS: Fifty patients fulfilling our eligibility criteria with formal surgical indications underwent laparoscopic cholecystectomy with selective ligation of the cystic duct and cystic artery.

RESULTS: This study has been conducted on 50 patients candidate for laparoscopic cholecystectomy (25 cases with acute calcular cholecystitis and another 25 cases of chronic calcular cholecystitis).

Group (I): Included cases with acute calcular cholecystitis

Group (II): Included cases of chronic calcular cholecystitis

In the current study there were 17 Cases were male and 33 were female and their ages ranged from 18 to 65 years (mean 48.24 years) the mean BMI were 27.04 + 4.63.

CONCLUSION: our procedure carries a very low risk for hepatobiliary injuries and applicable for safe laparoscopic cholecystectomy, but it needs to be studied at a wider scale due to small sample size